

DATE: \_\_\_\_\_ PHONE(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**WILL INFORMATION WORKSHEET**

**If you have any questions, leave sections blank and discuss with Legal Assistance Attorney**

1. NAME: \_\_\_\_\_
2. FULL ADDRESS: \_\_\_\_\_
3. STATE OF LEGAL RESIDENCE: \_\_\_\_\_ CURRENTLY LIVING IN (State): \_\_\_\_\_
4. MARITAL STATUS (circle one): MARRIED      SINGLE      DIVORCED      WIDOWED
5. SPOUSE'S NAME: \_\_\_\_\_ IS SPOUSE A U.S. CITIZEN? \_\_\_\_ Yes \_\_\_\_ No
6. LIST CHILDREN (natural-born, adopted or stepchildren) IF THEY ARE TO BE BENEFICIARIES:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Specifically include mention of: \_\_\_\_\_ adopted children \_\_\_\_\_ Stepchildren in definition of "children."*

7. STATUS (circle one): Active Duty      Spouse/AD      Retired Military      Spouse/RM      DoD Civilian
8. PERSONAL REPRESENTATIVE (same as Executor or Executrix):

Primary: Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate: Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_

9. PRIMARY BENEFICIARY or BENEFICIARIES:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

ALTERNATE BENEFICIARY or BENEFICIARIES:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

10. *Per Stirpes:* \_\_\_\_\_ *Per Capita:* \_\_\_\_\_ *On condition of survival:* \_\_\_\_\_

11. LEGAL GUARDIAN (minor children): ARE ANY CHILDREN FROM A PRIOR RELATIONSHIP? \_\_\_\_ Yes \_\_\_\_ No
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (city and state): \_\_\_\_\_

ALTERNATE GUARDIAN:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (city and state): \_\_\_\_\_

12. ESTIMATED VALUE OF YOUR ESTATE (including Life Insurance): \_\_\_\_\_

*Current Inheritance Tax Exclusion:* \$1,500,000.00     Under     Over

13. WAIVE BOND:     Yes     No

14. WANT LETTER OF INTENT:     Yes     No

15. *If you have* MINOR CHILDREN, *do you want a* TRUST:        *or an* UGMA:   

16. TRUSTEE:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (city and state): \_\_\_\_\_

ALTERNATE:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (city and state): \_\_\_\_\_

17. AGE OF DISTRIBUTION FOR TRUST OR UGMA: \_\_\_\_\_

18. DISPOSITION OF REMAINS: Honors  Burial  Cremation  Scientific Research

19. NOTES (SPECIFIC BEQUESTS, etc.):

## COMMON QUESTIONS ARISING IN WILL PREPARATIONS:

**What is a will?** A will is a legal document which states your desires concerning the disposition of your property after your death. A will also contains other specific directives such as who is to implement your instructions and who acts as guardian for any minor children, among other matters.

**Why should I make a will?** If you die without a valid will, the distribution of your property will be governed by the laws of your state or legal residence and/or the laws of the state in which you die. Your wishes in such instances are usually NOT a factor.

**Is all of my property controlled by my will when I die?** NO. Insurance policy proceeds are distributed as you have designated in your policy. Property which you own *jointly* with another person will (normally) go to that other joint owner.

**What is probate?** Probate is the court procedure whereby your will is proven to be *valid* or *invalid*. Probate proceedings also address the administration of your estate, taxes due, guardianship of children, etc.

**How do I determine my state of legal residence and what difference does it make to my will?** Your legal residence is the state which you consider (at this particular time) as your *permanent* home. If you're active duty or an active-duty family member, think of it as the place where you expect to return when you depart military service. Your legal residence is important to your will because the laws of the state of legal residence will be used in interpreting and implementing your will.

**What is a Personal Representative?** The personal representative (or Executor) is the person you name to carry out your wishes as expressed in your will and to actually *settle* your estate. Settlement includes paying-from your estate funds-any taxes and other legal debts you may owe. *Choose this person with care and discuss the matter with him or her.* Always name a person in whom you have trust and confidence to capably fulfill the responsibility. If married, your spouse would be the prime candidate for consideration.

**What is a Letter of Intent?** A Letter of Intent (or Personal Memorandum) is a *non-binding* instructional memorandum you create for your Personal Representative *outside* your will in which you request said person to honor the bequests and instructions you have stated within said Letter of Intent. It is a good way of distributing small or "sentimental" items with which you might change your mind as to recipient or which could even be lost, stolen or broken. The Letter of Intent is not appropriate for the distribution of valuable items or instructions that you want to *absolutely happen*. It is a *convenience item* and *not legally enforceable*.

**What are *per stirpes*, *per capita*, and *on condition of survival* gifts?** If there are two or more primary or alternate beneficiaries and each has or may in the future have children, it is important to specify in the will whether the children of a deceased beneficiary are simply to take their parent's share, divided equally among the children of that particular parent (*per stirpes*), or whether all of the children of all of the deceased beneficiaries are to share equally in the combined shares of their deceased parents (*per capita*). A third alternative is to specify in the will that the deceased beneficiary's share should be re-distributed among the other surviving beneficiaries instead of passing to the deceased beneficiary's children (*on condition of survival*).

---

**LIVING WILL** \_\_\_ YES \_\_\_ NO      **HEALTH CARE POWER OF ATTORNEY\*** \_\_\_ YES \_\_\_ NO

PRIMARY ATTORNEY-IN-FACT/PROXY:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

ALTERNATE:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

LEAVING ORGAN/TISSUES:

Transplantation: \_\_\_ Yes \_\_\_ No    Educational/Scientific Purposes: \_\_\_ Yes \_\_\_ No

\*In Alabama, the living will and Health-Care Power of Attorney are merged into one document.

---

**GENERAL POWER OF ATTORNEY**

\_\_\_ YES \_\_\_ NO

Active now \_\_\_\_\_ -or- Springing \_\_\_\_\_

RECIPIENT: \_\_\_\_\_

Address (city and state): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ -or- Indefinite: \_\_\_\_\_

**OTHER TYPE (“Special”) POWER OF ATTORNEY**

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

NOTE: Both “General” and “Special” Powers of Attorney may be DURABLE – the document simply needs to state that it is meant to be “durable.”

---