



11 WG/JA WILL WORKSHEET



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AUTHORITY: 10 U.S.C. 1044

PRINCIPAL PURPOSE: To collect intake information for legal assistance estate planning appointments

ROUTINE USES: DoD "Blanket Routine Uses" apply.

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DISCLOSURE: VOLUNTARY. You are not required to complete this form; however, failure to do so could preclude legal assistance services.

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POC: 11 WG/JA, 202-284-3237 / 11WG.JBAB-LegalAssistance.Appointments@us.af.mil

Items marked with an asterisk (*) are explained in the "Glossary of Terms" on page 2. You may also hover over selections near the terms with asterisks to view definitions.

Please send the completed worksheet to:
11WG.JBAB-LegalAssistance.Appointments@us.af.mil

We require one (1) worksheet per person.
Please call (202) 284-3237 for questions.

Glossary of Terms

- Advance Medical Directive**- a healthcare power of attorney and living will combined in one document
- Bond**- payment by the personal representative to the court which acts as insurance in the event the personal representative does not fulfill his/her job lawfully or rightfully; the bond provides protection in the event you don't fully trust who you've chosen or any of the listed alternates.
- Common Disaster**- occurs when there is no clear certainty of who died first; designating who died first can play heavily in determining the distribution of a combined estate, especially with blended families when alternate beneficiaries differ for each spouse
- Community Property**- property or other assets gained after marriage; both partners are considered 50% co-owners; only applicable in some states
- Contingent Beneficiary**- alternate beneficiary in the event the first beneficiary is not available
- Custodian**- a person selected to manage the financial affairs of another person, either a minor or incapacitated adult
- Devise**- to give a gift of real property, *e.g.*, a house or land, through a will
- Encumbrance**- a claim, lien, or other impediment attached to a property
- General Durable Power of Attorney**- document that gives broad powers to a selected agent to act as the principal
- Generation-Skipping Transfer Tax**- federal tax resulting from a transfer of property by gift or inheritance to a beneficiary (other than a spouse) who is 37 ½ years younger than the donor; only applies when the transferred amount exceeds the federal threshold of \$12.92 million per individual for 2023; the gift does not need to go to a family member to trigger the tax
- Guardian**- a person selected to manage the care and well-being of another person, either a minor or incapacitated adult
- Healthcare Power of Attorney**- document that designates an agent for healthcare affairs when the principal is incapacitated
- Incapacitated**- lacking legal capacity; unfit to make independent decisions
- Lapse/Lapse Disposition**- a voided gift, usually because the beneficiary died before the Testator/Testatrix; lapsed gifts become part of ("transfer to") the Residuary Estate
- Living Will**- document that states a person's final wishes for certain terminal conditions
- Permanent Domicile**- domicile used when filing taxes; legal home of record
- Personal Property Note/Memo**- a separate written statement signed by the Testator/Testatrix describing specific personal items and the beneficiaries of those items; physical items only
- Personal Representative**- a person selected to handle and settle the affairs of an estate after the Testator's/Testatrix's death; also called an "Executor/Executrix" (male/female designations)
- Power of Appointment**- the power given to a beneficiary to change how a trust operates; if the beneficiary exercises the power, the trust's assets will be included in the beneficiary's own estate
- Predeceased beneficiary**- a beneficiary listed in a will who has died before the Testator/Testatrix
- Real Property**- real estate (commercial and residential); a parcel of land and everything permanently attached to it; immovable, unlike tangible personal property
- Residuary Estate**- all of the overlooked or unclaimed assets of the Testator/Testatrix after beneficiaries receive their gifts AND all necessary expenses (estate taxes, debts, funeral costs, etc.) have been paid; a collection of assets you didn't specifically give
- Tangible Personal Property**- property that can be physically relocated; includes household goods, jewelry, clothes, motor vehicles, boats, recreational vehicles, mobile homes, pets, etc.
- Testamentary Disposition**- the transfer of an asset to a beneficiary after the Testator's/Testatrix's death (generally, by operation of a will)
- Testator/Testatrix**- male/female designation of a person who creates a will

Deploying in 30 days?	
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A. PERSONAL INFORMATION

First Name	Middle Name	Last Name	Suffix	Sex

DOD ID#	Date of Birth (MM/DD/YYYY)	Country of Citizenship	Permanent Domicile* (for taxes)

Status (choose one)	Rank & Grade (military & retirees only)	Unit/Org (military & deploying civilians only)	Branch of Service (former branch for retirees; affiliated branch for dependents)

Street Address	City	State	Zip

E-mail Address	Cell Phone	Alternate Phone

B. ESTATE PLANNING SERVICES REQUESTED

Check all that apply:

Will	
Healthcare Power of Attorney*	
Living Will*	
Advance Medical Directive*	

C. MARITAL INFORMATION

Marital Status (*choose one*):

First Name	Middle Name	Last Name	Sex

DOD ID#	Date of Birth (MM/DD/YYYY)	Country of Citizenship	Permanent Domicile* (<i>for taxes</i>)

Status (<i>choose one</i>)	Rank & Grade (<i>military and retirees only</i>)	Unit/Org (<i>military only</i>)	Branch of Service (<i>former branch for retirees; affiliated branch for dependents</i>)

Street Address	City	State	Zip

E-mail Address	Cell Phone	Alternate Phone

D. CHILDREN

1. How many children do you have? (biological, adopted, or step-children)? _____

~ Please list additional children on the last page of the worksheet. ~

Full Name (First, Middle, Last)	Age	Date of Birth (MM/DD/YYYY)	Relation (Daughter/Son /Child)	Bio/ Adopted/ Step-child	Alive? (Y or N)

D. CHILDREN *(continued)*

2. Do you wish to include a statement in your will regarding the status of your children as being biological, adopted, step-child, or deceased? _____

3. Do you wish to disinherit one or more of your children listed? _____

4. If applicable, name the child(ren) to be disinherited: _____

5. If applicable, do you wish to include the reason for disinheritance in your will (select **ONE** option)?

- 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:

6. If applicable, do you wish to include language in your will that states the decision to disinherit your child(ren) was intentional and not made by mistake? _____

E. DISPOSITION OF REMAINS

1. Do you wish to include instructions in your will regarding your preference for a religious OR non-religious ceremony? _____

2. If **yes**, please select **ONE** of the following:

- I desire a non-religious memorial service.
- I desire my funeral arrangements be made and carried out according to the custom and ceremony of _____ religion/denomination.
- Other (specify): _____

3. Do you desire to be interred (buried) with military honors? _____
(available for active duty members, retirees, and veterans)

4. If **yes**, do you wish to include instructions specifying who will receive an American flag as part of your military honors? _____

E. DISPOSITION OF REMAINS (continued)

5. If applicable, please provide the name(s) of the individual(s) you would like to receive an American flag in the spaces below:

1.	3.
2.	4.

6. Please select **ONE** of the following on how you would like to be buried, cremated, or otherwise disposed:

- I wish my body to be cremated and the ashes scattered in or at _____ .
- I wish my body to be cremated and the ashes given to _____ .
- I wish my body to be cremated and the ashes given to _____ and scattered in or at _____ .
- I wish my body to be buried at _____ .
- I wish my body to be buried at a location chosen by my Personal Representative.
- I wish my body to be donated for medical or scientific purposes.
- Other (*specify*): _____ .

F. VALUE OF ESTATE

1. An estate is everything comprising the net worth of an individual, including all land and real estate, possessions, financial securities, cash, and other assets that an individual owns or has a controlling interest in. Select the approximate value of your estate:

\$0 to \$500,000	
\$500,001 to \$999,999	
\$1 million to \$3.5 million	
Over \$3.5 million	

2. The amount you can give away during your lifetime, or at your death, and be exempt from federal estate and gift taxes is \$12.92 million (effective 2023). This means that a married couple could gift over \$25 million in assets tax free. However, specific state thresholds still apply.

Given this information, would you like to include an optional provision stating that if a generation-skipping transfer tax (GST)* is triggered, the tax will be deducted from the gift and/or devise that triggered it? _____

G. CASH GIFTS

1. Do you wish to leave a gift of cash? _____ (*if not, proceed to H.*)

2. If so, please select from the following:

Individual Beneficiaries (**complete Section i**)

Group Beneficiaries (**complete Section ii**)

Section i. Individual Cash Gifts

Beneficiary	Dollar Amount (\$)	Percentage of Estate (%)

If any beneficiary listed above does not survive you, this gift shall (**select ONE**):

Lapse*

Go to a contingent beneficiary*: _____

Section ii. Group Cash Gift

a. What amount (or percentage of your estate) would you like to give to the group?

b. Name the beneficiaries (individuals/entities/class) of your group cash gift in the spaces below:

c. How should this group cash gift be distributed to the beneficiaries (**select ONE**):

In equal shares

In proportions (list the desired proportions, *e.g.*, $\frac{1}{4}$ to Beneficiary 1 and $\frac{3}{4}$ to Beneficiary 2) _____

d. If any beneficiary listed above does not survive you, this gift shall (**select ONE**):

Lapse

Go to a contingent beneficiary: _____

~ Please list additional cash gifts on the last page of the worksheet. ~

H. TANGIBLE PERSONAL PROPERTY*

1. Who do you wish to give your tangible personal property to? **Full name(s).**

2. Who will pay the administrative costs of preparing and delivering your tangible personal property to your beneficiary? (**select ONE option**)

My Personal Representative* will pay the costs from my estate as an administration expense.

The beneficiary of my tangible personal property will pay at their expense.

3. If the beneficiary you selected above does not survive you, who do you wish to give your tangible personal property to? (**select ONE option**)

Option a: One alternate beneficiary _____

Option b: A class of beneficiaries (*e.g.*, “my children”) _____

Option c: Multiple beneficiaries

Option d: No one. The property will become part of my Residuary Estate.*

4. Do you plan to create a tangible personal property note/memorandum* (if your jurisdiction permits)? _____

5. If so, do you wish to include the following statement:

“If no tangible personal property note or memorandum is found within _____ days, it shall be presumed that no such note or memorandum exists?”

H. TANGIBLE PERSONAL PROPERTY *(continued)*

6. Do you wish to gift a specific personal item to a specific beneficiary? _____
(e.g., “I wish to gift my black Movado watch to my cousin, John Doe.”)

If applicable, please complete the table below:

Description of the Personal Item	Beneficiary / Relationship

If any beneficiary listed above does not survive you, this gift shall:

- Lapse
- Go to a contingent beneficiary: _____

~ Please list additional items on the last page of the worksheet. ~

7. Firearms are also considered “tangible property.” Special laws regulate the ownership, possession, and transfer of firearms. If you own firearms, your estate planning needs surrounding the transfer of the firearms may exceed the expertise of your Legal Assistance attorney. Please let us know if you require a civilian attorney to assist with this bequest.

I. REAL PROPERTY*

1. Do you own (or plan to own) real property? _____

2. If applicable, please list address(es)/description(s) of the real property* you

Property 1	
Property 2	
Property 3	
Property 4	
Property 5	

~ Please list additional properties on the last page of the worksheet. ~

I. REAL PROPERTY *(continued)*

3. If applicable, to whom should your interests in real property be devised* to?

4. If the beneficiary you selected above does not survive you, how do you wish to dispose of your interests in real property*? (**select ONE option**)

Option a: One alternate beneficiary _____

Option b: A class of beneficiaries (e.g., “my children”) _____

Option c: Multiple beneficiaries

Option d: Sell the property/properties and: (*select ONE additional option*)

Divide the proceeds in equal shares to the following beneficiaries:

Beneficiary

Divide the proceeds in proportions (List the beneficiaries and their respective shares)

Beneficiary	Share

Make the proceeds part of my Residuary Estate

Option e: No one. The property will become part of my Residuary Estate.

I. REAL PROPERTY (continued)

5. If you have a mortgage on any real property (now or in the future), how would you like it to be discharged? (select **ONE** option)

- Using funds from my residuary estate so that my beneficiary bears no liability.
- By the beneficiary; s/he will take the property subject to the mortgage or other encumbrance.* My estate will not pay or discharge the debt.

J. 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? _____ (*jurisdiction specific*)

2. Does your residuary estate include property (of any nature) over which you may have: power of appointment,* testamentary disposition,* and/or lapse disposition*? _____

3. Who do you wish to give your residuary estate* to?

4. If the beneficiary you selected above does not survive you, who would you like to give your residuary estate to? (select **ONE** option)

Option a: One alternate beneficiary _____

Option b: A class of beneficiaries (e.g., “my children”) _____

(select **ONE** additional option)

- Divided only among living beneficiaries within the class
- Divided among living beneficiaries within the class AND descendants of deceased beneficiaries within the class

Option c: Multiple beneficiaries (list share amount each beneficiary should receive)

Beneficiary	Share

J. RESIDUARY ESTATE *(continued)*

5. If any of the beneficiaries above do not survive you by _____ (optional) days, the share of such beneficiary shall be divided among the surviving beneficiaries.

The predeceased beneficiary's* share shall be divided:

Equally

In proportion to their respective shares in my residuary estate

6. In the event NO person designated in your Will is living and the disposal of any portion of your estate is not provided for in your Will, that portion of your estate shall be distributed: (select **ONE** option)

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 **charities** listed below:

Name of Individual or Charity	
Name of Individual or Charity	
Name of Individual or Charity	
Name of Individual or Charity	

7. If you chose a **charity** above, do you wish to include a provision that allows a distribution to a charity of your Personal Representative's choice in the event your designated charity ceases to function or ceases to be exempt from taxation? _____

K. COMMON DISASTER*

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

L. DESIGNATION OF PERSONAL REPRESENTATIVE*

Primary Personal Representative	Relationship to You
First Alternate	Relationship to You
Second Alternate	Relationship to You

M. COMPENSATION AND BOND*

1. Should your Personal Representative be entitled to or receive any compensation for their services? _____
2. Would you like your will to state that your 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 a court? _____

N. GUARDIANSHIP/CUSTODIANSHIP

(for clients with minor children and/or who are legally responsible for incapacitated adults)

1. Please select **ONE** of the following:

- I wish to appoint a guardian*.
- I wish to appoint a custodian*.
- I wish to appoint a guardian and a custodian.
- I do not wish (or need) to appoint a guardian or a custodian.

2. Primary **Guardian**: _____

First Alternate: _____

Second Alternate: _____

3. Primary **Custodian**: _____

First Alternate: _____

Second Alternate: _____

O. DIGITAL ASSETS

1. Do you wish to allow your Personal Representative to access all digital assets and devices encompassed by your Apple ID? _____

2. Do you wish to allow your Personal Representative to access the content of any electronic communication in addition to the catalogue of the communications? _____

P. NO CONTEST CLAUSE

1. Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of your will? _____

2. Do you wish to include a clause discouraging your beneficiaries' children from contesting the probate and validity of your will? _____

Q. HEALTHCARE POWER OF ATTORNEY*

1. Would you like to create a healthcare power of attorney? _____

2. Please provide the information for the individual you would like to appoint as your primary healthcare agent.

Name	
Mailing Address	
Phone Number	

3. Please provide the information for the individual you would like to appoint as your alternate healthcare agent.

Name	
Mailing Address	
Phone Number	

R. LIVING WILL*

Would you like to create a living will? _____

S. MISCELLANEOUS

1. Do you own a farm or family-owned business? _____

2. Have you previously established a trust? _____

~ Additional information may be listed on the last page of the worksheet. ~

