

**OFFICE OF THE STAFF JUDGE ADVOCATE
55th WING, OFFUTT AIR FORCE BASE, NEBRASKA**

WILL WORKSHEET

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**PRIVACY ACT STATEMENT:** AUTHORITY: 5 U.S.C. § 552a. PRINCIPLE PURPOSE: To assist in the drafting of wills. ROUTINE USE:  
This confidential data will be used to prepare a will, with no dissemination outside the legal office. DISCLOSURE IS VOLUNTARY.  
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This worksheet is designed to help you order your thoughts before making a will. Our office uses a special computer program to generate a will designed specifically for your state of legal residence. Please answer the questions as completely as possible before you see an attorney. If you have questions or are unsure about an answer, be sure to ask your attorney during your individual meeting.

1. **FULL LEGAL NAME:** _____

2. **PHYSICAL ADDRESS:** _____

3. **CONTACT PHONE NUMBER:** _____

4. **STATE OF LEGAL RESIDENCE:** _____

5. **MILITARY STATUS** (Check one):

- SERVICE MEMBER SPOUSE OF RETIRED SERVICE MEMBER
 RETIRED SERVICE MEMBER FAMILY MEMBER OF SERVICE MEMBER
 SPOUSE OF SERVICE MEMBER OTHER If other, please provide status _____

5. **MARITAL STATUS:** (Check one): Married Divorced Remarried Single Widow(er)

6. **SERVICES REQUESTED:** (Circle all that apply) Will Living Will Health Care Power of Attorney

7. **SPOUSE'S NAME:** _____

8. NAMES AND AGES OF CHILDREN:	Full Name	Sex M or F	Age	Stepchild Y or N	Adopted Y or N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. **CHILDREN – Continued**

- Do you wish, for purposes of this will, to treat adopted children the same as natural-born children? Yes No
- Do you wish, for purposes of this will, to treat stepchildren the same as natural-born children? Yes No
- Do any of your children have a severe disability or developmental delay? Yes No

9. **ESTATE INFORMATION:**

Estimated Value: (Circle One) Under \$500,000 Between \$500,000 and \$1 Million Over \$1 Million

10. Do you have an interest in a family business or farm? Yes No

11. **REAL ESTATE:** Do you own real estate? Yes No

- If yes, do you want to treat your real and personal property the same (usually, yes)? Yes No

o If no, who do you want to receive your real estate? _____

12. **PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY**

How do you wish to give your personal property?

- To pass as part of the residuary estate (most common).
- Specific items are to go to specific individuals, with all items not listed passing as part of the residuary estate. (Please attach detailed list of items, beneficiaries, and relationship to you.)
- Some other scenario not provided here (please explain): _____

13. **CASH GIFTS:** Cash gifts are given priority and distributed before your other gifts of property. Such gifts may require a sale of your belongings to generate sufficient cash if your accounts have been diminished.

Would you like to leave a cash bequest (usually no)? Yes No

If yes, to whom (can be an individual or organization, e.g., Red Cross) and for how much?

NAME _____ Amount _____

NAME _____ Amount _____

14. **RESIDUARY ESTATE:** The residuary estate is whatever property remains in your estate after debts and expenses of administration have been paid, and any specific bequests (including cash gifts listed above) have been paid. The residuary estate does NOT include non-probateable property such as life insurance (SGLI), retirement plans (401K, TSP), property with a “pay on death,” “transfer on death,” or “right of survivorship” designation, or property within a living trust. These items will be distributed based upon the beneficiary designation.

To whom do you want to leave your residuary estate?

- All to my spouse if he/she survives me, and if not, then to my children and issue.
- A minimum bequest to my spouse, disinherit him/her to the fullest extent of the law, with the remainder going to some other person(s): _____
NAME AND RELATIONSHIP
- All to one specific beneficiary other than my spouse. _____
NAME AND RELATIONSHIP
- All to my children
- To more than one beneficiary. (SEE NEXT PAGE)

If you have more than one beneficiary, are they:

- Specific people who are to share equally.
- A group of people described as a class (e.g., "my brothers and sisters") who are to share equally.
- Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% each to two others).
- Some other arrangement

(EXPLAIN DETAILS OF SELECTION ABOVE): _____

15. ALTERNATE BENEFICIARIES: Please name below the persons you wish to receive property under your will if the above individual(s) predecease you.

a) Alternate: _____
Name Relationship

b) Second Alternate: _____
Name Relationship

- Would you like to disinherit someone? Yes No

If yes, _____
Name Relationship

If any of your beneficiaries is a minor, at what age do you want them to receive their gift? (Choose one)

- 18 (19 in Nebraska)
- 21
- Some other age (please indicate the age): _____ (NOTE: Selecting an age greater than 21 will require the creation of a trust, which will cause your estate to incur additional expenses for the administration of the trust. These expenses would diminish the amount available for your beneficiaries.)

16. TESTAMENTARY TRUST FOR MINOR CHILDREN: (OPTIONAL PROVISION, UNLESS YOU CHOOSE AN AGE OVER 21 FOR INHERITING PROPERTY)

You may elect to give your estate to a Trustee, to hold IN TRUST, for your beneficiary until that person reaches the age you designate. Under court supervision, the Trustee manages the beneficiary's portion of the estate. Although the Trustee's primary purpose is to safeguard the inheritance, the money may also be used for the beneficiary's health, education, welfare, or maintenance, at the Trustee's discretion. Creation of the trust is required in most states if you choose an age greater than 21 as the age your beneficiaries can inherit property.

a) Do you want to create a trust (usually no)? Yes No

b) If yes, do you want: (Check one) One trust for all beneficiaries Individual trusts for each of the beneficiaries

c) Primary Trustee: _____
Name Relationship

Alternate Trustee: _____
Name Relationship

d) Distribution of Trust Assets: Age 25 Other _____

17. **EXECUTOR/PERSONAL REPRESENTATIVE:**

- a) Primary (usually your spouse): _____

NameRelationship
- b) Alternate: _____

NameRelationship
- c) Alternate 2: _____

NameRelationship

18. **GUARDIANSHIP:** This provision only takes effect when both biological/adoptive parents are unable to care for the minor child(ren). If your spouse is also the biological/adoptive parent, the primary person listed should not be your spouse.

- a) Primary: _____

NameRelationship
- b) Alternate: _____

NameRelationship
- c) Alternate: _____

NameRelationship

19. **BURIAL REQUESTS:** Do you wish to express your desires regarding funeral arrangements? Yes No

If yes, please indicate your desires.

Cremation. Is there a specific place you wish your ashes to be spread? _____

To Be Buried. Is there a specific location you wish to be buried? _____

Donate your body. Please state any specific desires. _____

Other. Please state your specific desires. _____

Do you desire full military honors? Yes No

Have you already paid for your funeral arrangements? Yes No

- If yes, please bring the documents regarding your funeral arrangements to your appointment.

MEDICAL ADVANCED DIRECTIVES

• **Health Care Advanced Directive** – The generic term for any document that gives instructions about your health care and/or appoints someone to make medical treatment decisions for you if you cannot make them for yourself. Living Wills and Durable Powers of Attorney for Health Care are both types of Health Care Advance Directives. For any type of Advanced Directive we require organ donor information.

• **Organ Donation (required for Living Will and/or Durable Power of Attorney for Health Care)**

- Upon your death do you wish to donate your organs for transplant? Yes No
- Are you willing to donate organs and tissue, not just for transplants, but also for medical, educational, or scientific purposes? Yes No
- Is the authority to donate organs to expressly exclude certain organs or contain other detailed restrictions? Yes No

If yes, please list. _____

- Should organ donation be authorized only if there is no cost to your heirs or your estate? Yes No

• **Living Will** – A document in which you state your desires for removal of life-sustaining medical treatment if you are terminally ill, permanently unconscious, or in the end-stage of a fatal illness. This is NOT the same as a DNR (do not resuscitate) document. If you desire a DNR, it must be accomplished with your healthcare provider.

- Do you want a Living Will? Yes No
- Do you wish to express a desire to die at home rather than in a hospital? Yes No
- Do you want the will to contain an exception limiting its scope during pregnancy? Yes No

• **Durable Power of Attorney for Health Care (or Health Care Proxy)** – A document in which you appoint someone else to make medical treatment decisions for you if you cannot make them for yourself. The person you name is called your agent, proxy, representative, or surrogate. You can also include instructions for decision-making.

Do you want a Durable Power of Attorney For Health Care? Yes No

- If yes, do you want to name your spouse to act as your agent? Yes No
- Does your spouse have the same address as you previously listed? Yes No

Spouse’s telephone number: _____

Do you wish to authorize a second person to act as your agent? Yes No

Full legal name: _____

Address: _____

Telephone No.: _____

- Do you want the same person you named as your health care agent to handle the disposition of your remains (usually yes)? Yes No

If no, do you want to designate someone else to carry out this responsibility? Yes No

Please name alternate person to handle the disposition of your remains:
