

## Will Questionnaire

Fort Stewart Legal Assistance Office  
Office of the Staff Judge Advocate  
Third Infantry Division and Fort Stewart

*You must call the Legal Assistance Office to make an appointment (912-767-8809/8819)*

### 1.) Personal Information

Full Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Military Status (Active Duty, Retired, Dependent, Other): \_\_\_\_\_  
Marital Status (Single, Married, Widowed, Divorced, Re-married): \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Number of Children: \_\_\_\_\_ Any Children Who Are Minors?: Yes \_\_\_ No \_\_\_  
Home of Record: \_\_\_\_\_  
Current Address: \_\_\_\_\_

### 2.) What would you like to create during your appointment?

**Will** (states how and to whom you want your property to be distributed when you die)  
 **Springing Power of Attorney for Health Care** (designates someone to make medical decisions for you if you are not able to make them for yourself)  
 **Springing General Durable Power of Attorney** (designates someone to make financial and property decisions for you if you are not able to make them for yourself)  
 **Living Will** (pre-authorizes your doctors to remove medical life support if your doctor determines, after extensive testing, that you have a terminal, incurable medical condition)

### 3.) List the **values** of the property you and/or your spouse owns, and your life insurance policies

\$ \_\_\_\_\_ Value of property you own in your own name (include house(s), car(s), personal belongings, bank accounts, and other financial assets)  
\$ \_\_\_\_\_ Value of property your spouse owns in his/her own name (include house(s), car(s), personal belongings, bank accounts, and other financial assets)  
\$ \_\_\_\_\_ Value of life insurance policies you and your spouse own

### 4.) Do you own or have a mortgage on a **house**, **business**, or other **real estate**? YES / NO

If yes, is it owned jointly with your spouse or someone else? YES / NO

How do you want to give your real estate?

All to my spouse  
 To be distributed with the rest of the property I own  
 Other \_\_\_\_\_

5.) How do you want to give your **personal effects** and **tangible personal property**?

All to my spouse

Specific items to specific individuals; everything else to my spouse

Specific items to specific individuals; everything else distributed with the rest of the property I own

Other \_\_\_\_\_

6.) Do you want to **disinherit** someone? "Disinheriting" someone means expressly stating in your Will that you want the individual to receive nothing. If so, list the person's name and relationship to you.

Name	Relationship
_____	_____

7.) How do you want to give the **rest** of the property you own?

All to my spouse if he/she is alive, and if not, then to my children

Other (list name, relationship to you, and percentage each is to receive)

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.) Are any of your beneficiaries **minors**? If so, at what age do you want them to receive their gift(s)?

18

21

Other \_\_\_\_\_

9.) Who do you want to appoint as your **Executor**? Your Executor supervises the distribution of your property. You should appoint someone you trust and who will be responsible in making sure your property is distributed the way you want under your Will.

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

10.) If one of your beneficiaries is a minor or has a disability, you may want to consider creating a **Trust** to hold his/her gift. On the other hand, you may be better off allowing the minor's guardian to manage the gift until the minor reaches adulthood. You should discuss your circumstances with your attorney.

Trustee(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_ Relationship: \_\_\_\_\_

11.) If your child(ren) is/are under 18 years of age when you die, and the other natural parent is not alive or cannot act as the child's guardian, who would you like to appoint as the child's **guardian**? List your choices in order of preference.

Name(s)	Relationship to You	City/State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

12.) What is your **spouse's name**? \_\_\_\_\_

13.) List your natural, adopted, and step **children**.

Name	Gender	Age	Natural/Adopted/Step
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14.) If you indicated in **question 5** above that you would like to leave **specific items** you own to **specific individuals**, list those items and individuals here.

Item	Individual
_____	_____
_____	_____
_____	_____

15.) If the individuals you listed above die before you, state law creates a "default" list of beneficiaries who will take your property instead (for example, parents, siblings, nieces and nephews, etc.). If you would prefer to list **alternate beneficiaries** instead of relying on the state law "default" list, list the alternate beneficiaries below.

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____

16.) Did you indicate in **question 2** that you would like to create a **springing power of attorney for health care**? If so, who would you like to appoint to make medical decisions for you if you are unable to make those decisions for yourself?

	Name	Address	Phone Number
1st Choice:	_____	_____	_____
2nd Choice:	_____	_____	_____

17.) Should the person you appointed in **question 15** have the authority to **donate your organs**?  
\_\_\_\_ Yes, but only for transplant purposes  
\_\_\_\_ Yes, for transplant purposes as well as for medical, educational, or scientific purposes  
\_\_\_\_ No

18.) Did you indicate in **question 2** that you would like to create a living Will? If so, would you like to specify that you **prefer to die at home** rather than in a hospital (if it does not place an undue financial burden on your family)?  
\_\_\_\_ Yes  
\_\_\_\_ No

19.) Did you indicate in **question 2** that you would like to create a **springing general durable power of attorney**? If so, who would you like to appoint to make general decisions about your property and finances if you are unable to make those decisions for yourself?

	Name	Address	Phone Number
1st Choice:	_____	_____	_____
2nd Choice:	_____	_____	_____

20.) What is your and your spouse's **current contact information**?

Your current address: \_\_\_\_\_

Your spouse's current address: \_\_\_\_\_

Your spouse's phone number: \_\_\_\_\_

21.) Do you want to indicate your preference for your **funeral arrangements** in your Will?

- \_\_\_\_ I prefer to be cremated
- \_\_\_\_ I prefer to be buried at a specific gravesite or location \_\_\_\_\_
- \_\_\_\_ I prefer to be buried at a specific gravesite or location with full military honors \_\_\_\_\_
- \_\_\_\_ I prefer to be buried
- \_\_\_\_ I prefer to be buried with full military honors
- \_\_\_\_ I prefer to have my body given for medical or scientific purposes
- \_\_\_\_ I do not want to indicate my preference and will leave the decision to my family
- \_\_\_\_ Other \_\_\_\_\_