

**BASIC WILL (& RELATED DOCUMENTS)
QUESTIONNAIRE WORKSHEET**

Instructions

Your Will should accurately reflect your **OWN** desires for distribution of your property in case of your death. Any specific wishes should be documented. All names should be completed, using full name, no initials, in this order: first, middle, and last name. Cities and States of beneficiaries, guardians, and executors should be included, although street addresses are not necessary. A complete accounting of your assets is important in evaluating whether a Basic Will is an appropriate document for distribution of your estate.

PRIVACY ACT STATEMENT

Individuals seeking legal assistance are requested to complete this questionnaire worksheet. The information requested is voluntary. It will be used by the staff of the legal office to assign counsel to you, to monitor progress in your case, and to prepare periodic statistical reports on the caseload of this office. The authority for requesting and maintaining this information is found in 5 U.S.C. 301 and 44 U.S.C.3101.

If you do not choose to provide this information, the legal staff may not be able to help you.

(Signature)	(Date)

PLEASE PRINT LEGIBLY AND USE YOUR LEGAL NAME (NO NICKNAMES)

1. YOUR FULL NAME:

(First)	(Middle)	(Last)	(Sr., Jr., etc.)

a. Rate/Rank or Sponsor's Rate/Rank:

b. Are you: Active Duty ; Family Member ; Retired ; Reserve

c. Your or your Sponsor's Command: _____ or (Retired)

d. Your Social Security Number: _____

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e. Date of Transfer (PCS/ETS), if applicable: _____

f. Your Home Mailing Address: _____

g. Work Phone: _____

Home Phone: _____

2. What is your Domicile (your Legal Residence)?

(City)

(State)

a. In which State are you registered to vote? _____

b. In which State do you pay income taxes? _____

c. In which State are you licensed to drive? _____

d. Do you own real estate property? NO YES If YES, where is

the property located:

(Street Address)

(City)

(State)

Do you own this real estate with anyone else? NO YES If YES,

Identify that person:

Relationship:

Do you own this property with a right of survivorship? (See Deed) NO YES

3. Would your estimated net assets, including life insurance, exceed \$650,000?

YES

NO

4. Are you: Male Female

5. Are you now: Married Widowed Divorced Single

6. Spouse's Full Name:

(First)

(Middle)

(Last)

(Sr., Jr., etc.)

** Do you and your spouse wish to consult with separate attorneys? YES NO

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7. Do you have any children? If not, skip to question 8. If you have children:

- a. How many children do you have? _____
- b. Are there any children from your PRESENT marriage? YES NO
- c. Do you have any children from a PREVIOUS marriage? YES NO
- d. Do you have any ADOPTED children? YES NO
- e. Do you have any STEPCHILDREN? YES NO
- f. If you are unmarried, do you have any children? YES NO
- g. Do you have any children outside of marriage? YES NO

List your children below, including full name, age, relationship, and address (if different from your own):

Full Name	Age	Relationship	Address

(Should you need more space, please continue on the reverse of this page or provide a separate attachment. Thanks.)

8. Do you desire to make any SPECIFIC BEQUESTS? (That is, do you have specific items of property that you want a specific individual to have at your death.) If so, identify the property you want to give (i.e., jewelry), to whom, and the person's relationship to you (continue on reverse, if necessary): YES NO

9. Do you wish to make any CASH BEQUESTS? If so, state the amount(s) and to whom you wish to make the cash gift(s): YES NO

10. a. PRIMARY BENEFICIARY(IES): At the time of your death, who do you want to receive your property (including any real estate)? If more than one person is listed as a PRIMARY

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BENEFICIARY, they will share your property equally, unless you state a different percentage share next to their name. List the person(s) you wish to receive your property:

Relation	Full Name	Percent	City	State

b. If your spouse is listed as “**PRIMARY BENEFICIARY**,” but predeceases you, do you want your property to go to your children? YES NO

(1) Do you want your estate to be managed by your executor or trustee until your children reach the age of eighteen? YES NO

(2) Do you want to give property to your children in trust? YES NO

(3) If so, should the trust last until age: 18 21 Other (Specify) _____

(4) Do you want the property to be held in a single, UNITARY TRUST (until your youngest surviving child reaches the age of distribution, as specified in question 3), - OR – Do you prefer that SEPARATE TRUSTS be created for each child (with distribution occurring at the time each child reaches the age of distribution)?

UNITARY TRUST

SEPARATE TRUSTS

(5) Who do you want to be the TRUSTEE and ALTERNATE TRUSTEE of the property you are giving to your children?

	TRUSTEE	ALTERNATE
Relationship		
Full Name		
City		
State		

c. If you have named more than one PRIMARY BENEFICIARY and one of those named should die before you, do you want the other PRIMARY BENEFICIARY to take the deceased’s share? YES NO

d. If you answered “NO” to the previous question, to whom do you wish the deceased’s share to pass?

(Relationship) (Full Name) (Percentage) (City) (State)

11. a. ALTERNATE BENEFICIARY(IES): If none of your CHILDREN or PRIMARY BENEFICIARIES is living at the time of your death, who do you wish to receive your property?

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Relation	Full Name	Percent	City	State

b. If you have named more than one ALTERNATE BENEFICIARY, and one of those persons dies before you, do you want the OTHER ALTERNATE BENEFICIARY(IES) to take the deceased's share? YES NO

c. If you answered "NO" to the previous question, to whom do you wish the deceased's share to pass?

(Relationship) (Full Name) (Percentage) (City) (State)

12. a. An EXECUTOR is a person appointed by you to carry out the wishes you have expressed in your Will. The EXECUTOR can be your spouse. Do you wish your spouse to act as your EXECUTOR? YES NO

If you are not married OR do not want your Spouse to perform as EXECUTOR, who do you wish to appoint EXECUTOR?

(Relationship) (Full Name) (City) (State)

b. If your primary EXECUTOR predeceases you OR is unable or unwilling to serve, whom do you wish to be your ALTERNATE EXECUTOR?

(Relationship) (Full Name) (City) (State)

13. a. Who do you want to be the GUARDIAN(S) of your minor CHILDREN should you die without a spouse?

(Relationship) (Full Name) (City) (State)

b. If your primary GUARDIAN dies before you OR is unable or unwilling to act as GUARDIAN, who do you want to serve as your ALTERNATE GUARDIAN?

(Relationship) (Full Name) (City) (State)

14. A LIVING WILL communicates your desires regarding a last illness should you become incapacitated.

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Do you wish to execute a Living Will? YES NO

15. A **MEDICAL POWER OF ATTORNEY** allows you to appoint an agent to make medical decisions for you, including decisions regarding a last illness should you become incapacitated. Do you also wish to execute a **MEDICAL POWER OF ATTORNEY**?

YES NO

a. If so, who do you want as your **PRIMARY MEDICAL HEALTH CARE AGENT**?

_____	_____
(Full Name)	(Relationship)
_____	_____
(Complete Address)	(Phone)

b. If your primary agent cannot act, who do you want to be your **SECONDARY MEDICAL HEALTH CARE AGENT**?

_____	_____
(Full Name)	(Relationship)
_____	_____
(Complete Address)	(Phone)

c. In what way is your second agent authorized to act?

- Jointly with my primary agent
- Alone
- Only if my primary health care agent is incapacitated or unable to act.

d. Would you like to authorize:

- I. Organ/Tissue Donation
- II. Donation for Scientific or Medical Purposes

e. If possible, would you prefer to die at home rather than in a hospital?

YES NO

16. A **DURABLE GENERAL POWER OF ATTORNEY** is a document that allows you to appoint an agent to handle **ALL** of your financial affairs. Do you wish to execute a **DURABLE POWER OF ATTORNEY**? YES NO

a. Who do you wish to act as your **PRIMARY ATTORNEY-IN-FACT**?

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(Full Name) _____
(Relationship)

(Complete Address) _____
(Phone)

b. Do you want a JOINT ATTORNEY-IN-FACT? YES NO

(Full Name) _____
(Relationship)

(Complete Address) _____
(Phone)

If you appoint a joint attorney-in-fact, may this person act alone? YES NO

c. Under what circumstances is/are your agent(s) authorized to act:

Only when I am incapacitated

At all times, regardless of my physical/mental condition

17. Instead of a Durable General Power of Attorney, you may prefer a SPECIAL POWER OF ATTORNEY. A SPECIAL POWER OF ATTORNEY is a document that allows you to appoint an agent to handle only **specified** matters for you. Do you wish to execute a SPECIAL POWER OF ATTORNEY? YES NO

a. Who do you want to be your PRIMARY ATTORNEY-IN-FACT?

(Full Name) _____
(Relationship)

(Complete Address) _____
(Phone)

b. Do you want a JOINT ATTORNEY-IN-FACT? YES NO

(Full Name) _____
(Relationship)

(Complete Address) _____
(Phone)

May your joint attorney-in-fact act alone? YES NO

c. What special acts would you want your agent(s) to handle for you? **NOTE:** The following Special Powers of Attorney are generally intended to address rapid deployment issues.

HOUSEHOLD GOODS/PERSONAL PROPERTY

- _____ SPOA to Ship Household Goods/Personal Property
- _____ SPOA to Receive Household Goods/Personal Property

CLAIMS/FINANCIAL TRANSACTIONS

- _____ SPOA to Cash Checks/Negotiable Instruments
- _____ SPOA to File Claims/Receive Payments

GOVERNMENT QUARTERS

- _____ SPOA to Sign for Government Quarters
- _____ SPOA to Clear Government Quarters

REAL PROPERTY

- _____ SPOA to Sell Specified Real Property

Location of Real Property & Legal Description of Property

MOTOR VEHICLES

- SPOA to Possess, Use, Title, Register, etc.
- SPOA to Sell Specific Vehicle(s)
- SPOA to Purchase Specific Vehicle(s)
- SPOA to Ship Specific Vehicle
- SPOA to Receive Specific Vehicle

Year	Make	Model	Vehicle Identification Number

CHILD CARE

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SPOA to Authorize Medical Care Only

SPOA for ALL Care and Voluntary Appointment of Guardian

Child's Full Name	Relationship

MILITARY AFFAIRS

Military Affairs Power of Attorney

UNIQUE Power of Attorney

Compose a unique SPOA. Please Specify:

Questions/Comments? Give us a call: (434) 971-3322 or 3323
Toll Free Number: 1-800-552-3978, Ext. 3322 or 3323
Fax: (commercial) 434-971-3233; (DSN) 521-3233

(Mailing Label Below)



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