

WILL WORKSHEET

Part I: Testator/Testatrix (About you)

1. Name: _____
(that you use when signing documents) Male Female
2. Marital Status: Single Married Divorced Contemplating Divorce or Marriage Widowed
3. Telephone Numbers:
Office: _____ Reserve: _____ Home: _____
4. Status:
 Active Duty Retired Active Duty Spouse/Family Member Retired Spouse/Family Reservist
5. Legal Residence: City/Parish _____ State _____
(As listed on your LES) (Two-digit)
6. Name of Spouse: _____
7. Name(s) and Age(s) of Children. Indicate if adopted (A) or stepchild (S):

8. If your children will be benefiting from your estate, would you like you estate disposed of *per stirpes* or *per capita*? *per stirpes* (devised along the family line, i.e. your deceased child's share will go to their children) *per capita* (to surviving siblings before going to the deceased child's children)
9. Do you wish to disinherit any of your children? Yes No
10. What is the sum of your total assets? \$500,000 or less \$500,000 - \$1 mil \$1 mil or more
11. Is any real estate to be disposed of under then provisions of this will? Yes No
12. Would you like to make any specific bequests? No Yes, see attachment.

Part II: Beneficiaries (To whom do you wish to leave your property?)

1. Individual(s) to receive all my property first:
Primary a. Name: _____
Relationship to You: _____ Share: _____ %
(Optional) b. Name: _____
Relationship to You: _____ Share: _____ %
2. Individual(s) to receive your property if those above die before you do (Alternate 1): **(Note: If you want your minor children to receive, list their names below. You can list a guardian or trustee to hold the funds until the children turn 18 for guardian, 21 for trust.)**
Alternate 1 a. Name: _____
Relationship to You: _____ Share: _____ %
b. Name: _____
Relationship to You: _____ Share: _____ %

3. Individuals next in line to receive all your property (Alternate 2):

Alternate 2 a. Name: _____
Relationship to You: _____ Share: _____ %
b. Name: _____
Relationship to You: _____ Share: _____ %

Do you have a spouse or any child not mentioned above? Yes No

If so, do you want to disinherit that person? Yes No

Part III. Executor/Executrix (Who do you want to represent you?)

1. To distribute your property:

Primary Name: _____
Relationship to You: _____ State of Residence: _____

2. To distribute your property if above-mentioned person cannot:

Alternate Name: _____
Relationship to You: _____ State of Residence: _____

Part IV. Guardian (of minor children)

If your children are minors, who do you want to appoint as guardian, if the other legal parent predeceases you?

1. Primary Name: _____
Relationship to You: _____ State of Residence: _____

2. Alternate Name: _____
Relationship to You: _____ State of Residence: _____

Part V. Living Will Medical Power of Attorney Durable General Power of Attorney

1. Your Address: _____

2. Name of agent to make decisions for you: _____

Address: _____

Phone: _____

3. (optional) Alternate agent: _____

Address: _____

Phone: _____

4. Do you wish to be an organ donor? Yes No

If so, do you wish to restrict donations to transplant only? Yes No

5. Do you suffer from a terminal illness? Yes No

6. Would you prefer to die at home? Yes No

7. Do you request your funeral arrangements to be: Cremation A specific plot or place _____
_____ With Military Honors (place not specified) other _____

Part VI. Any additional comments?
