

WILL DATA SHEET

****DO NOT E-MAIL – BRING OR MAIL TO BASE LEGAL OFFICE****

I. BACKGROUND INFORMATION:

RANK/NAME: _____ BASE EXT.: _____

HOME PHONE: _____

SSN: _____ ARE YOU DEPLOYING? _____

ADDRESS: _____

MARRIED: YES NO (CIRCLE ONE) NAME OF SPOUSE (IF APPLICABLE): _____

____ PREVIOUSLY MARRIED

____ WIDOWED

____ DIVORCED

____ NEVER MARRIED

CHILDREN:

____ NO CHILDREN, BUT CHILD/CHILDREN ARE ANTICIPATED

NAMES OF CHILDREN (INDICATE IF MINOR (M), DECEASED (D), BY PRIOR MARRIAGE (PM), ADOPTED (A), OR STEPCHILD (S)):

ADOPTED OR STEPCHILDREN ARE TO BE: _____ EXPRESSLY INCLUDED
_____ EXPRESSLY EXCLUDED
_____ WILL IS TO BE SILENT ON THE SUBJECT

APPROXIMATE VALUE OF CURRENT ASSETS (INCLUDING SUCH ITEMS AS REAL ESTATE, INSURANCE, STOCKS, BOND AND PERSONAL PROPERTY): \$ _____

II. DISTRIBUTION OF ESTATE

DO YOU WANT TO LEAVE CERTAIN ITEMS TO SPECIFIC INDIVIDUALS? (LIST WHAT AND TO WHOM)

TO WHOM DO YOU WISH TO LEAVE THE REMAINDER OF YOUR ESTATE (USUALLY SPOUSE AND CHILDREN)? (LIST NAME, RELATION, CITY AND STATE)

ALTERNATE BENEFICIARIES: TO WHOM DO YOU WANT TO LEAVE YOUR ESTATE IF THE PERSON/PEOPLE LISTED ABOVE DO NOT SURVIVE YOU? THE ALTERNATE BENEFICIARY MAY BE AN INDIVIDUAL, ENTITY OR GROUP OF PEOPLE, AND YOU CAN DESIGNATE A SERIES OF SUCCESSOR ALTERNATE BENEFICIARIES. (LIST NAME, RELATION, CITY AND STATE)

A BENEFICIARY IS TO BE DEEMED A "MINOR" WHOSE LEGACY MAY BE HELD IN TRUST, IF HE/SHE IS UNDER THE AGE OF: _____ 18 (19 IN NEBRASKA)

_____ 21

_____ 25

_____ 30

_____ 25, ONE HALF OF LEGACY IS TO BE RELEASED TRUST WHEN HE/SHE BECOMES 21

_____ 30, ONE THIRD OF LEGACY IS TO BE RELEASED WHEN HE/SHE BECOMES 21 AND ONE THIRD WHEN HE/SHE BECOMES 25

_____ 35, ONE THIRD OF LEGACY IS TO BE RELEASED WHEN HE/SHE BECOMES 25 AND ONE THIRD WHEN HE/SHE BECOMES 30

*SELECTING AN AGE GREATER THAN 21 WILL FORCE THE CREATION OF AN EXPRESS TRUST, THE ADMINISTRATION OF WHICH CAN BE EXPENSIVE. YOU CAN AVOID THESE EXPENSES BY CHOOSING AGE 18 OR AGE 21.

PERSONAL REPRESENTATIVES: (LIST NAMES, CITY AND STATE, AND RELATIONSHIP OF THE PEOPLE YOU WANT IN CHARGE OF HANDLING YOUR ESTATE)

PRIMARY: _____

SUCCESSOR: _____

GUARDIANS FOR MINOR CHILDREN: (LIST NAMES, CITY AND STATE, AND RELATIONSHIP TO YOU)

PRIMARY: _____

SUCCESSOR: _____

PLEASE WRITE ANY ADDITIONAL QUESTIONS THAT YOU MAY HAVE WITH REGARD TO YOUR WILL, YOUR ESTATE AND/OR THE CARE OF YOUR CHILDREN. _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1044, 1054 AND 8072

PRINCIPAL PURPOSE(S): TO COLLECT NECESSARY DATA IN THE PREPARATION OF WILLS

ROUTINE USE(S): DISCLOSURE IS VOLUNTARY. THE INFORMATION ON THIS FORM IS PRIVILEGED AND CANNOT BE DISCLOSED WITHOUT YOUR CONSENT. YOU ARE NOT REQUIRED TO COMPLETE THIS FORM

LIVING WILL: A DECLARATION THAT IF YOU ARE TERMINALLY ILL AND IN A COMA MEDICAL TREATMENT SHOULD NOT BE GIVEN TO PROLONG YOUR LIFE

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS: AN APPOINTMENT OF AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IN THE EVENT YOU ARE INCAPACITATED AND UNABLE TO DO SO

DO YOU WISH TO HAVE: A LIVING WILL ONLY
 A POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
 BOTH A LIVING WILL AND A POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
 I DO NOT WISH TO HAVE EITHER

WHO DO YOU WISH TO DESIGNATE AS AN AGENT TO MAKE HEALTH CARE DECISIONS?
(LIST NAME, CITY AND STATE, AND RELATIONSHIP TO YOU)

DO YOU WISH AN ALTERNATE DESIGNEE TO BE LISTED: YES NO (CIRCLE ONE)
(IF YES, LIST ALTERNATE DESIGNEE'S NAME, CITY AND STATE, AND RELATIONSHIP)

DO YOU DESIRE THAT:

EITHER DESIGNEE CAN ACT SEPARATELY
 BOTH DESIGNEES MUST ACT JOINTLY UNLESS ONE IS INCAPACITATED
 ALTERNATE DESIGNEE IS TO ACT (AS SUCCESSOR) **ONLY** IF THE FIRST IS INCAPACITATED

DO YOU WISH TO AUTHORIZE ORGAN DONATIONS FOR TRANSPLANT, OTHER MEDICAL, EDUCATIONAL OR SCIENTIFIC PURPOSES? YES NO (CIRCLE ONE)

DO YOU WITH TO AUTHORIZE ORGAN DONATIONS FOR TRANSPLANT ONLY?
YES NO (CIRCLE ONE)

DO YOU WISH TO EXPRESS A DESIRE TO DIE AT HOME RATHER THAN IN A HOSPITAL?
YES NO (CIRCLE ONE)

DO YOU WISH TO LIST SPECIFIC FUNERAL ARRANGEMENTS? YES NO
CHECK IF APPLICABLE

TO BE CREMATED
 TO BE BURIED WITH FULL MILITARY HONORS
 TO BE BURIED AT A SPECIFIC BURIAL SITE
 OTHER (I.E., SERVICE DRESS UNIFORM, SPECIAL MUSIC, ETC.):
