

Please Call 294-3732 to make a Will appointment. Please bring this completed will questionnaire to Law Center at the time of your appointment.

Due to the nature of legal assistance appointments, and the will execution, we ask that you do not bring children with you to these appointments. Your cooperation is important and allows us to provide you and all of our clients the best legal assistance possible.

PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 80113, EO 9397

PRINCIPAL PURPOSE: To gather information to be included in your will. After your will is executed, this questionnaire to you or destroyed. No record of this information will be kept by this office or the United States.

ROUTINE USES: See Principal Purpose above.

DISCLOSURE: Is voluntary. This information is privileged and cannot be disclosed without your consent.

Attorney : _____

Date client seen: _____

DL Wills Index # _____

55 WG /JA WILL QUESTIONNAIRE

DIRECTIONS: The following information is necessary in order to prepare your will. It is important that all information be complete and accurate, as it will be incorporated directly into your final will. Due to current Air Force directives, this office is prohibited from creating trusts. This questionnaire must be completed before you see an attorney.

****Use your Middle Initial ONLY unless you have ID confirming your FULL Middle Name**

1. NAME (First, Middle Initial , Last): _____ RANK _____

2. ADDRESS (Street, City, State, Zip): _____

3. HOME PHONE: _____ 4. DUTY/WORK PHONE: _____

5. SOCIAL SECURITY NUMBER: _____ 6. SQUADRON: _____

7. STATE OF LEGAL RESIDENCE ("HOME STATE"): _____

8. CITIZENSHIP: Are you an American citizen? Yes No Is your spouse an American citizen? Yes No

9. CURRENT MARITAL STATUS:

- Married
- Married but Separated
- Single
- Widow(er)
- Divorced (Remarried)
- Divorced (Not Remarried)

MILITARY STATUS:

- Active Duty
- Retiree
- Dependent of Active Duty
- Dependent of Retiree
- National Guard (Active)
- Dependent of Reservist or Guard

10. SPOUSE'S FULL NAME (First, Middle, Last): _____

11. VALUE OF ESTATE: What is the approximate value of your estate? Include all cash, real estate, property, and life insurance benefits that you and your spouse own. Under \$2M Over \$2M

***If your assets total more than \$2M, you may need to discuss estate planning options with a civilian attorney who specializes in that field.**

12. CHILDREN (Full Names, Age, Sex, Natural/Adopted/StepChild and annotate by name of child if born prior to current marriage):

13. STEP/ADOPTED CHILDREN: If you have stepchildren and/or adopted children, do you want to include them in your Will exactly the same as you would natural children? YES NO

14. MINIMUM INHERITANCE AGE: At what age do you want your minor children (under age 18) to have full control of the money/property you leave them?
 18 19 (in Nebraska) 21 Other (please specify)

15. INDIVIDUAL BEQUESTS:

- a. Do you want to leave any particular items of personal property to an individual?
 YES (If yes, please ask the attorney for further information) NO

****NOTE:** If you are a resident of any of the following states, you can make and attach a **personal property memorandum** to dispose of your tangible personal property to individuals: **AK, AR, AZ, CO, DL, FL, HI, IA, ID, KS, ME, MI, MN, MO, MT, ND, NE, NJ, NM, NV, SC, SD, UT, VA, WA, WY.**

b. Do you wish to use the **personal property memorandum** to dispose of personal property?
___ **YES** (If yes, please ask the attorney for further information) ___ **NO**

16. CASH GIFTS: Do you want to leave a lump sum of cash to a charity or individual?
___ **YES** Recipient's Name/Relationship to you: _____ Amount: _____
___ **NO**

17. REAL ESTATE: Do you own any real estate which is to be disposed of in this will?
___ **YES** Recipient's Name / Relationship to you: _____
Property Description: _____ Property Location: _____
___ **NO**

18. PRIMARY BENEFICIARIES: List the people to whom you want to leave all of the personal property:
____ All to spouse if living; if spouse is not living, then to children equally
____ Minimal amount to spouse (disinherit to extent permitted by law)
____ All to children
____ Other (specify name and relationship): _____
If any of your children die before you, do you want his/her share to be given equally to his/her children (called "per stirpes")? ___ **YES ___ **NO**

19. ALTERNATE BENEFICIARIES: List below the name, relationship, and percentage to be given of anyone else you wish to receive your estate if all of the above named primary beneficiaries die before you:

NAME	RELATIONSHIP	% TO RECEIVE
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. EXECUTOR: The Executor is the person who handles all administrative and legal issues, as well as your funeral. This person must be over 18 years of age, and should be responsible. It is recommended, but not required, that married persons put their spouse as their first choice. **NOTE: Residents of FL, KY and WV must choose an executor who is a legal resident of that state unless the executor is a close relative. IA and IN do not allow a non-resident unless a resident is appointed co-executor. NH & RI require judicial approval of a non-resident executor. WI restricts appointment of a non-resident executor.** Please list name and relationship below:

FIRST CHOICE: _____ RELATIONSHIP TO YOU: _____
SECOND CHOICE: _____ RELATIONSHIP TO YOU: _____

21. GUARDIAN: The Guardian is the person who will take custody and care of your minor child(ren) if no parents are alive. ****NOTE: Residents of FL, OK, and WV must choose a guardian who is a legal resident of that state unless the guardian is a close relative. IA, IN, and NV do not allow a non-resident to be guardian unless a resident is appointed co-guardian. OH and WI restrict appointment of a non-resident guardian.** Please list name and relationship below:

FIRST CHOICE: _____ RELATIONSHIP TO YOU: _____
SECOND CHOICE: _____ RELATIONSHIP TO YOU: _____

22. DO YOU WANT A LIVING WILL? ___ **YES** ___ **NO**
Living Will: A Living Will (also known as a medical directive or advance directive) is a written document that states a person's wish to decline life-support or other medical treatment in certain circumstances, usually when death is imminent. Generally, a living will takes effect when a person becomes terminally ill, permanently unconscious or conscious with irreversible brain damage.

OTHER REQUESTS OR QUESTIONS FOR ATTORNEY:

