

## 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): \_\_\_\_\_ Gender: \_\_\_\_\_

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

Spouse's Name (First, Middle, Last): \_\_\_\_\_

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 2015, the federal estate tax exemption is \$5.43 million per person. The federal estate tax exemption is the amount an individual can leave to their heirs without having to pay federal estate tax.

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? \_\_\_\_\_