

ESTATE PLANNING QUESTIONNAIRE

(For use of this form see AR 27-3. The proponent of this form is the SJA.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC § 8072. **PRINCIPAL PURPOSE(S):** To assist a judge advocate in the preparation of a soldier's will. No file copy is maintained by the Office of the Staff Judge Advocate. **ROUTINE USE:** To provide a judge advocate with sufficient information upon which to draft the soldier's will. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary, but nondisclosure prohibits preparation of a will.

CLIENT INFORMATION

Name (First, Middle, Last): _____ SSN: _____ Gender: _____

Domicile: _____ US Citizen? (Yes) (No) Marital Status: _____ Military Status: _____

Spouse's Name (First, Middle, Last): _____ SSN: _____

Is your spouse a US Citizen? (Yes) (No) Does your spouse live with you? (Yes) (No)

Your current address: _____

Your phone number(s): _____ Your spouse's phone number(s): _____

How many children do you have (including adopted and stepchildren)? _____ Is any child a minor? _____

Do you want to treat your adopted children and/or stepchildren like your natural children? _____

Children's Names and Genders: _____

PERSONAL REPRESENTATIVE OR EXECUTOR

Whom do you wish to have as your executor? _____

Alternate(s): _____

If you named more than one person, do you want them to be co-executors, or should one take precedence? _____

GUARDIANSHIP

Whom do you wish to name as guardian(s) for your minor children? Please list name(s) and relationship(s). _____

Do you wish to name an alternate guardian or guardians? _____

VALUE OF ESTATE

Note about estate taxes: As of 2001, the estate tax exemption is scheduled to go up until estate taxes are completely eliminated in 2010, BUT the reform is not yet permanent. In 2011, unless a new estate tax bill is passed by Congress, the exemption will go back down to the 2001 level. In 2006, the estate tax exemption is \$2,000,000.

Approximate value of your estate (joint, if married, but not including life insurance): \$ _____

Value of life insurance (self and spouse, if applicable): \$ _____

Total value of both your and your spouse's estate including life insurance: \$ _____

PROPERTY

Do you own real estate? _____ If so, do you own the real estate jointly with your spouse? _____

How do you wish to give your real estate? _____

How do you wish to give your personal property? _____

Please list any specific bequests here: _____

How do you wish to give your residuary estate (whatever property remains after paying debts, expenses of administration, and any specific bequests)? _____

If the beneficiary or beneficiaries you named to receive your residuary estate do not survive you, how do you wish to give your residuary estate? _____

Second alternate beneficiaries: _____

DISINHERITING SOMEONE

Do you wish to disinherit anyone (spouse, children, etc.)? _____

Do you wish to disinherit anyone who contests your will? _____

GIFTS TO MINORS

If any of your beneficiaries is a minor, at what age do you want him or her to receive your gift free of restrictions? _____

If any of your beneficiaries is a minor, do you want to leave his or her share in a custodial account under the Uniform Gifts (or Transfers) to Minors Act or in a trust? _____

For a trust, whom do you wish to be your trustee(s)? Please list name(s) and relationship(s). _____

Do you wish to name an alternate trustee? _____

For a trust, do you want each child to have a separate trust, or do you want one trust for all your minor children? _____

ADVANCE MEDICAL DIRECTIVE OR LIVING WILL

An advance medical directive ("living will") states your wishes regarding life support to your doctors if you cannot communicate your desires in the event that you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support. Do you want an advance medical directive? _____

Do you want to authorize organ donation for transplants? _____

Do you want to authorize organ donation for medical, educational, or scientific purposes? _____

Do you want to place any restrictions on organ donation? _____

If you are not an organ donor, do you have a strong desire to die at home rather than in a hospital? _____

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE

You may execute this in addition to, or instead of, an advance medical directive. It appoints someone you name to make medical care decision for you if you cannot do so yourself. It applies to more situations than an advance medical directive, which addresses only continued life support if you have a terminal condition. The power of attorney for medical care gives the person you name as your agent the authority and access to your medical information to make a wide range of medical decisions on your behalf.

Do you want a Health Care Power of Attorney? _____

If yes, please provide the name, relationship, address, and phone number(s) of your agent: _____

If you have a second choice for an agent, please provide his or her information: _____

Do you want: (a) both agents to have the authority to act separately, (b) to require both agents to act jointly unless one is incapacitated, or (c) the second agent to be a successor, acting only if the first choice is incapacitated? _____

GENERAL POWER OF ATTORNEY

A General Power of Attorney appoints an agent to manage your money and property for you. It can be effective while you are still of sound mind and continue to be effective if you become incapacitated ("durable"). It can also become effective only if you become incapacitated ("springing" and "durable"). It can be indefinite, or it can terminate on a date or event of your choosing. You can also revoke it at any time. Remember that your agent must be trustworthy, as this document gives your agent a great deal of power.

Do you want a General Power of Attorney? _____ Effective: _____ Ending: _____

If yes, please provide the name, relationship, address, and phone number(s) of your agent: _____

If you have a second choice for an agent, please provide his or her information: _____

Do you want: (a) both agents to have the authority to act separately, (b) to require both agents to act jointly unless one is incapacitated, or (c) the second agent to be a successor, acting only if the first choice is incapacitated? _____

FUNERAL ARRANGEMENTS

Do you wish to address funeral arrangements in your will? _____ If yes, do you wish military honors? _____

Would you prefer burial or cremation? _____ Specific instructions: _____

Do you wish to specify a location for disposition of your remains? _____