

# Will Worksheet

## PRIVACY ACT NOTICE

AUTHORITY: 10 U.S.C. 1044    PRINCIPAL PURPOSES: To collect intake information for legal assistance appointments.  
 ROUTINE USES: DoD 'Blanket Routine Uses' apply: <https://dpcl.d.defense.gov/Privacy/About-the-Office/DoD-Federal-Privacy-Rule/Appendix-C/>  
 DISCLOSURE IS VOLUNTARY: You are not required to complete this form but failure to do so may result in a delay of legal assistance services

### I. Personal Information:

1. First Name		2. Middle Name		3. Last Name	
4. DoD ID Number:	5. Rank:	6. Unit:		7. Sex: ___ Male ___ Female	
8. Military Status: ___ Active Duty    ___ Military Dependent ___ Retiree        ___ Retiree Dependent		9. Branch: ___ Air Force    ___ Marine    ___ Space Force ___ Army        ___ Navy			
10. City, County, and State of Residency:				11. Do you wish the information in block 10 be included in your will? ___ Yes ___ No	
12. Mailing Address:			13. Citizen Of:		
14. City:		15. State:		16. Zip Code:	

### II. Contact Information:

1. DSN:	2. Cell Phone #:	3. Email:
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### III. Services Requested

Check All That Apply:

\_\_\_ Will

\_\_\_ Duplicate Will Drafted For Your Spouse

\_\_\_ Living Will

\_\_\_ Durable Power of Attorney for Health Care

### IV. Dependent Information

1. Are you married? ___ Yes ___ No		2. Spouse's Full Name:			
3. Spouse Is A Citizen Of:		4. What is your spouse's status: ___ Active Duty Military    ___ Civilian    ___ Retired			
5. Does your spouse want a will created for him/her using the answers you have provided in this worksheet? ___ Yes ___ No					
6. Do you have any children (biological, adopted, or step-children)? ___ Yes ___ No				7. Number of Children?	
8. Name of Child		Age	Date of Birth	Relation	
9. Do you wish to make a declaration regarding your children (biological, adopted, or step-children)? ___ Yes ___ No ___ Not Applicable					
10. Do you wish to disinherit one or more of your children listed above? ___ Yes ___ No ___ Not Applicable					
11. Name of Child to be Disinherited			12. Reason For Disinheritance		
			___ For reasons deemed good and sufficient		
			___ Because you have provided significantly during their lifetime		
			___ Not for lack of love or affection		
			___ No further information provided		
			___ Other (Specify): _____		

13. Do you wish to include language in your will that states the decision to disinherit your heir(s) was intentional and not made by mistake?  Yes  No  Not Applicable

14. Do you wish to include in your will the reason for disinheritance?  Yes  No  Not Applicable

**V. Disposition of Remains**

1. Do you desire burial with military honors?  Yes  No  Not Applicable

2. If yes, do you wish to include instructions specifying who will receive an American Flag as a part of your military honors?  Yes  No

3. If yes, please provide the name(s) of the individual(s) you would like to receive an American Flag below:  
Name (1): \_\_\_\_\_ Name (3): \_\_\_\_\_  
Name (2): \_\_\_\_\_ Name (4): \_\_\_\_\_

4. Please select one of the following on how you would like to be buried/cremated:

I wish my body be cremated and the ashes scattered in or at \_\_\_\_\_  
(Specific Location)

I wish my body be cremated and the ashes given to \_\_\_\_\_  
(Name of Individual)

I wish my body be cremated and the ashes given to \_\_\_\_\_ and scattered in or at \_\_\_\_\_  
(Name of Individual) (Specific Location)

I wish my body be buried at \_\_\_\_\_  
(Specific Location)

I wish my body be buried at a location chosen by the personal representative

Other (specify): \_\_\_\_\_

5. Do you wish to include instructions regarding your preference for a religious or non-religious ceremony?  
 Yes  No

5a. If yes, please select one of the following:

That my funeral include a non-religious memorial service

That arrangements for your funeral may be made and carried out according to the custom and ceremony of \_\_\_\_\_  
(Religion or Other Denomination)

Other (specify): \_\_\_\_\_

**VI. Preresiduary Gifts and Devises**

1. Do you wish to include an optional provision directing the payment of any generation-skipping transfer tax from the property generating the tax?  Yes  No

2. Select all that apply:

I would like to make a specific gift of personal property.

I would like to make a devise of real property.

I would like to make a cash gift.

None of the Above

3. Description of Property (1):

3a. Beneficiary Name:	3b. Relationship:
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3c. If the beneficiary listed above does not survive you, this gift shall:

Lapse

Go to a Contingent Beneficiary (Full Name: \_\_\_\_\_)

Other \_\_\_\_\_

4. Description of Property (2):

4a. Beneficiary Name:	4b. Relationship:
4c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____	
5. Description of Property (3):	
5a. Beneficiary Name:	5b. Relationship:
5c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____	
6. Description of Property (4):	
6a. Beneficiary Name:	6b. Relationship:
6c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____	
<b>VII. Tangible Personal Property</b>	
1. Do you wish to make a declaration that if no tangible personal property note or memorandum is found within _____ days, it shall be presumed that no such not or memorandum exists? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Who shall pay for administrative cost of preparing and delivering tangible personal property? <input type="checkbox"/> Personal Representative, Paying as an Administration Expense <input type="checkbox"/> Recipient of Tangible Personal Property	
3. If your spouse does not survive, who would you like to give all of your tangible personal property to that is not otherwise disposed? (Please select one of the following) <input type="checkbox"/> A class of beneficiaries (i.e. your children) Beneficiary Class: _____ <input type="checkbox"/> Multiple Beneficiaries Beneficiary 1: _____ Beneficiary 2: _____ Beneficiary 3: _____ Beneficiary 4: _____ <input type="checkbox"/> A single Beneficiary Beneficiary: _____	
<b>VIII. Devise of Real Property</b>	
1. Please select one of the following: <input type="checkbox"/> I wish to devise one or more specific piece(s) of real property to one or more designated person <input type="checkbox"/> I wish to devise all of my interests in real property	
2. Property Street Address: <i>(optional)</i>	3. City: <i>(optional)</i>
4. State:	
5. Legal Description of the Property: <i>(optional)</i>	
6. Name of the Individual(s) to receive the property:	

7. Any mortgage or other claim on the property is:  
 To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee  
 Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

**IX. All Real Property Not Otherwise Disposed Of**

1. Name of the Individual(s) to receive all real property that is not otherwise disposed of:

2. Any mortgage or other claim on the property is:  
 To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee  
 Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

**X. Cash Gifts**

1. Name(s) of Beneficiary:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

2. Gift Type and Amount:

Dollar Amount; \$ \_\_\_\_\_  
 Percentages of Your Estate; \_\_\_\_\_ %

3. If the beneficiary does not survive you, then:

This gift shall lapse  
 You will give this sum to a contingent beneficiary  
Full Name: \_\_\_\_\_

4. If more than one beneficiary is named above, the amount should be distributed to the beneficiaries:

In equal shares  
 In proportions

List the desired proportions (i.e. 1/3 to beneficiary 1 and 2/3 to beneficiary 2):  
\_\_\_\_\_

**XI. Residuary Estate**

1. Do you wish to dispose of your interest in community property to prevent issues with your spouse's interest in the same property?  Yes  No

2. Does your residual estate include property of any nature over which you may have any power of appointment or testamentary disposition, including any lapse disposition?  Yes  No

3. If your spouse passes away before you, how would you like your residuary estate to be disposed?

Please select one of the following:

I wish to distribute the residuary estate outright to my children

Divided only among living children  Divided among children and descendants of a deceased child

I wish to dispose of my residuary estate to one beneficiary, or to two or more beneficiaries in equal shares

Beneficiary 1: \_\_\_\_\_

Beneficiary 2: \_\_\_\_\_

Beneficiary 3: \_\_\_\_\_

I wish to dispose of my residuary estate to two or more beneficiaries in unequal shares

Beneficiary 1: \_\_\_\_\_ Percent of Residuary Estate: \_\_\_\_\_ %

Beneficiary 2: \_\_\_\_\_ Percent of Residuary Estate: \_\_\_\_\_ %

Beneficiary 3: \_\_\_\_\_ Percent of Residuary Estate: \_\_\_\_\_ %

4. If any of the Beneficiaries does not survive you by \_\_\_\_\_ (optional) days, the share of such Beneficiary shall be divided among the surviving Beneficiaries.

5. The predeceased beneficiary's share shall be divided:

Equally

In proportion to their respective shares in my Residuary Estate

**XII. Common Disaster**

If you and your spouse die in a common disaster, shall it be presumed that you survived the spouse?

Yes  No

**XIII. Residuary Estate: Intestate Heirs**

1. In the event no person designated in this Will is living, so that the disposition of any portion of my estate is not provided for in this Will, such property shall be distributed:  
To the persons to whom and in the shares and proportions in which your estate would have been distributed under state law.  
To the designated individuals and/or charity  
Name of Individual or Charity 1:  
Name of Individual or Charity 2:  
Name of Individual or Charity 3:  
Name of Individual or Charity 4: \_\_\_\_\_

2. Do you wish to provide for distribution to a charity of Trustee's choice if your designated charity ceases to function or to be exempt from taxation? \_\_\_ Yes \_\_\_ No

**XIV. Designation of Personal Representative**

1. Name of Appointed Personal Representative:	1a. Relationship:
2. Name of First Successor Personal Representative:	2a. Relationship:
3. Name of Second Successor Personal Representative:	3a. Relationship:

**XV. Compensation and Bond**

1. Should the individual personal representative be entitled to or receive any compensation for their services?  
\_\_\_ Yes \_\_\_ No

2. Would you like your will to state that the personal representative will not be required to give any bond or other security for the faithful performance of their duties as your personal representative, unless required by court?  
\_\_\_ Yes \_\_\_ No

**XVI. Guardianship**

1. Please select one of the following:  
\_\_\_ I wish to appoint a guardian                      \_\_\_ I wish to appoint a guardian and a custodian  
\_\_\_ I wish to appoint a custodian                      \_\_\_ I do not wish to appoint a guardian nor a custodian

2. Name of Guardian for a Person:	2a. First Alternate:	2b. Second Alternate:
3. Name of Guardian for Estate:	3a. First Alternate:	3b. Second Alternate:

**XVII. Digital Assets**

1. Do you wish to include all digital assets and devices encompassed by your Apple ID? \_\_\_ Yes \_\_\_ No

2. Do you wish to allow the personal representative to access the content of any electronic communication in additional to the catalogue of the communications? \_\_\_ Yes \_\_\_ No

**XVIII. No Contest**

1. Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of the will?  
\_\_\_ Yes \_\_\_ No

2. Should this clause include the contesting beneficiaries' issue as well?  
\_\_\_ Yes \_\_\_ No

**XIX. Health Care Power of Attorney and Living Will**

1. Please provide the name of individual who you would like to appoint as your **primary** healthcare agent.

1a. First Name:	1b. Middle Initial:	1c. Last Name:
1d. Mailing Address:		

2. Please provide the name of individual who you would like to appoint as your **alternate** healthcare agent.

a. First Name	b. Middle Initial	c. Last Name
4. Mailing Address:		
5. With regard to life-sustaining treatment, please select one of the following: <input type="checkbox"/> I have no wish to prolong my life through medical intervention <input type="checkbox"/> That staying alive is more important than other concerns, and I wish my life be prolonged as much as possible.		
6. If you are pregnant, should all natural and artificial life-saving measures be employed and all effort be made to deliver the child safely, even if this may hasten your death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7. Do you wish that your health care agent have the power to make decisions about the final disposition of your body? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you authorize your agent to make decisions regarding your mental health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>XX. Appointment Information</b>		
Date of Appointment:	Time of Appointment:	Date Worksheet Was Completed:
<b><i>Please answers the questions below to the best of your knowledge. Do not leave any portion of this worksheet incomplete. Failure to complete this document may result in a delay of services.</i></b>		
If you have any questions or concerns, please give our office a call at (580) 481-7294 or email <a href="mailto:97amw.ja@us.af.mil">97amw.ja@us.af.mil</a> .		