

**CYBER CENTER OF EXCELLENCE & FT. GORDON**  
**OFFICE OF THE STAFF JUDGE ADVOCATE - LEGAL ASSISTANCE OFFICE**  
**WILL WORKSHEET**  
**BY APPOINTMENT ONLY – (706)791-7812/7813**  
**WILL EXECUTIONS: THURSDAY 1300 – 1500**

Welcome to the Cyber Center of Excellence and Ft. Gordon Legal Assistance Office. This worksheet will answer common questions concerning Wills. It will prepare you to discuss your needs and desires with an attorney, and provide a convenient form on which to record important information. This worksheet starts the Will preparation process. After you complete it, you will discuss your Will with an attorney. **IF YOU HAVE ANY QUESTIONS WHICH ARE NOT ANSWERED BY THIS WORKSHEET, PLEASE DISCUSS THEM WITH AN ATTORNEY.**

**WHAT IS A WILL?** A Will is a legal document which states your desires concerning what will happen to your property after your death. A Will also contains specific directions from you concerning who is to implement your instructions and perhaps who will care for any minor children you may leave behind.

**WHY SHOULD I HAVE A WILL?** If you should die without a valid Will, the distribution of your property will be governed by the laws of your state of permanent residence/domicile, and perhaps by the laws of the state in which you live at the time of your death. Your wishes usually won't be considered if you don't have a Will.

**DOES MY WILL CONTROL ALL OF MY PROPERTY WHEN I DIE?** No. For example, proceeds of insurance policies are distributed as you have designated in the insurance policy, and accounts or personal property that you own jointly with another person may go to the other joint owner.

**PART A: PERSONAL DATA** **TODAY'S DATE:** \_\_\_\_\_

PRINT YOUR FULL NAME (FIRST, MIDDLE, LAST): (Please include any suffixes, e.g., Jr., Sr., III, etc.)

\_\_\_\_\_

ADDRESS WHERE YOU PHYSICALLY RESIDE (NO P.O. BOX):

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BEST TELEPHONE NUMBER TO CONTACT YOU: \_\_\_\_\_

LAST 4 SSN: \_\_\_\_\_ DOD ID NUMBER \_\_\_\_\_

MILITARY STATUS: ( ) ACTIVE DUTY ( ) RETIRED  
( ) FAMILY MEMBER OF ACTIVE DUTY ( ) FAMILY MEMBER OF RETIREE  
( ) OTHER

BRANCH OF SERVICE: \_\_\_\_\_ RANK \_\_\_\_\_

STATE OF PERMANENT RESIDENCE/DOMICILE: \_\_\_\_\_

MARITAL STATUS: ( ) NEVER MARRIED ( ) DIVORCED  
( ) MARRIED ( ) WIDOWED

SPOUSE'S NAME: \_\_\_\_\_ Is your spouse a US Citizen? \_\_\_\_ Yes \_\_\_\_ No

IF YOU HAVE CHILDREN, PLEASE LIST THEIR INFORMATION BELOW:

**CHILD'S FULL NAME** **AGE** **M/F** **STATUS (NATURAL CHILD, STEPCHILD, ADOPTED, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: DISTRIBUTING YOUR BELONGINGS**

**HOW DO I GIVE MY BELONGINGS AWAY?** Generally speaking, you may state in your Will that you are leaving your property to anyone you wish, although there are laws in some states which may give your spouse and/or your minor children a right to a portion of your property despite what you write in your Will. Many married couples leave all their property to their spouse, and, if their spouse does not outlive them, then to their children.

**CAN I GIVE SPECIFIC GIFTS TO PEOPLE?** Yes, these are called Specific Bequests and you may make them by fully describing what you want to give and the person who is to receive it. You should be careful about Specific Bequests. If you dispose of property that you describe, or if there is any doubt about the exact property that you described in your Will, you may be creating difficulties for your Personal Representative.

HOW DO YOU WANT TO LEAVE YOUR PROPERTY WHEN YOU DIE?

1.  ALL TO SPOUSE  
 OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)
- 

2. IF THE PERSON(S) NAMED IN #1 DOES NOT OUTLIVE YOU, THEN WHO DO YOU WANT TO HAVE YOUR PROPERTY?

- YOUR CHILDREN  
 OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)
- 

3. IF THE PERSON(S) NAMED IN #2 DOES NOT OUTLIVE YOU, THEN WHO DO YOU WANT TO HAVE YOUR PROPERTY?

- YOUR GRANDCHILDREN  
 OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)
- 

4. DO YOU WANT TO PLACE SPECIFIC BEQUESTS IN YOUR WILL?

---

5. DO YOU WISH TO DISINHERIT ANYONE? (FULL NAME(S) AND RELATIONSHIP TO YOU)

---

---

**PART C: PERSONAL REPRESENTATIVE/(EXECUTOR)**

**WHAT IS A PERSONAL REPRESENTATIVE/EXECUTOR?** A Personal Representative or Executor, is a person that you name in your Will who will distribute your belongings in accordance with what you write in your Will. Their job is to "settle" your estate. This also includes paying any taxes or debts which you still owe when you die.

**WHO SHOULD I PICK AS MY PERSONAL REPRESENTATIVE?** Make sure that you pick someone who has good business and financial judgment. It should be someone who you trust to make good decisions about your estate and who will not be overwhelmed by the process. Many people name their spouse as Personal Representative. Others name relatives or close friends.

PRIMARY REPRESENTATIVE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE REPRESENTATIVE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PART D: CARING FOR YOUR CHILDREN AFTER YOU ARE GONE**  
**(IF YOU HAVE MINOR OR DISABLED CHILDREN, COMPLETE PART D. IF NOT, CONTINUE TO PART E)**

**WHAT IS A GUARDIAN?** A legal guardian is the person who will act as a parent for any of your children who are minors or disabled at the time of your death. Normally, if you are survived by your spouse, he or she becomes the minor children's guardian if he or she is the biological or adoptive parent of the children. However, it is recommended that you name a guardian and an alternate guardian in the event that both you and your spouse die. If you or your spouse have children not born of your current marriage, you should discuss the situation in detail with an attorney to determine the most appropriate way to provide for the children. If you wish to appoint a guardian of your children, list the guardian's name and their relationship to you.

PRIMARY GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**WHAT IS A TRUSTEE?** A Trustee is the person who oversees and manages the property which you pass to your children/beneficiaries upon your death. Often, the Trustee and alternate Trustee (if you name an alternate) are the same individual(s) that you appointed as the Guardian and alternate Guardian, but can be someone different.

DO YOU WANT A TRUST? \_\_\_\_\_ YES \_\_\_\_\_ NO **(IF NO, CONTINUE TO PART E)**

IS ANY TRUST BENEFICIARY PERMANENTLY DISABLED? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE PROVIDE THE FULL NAME OF THE TRUSTEE AND THEIR RELATIONSHIP TO YOU.

PRIMARY TRUSTEE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE TRUSTEE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**CHOOSING AN AGE OF FINAL DISTRIBUTION:** At a certain age, your children/beneficiaries will be entitled to manage their inheritance on their own; this is when the trust "vests" or ends. You can determine at what age you consider the child/beneficiary to be ready for such a responsibility (i.e. at age eighteen (18), twenty-one (21), twenty-five (25), etc.)

WHAT AGE WOULD YOU LIKE TO SET FOR YOUR CHILD/BENEFICIARY'S TRUST TO VEST, OR END? \_\_\_\_\_

**PART E: OTHER DOCUMENTS TO CONSIDER**

**LIVING WILL:** A Living Will is a document which expresses your desire whether extraordinary measures shall be taken to prolong your life. It is a document used only when a person is determined to be in a state from which they are unlikely to recover, such as a persistent vegetative state.

DO YOU WANT A LIVING WILL? \_\_\_\_\_ YES \_\_\_\_\_ NO

**HEALTHCARE POWER OF ATTORNEY:** A Healthcare Power of Attorney gives full legal power to the person named in the document to make healthcare decisions for you when you are no longer capable of making them for yourself.

DO YOU WANT A HEALTHCARE POWER OF ATTORNEY? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE PROVIDE THE AGENT(S) NAME, ADDRESS, AND THEIR RELATIONSHIP TO YOU BELOW.

PRIMARY AGENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

ALTERNATE AGENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

**IF YOU DESIRE A LIVING WILL OR HEALTH CARE POWER OF ATTORNEY, PLEASE COMPLETE A THRU C.**

A. DO YOU WISH TO AUTHORIZE THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANT?

YES NO

B. DO YOU ALSO WISH TO AUTHORIZE THE DONATION OF ORGANS AND TISSUES FOR MEDICAL, SCIENTIFIC, AND OTHER SIMILAR PURPOSES?

YES NO

C. DO YOU WISH TO EXPRESS A DESIRE TO DIE IN YOUR HOME INSTEAD OF A HOSPITAL?

YES NO

**POWER OF ATTORNEY:** A Power of Attorney (POA) gives legal power to the person named in the document to make decisions on your behalf. That means they can manage and conduct affairs and act in matters in your name and on your behalf. You will be held legally responsible for those things that you have authorized your agent to do for you. We strongly recommend that you only give such a document to someone you trust completely and that you have a good reason for doing so. There are two types of POAs – 1) “General,” which authorizes your agent to do all things in your name and behalf, and 2) “Special,” which authorizes your agent to do only those certain things that you specify.

DO YOU WANT A POWER OF ATTORNEY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF “YES,” PLEASE INDICATE WHAT TYPE:

GENERAL \_\_\_\_\_ (Complete Paragraph A below)

SPECIAL \_\_\_\_\_ (Complete Paragraphs A and B below)

DO YOU WANT THE POA TO BEGIN IMMEDIATELY \_\_\_\_\_ OR ONLY IF YOU ARE INCAPACITATED \_\_\_\_\_

IF APPLICABLE, DO YOU WANT TO REVOKE ALL PRIOR GENERAL POAs? \_\_\_\_\_ YES \_\_\_\_\_ NO

A. AGENT(S) FOR POWER OF ATTORNEY:

( ) SPOUSE (PLEASE PROVIDE TELEPHONE NUMBER IF DIFFERENT FROM YOURS \_\_\_\_\_)

( ) OTHER

PRIMARY AGENT: \_\_\_\_\_ ADDRESS & PHONE: \_\_\_\_\_

ALTERNATE AGENT: \_\_\_\_\_ ADDRESS & PHONE: \_\_\_\_\_

B. LIST THE THINGS THAT YOU WANT YOUR AGENT TO DO (**FOR SPECIAL POWERS OF ATTORNEY ONLY**):

\_\_\_\_\_  
\_\_\_\_\_

**FUNERAL ARRANGEMENTS:** Many people decide to prepay for funeral arrangements prior to their death. It is important that your family members are aware that you have prepaid for any aspect of your funeral. Any arrangements that have already been made can be addressed in your last will and testament. Also, as a military member or retiree you may be entitled to certain ceremonial and other benefits.

HAVE YOU PAID FOR ANY FUNERAL ARRANGMENTS: ( ) YES ( ) NO

I DESIRE THE FOLLOWING (CHECK ALL THAT APPLY)

\_\_\_\_\_ CREMATION

\_\_\_\_\_ BURIAL

\_\_\_\_\_ SPECIFIC GRAVESITE/LOCATION: \_\_\_\_\_

VETERANS- DO YOU WANT MILITARY HONORS AT YOUR FUNERAL? ( ) YES ( ) NO

LIST ANY OTHER SPECIFIC ARRANGMENTS YOU DESIRE: \_\_\_\_\_

\_\_\_\_\_