

For use of this form, see AR 27-3, the proponent agency is OTJAG



# FORT BENNING LEGAL ASSISTANCE DIVISION

## WILL APPOINTMENT PACKET

THIS IS A WORKSHEET, NOT A LEGAL DOCUMENT. THIS INFORMATION WILL BE USED TO CREATE YOUR WILL

### PERSONAL INFORMATION

FULL LEGAL NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ (SINGLE, MARRIED, DIVORCED, SEPARATED, WIDOWED)

SPOUSES FULL NAME: \_\_\_\_\_

MILITARY STATUS: \_\_\_\_\_ (ACTIVE, RETIRED, FAMILY MEMBER OF ACTIVE OR RETIREE)

DOD ID NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE OF LEGAL RESIDENCE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

### CHILDREN'S INFORMATION (IF APPLICABLE)

FULL LEGAL NAME	AGE	T=FROM CURRENT MARRIAGE P=FROM PREVIOUS MARRIAGE A=ADOPTED S=STEPCHILD	DAUGHTER OR SON

If you have adopted children, do you want your will to state they are to be treated under your Will like natural born children?

Yes OR No (check one)

### WHO DO YOU WANT TO TAKE CARE OF YOUR PERSONAL MATTERS AFTER YOUR DEATH?

**EXECUTOR** (Also known as personal representative): This person will be your first choice to settle your estate.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

\_\_\_\_\_

CITY AND STATE WHERE THEY LIVE:

\_\_\_\_\_

**SECONDARY EXECUTOR:** This person is your second choice to settle your estate. Choosing a second executor is recommended but not required.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

\_\_\_\_\_

CITY AND STATE WHERE THEY LIVE:

\_\_\_\_\_

**WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?**

**PRIMARY BENEFICIARY OR BENEFICIARIES:** If you want your spouse to get everything, and if your spouse dies, for everything to be split equally to your current or future children check here. \_\_\_\_

If you did not initial above, please complete the table below.

FULL LEGAL NAME	RELATIONSHIP TO YOU	PERCENTAGE (Must equal 100%)

**ALTERNATE BENEFICIARY OR BENEFICIARIES:** Who do you want to receive your estate if the primary beneficiary or beneficiaries do not survive you?

FULL LEGAL NAME	RELATIONSHIP TO YOU	PERCENTAGE (Must equal 100%)

**DISINHERITING:** Is there any person that you specifically do not want to receive anything from your estate? If yes, list their full legal name and their relationship to you:

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**DO YOU OWN ANY REAL ESTATE? IF SO FILL OUT THE TABLE BELOW.**

FULL STREET ADDRESS	CITY AND STATE

**WHO DO YOU WANT TO RAISE YOUR CHILDREN?**

**GUARDIAN:** This person will raise your children in the event of your death. The guardian does not have to be the same as the person who manages the child(ren)'s money.

**PRIMARY GUARDIAN:** This person is your first choice to raise your child(ren).

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

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CITY AND STATE WHERE THEY LIVE:

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**SECONDARY GUARDIAN:** This person is your second choice to raise your child(ren).

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

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CITY AND STATE WHERE THEY LIVE:

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**LEAVING PROPERTY TO MINOR CHILD(REN)**

If you leave money to children without further instructions, the money will be placed in a "Guardianship of the property". An adult, who need not be the same person as the "Guardian", will hold the money for the children until they reach the age of maturity under state law (which is usually 18). Money is then distributed in one lump sum.

The alternative is a Trust. This allows you to select an age of distribution that is older than the state's age of maturity, or to distribute the money in more than one installment.

**DO YOU WANT TO ESTABLISH A TRUST FOR YOUR CHILD(REN) IN YOUR WILL?**

**Yes OR      No (check one)**

Money in the trust is to be distributed as follows (check one):

21

25

30

**TRUSTEE:** This person is your first choice to service as trustee.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

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CITY AND STATE WHERE THEY LIVE:

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**ALTERNATE TRUSTEE:** This person is your second choice to serve as trustee, if your first choice dies or is unwilling to serve.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

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CITY AND STATE WHERE THEY LIVE:

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## **DURABLE POWER OF ATTORNEY**

DO YOU WISH TO APPOINT SOMEONE TO TAKE CARE OF YOUR AFFAIRS ON YOUR BEHALF IN THE EVENT YOU BECOME INCAPACITATED OR UNABLE TO COMMUNICATE YOUR DECISIONS?  
**YES OR NO**

IF YES, WHOM DO YOU WISH TO NAME AS YOUR AGENT?

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME AN ALTERNATE AGENT, IF THIS PERSON IS **UNABLE TO SERVE** AS YOUR AGENT:

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ARE THERE ANY POWERS YOU WISH TO SPECIFICALLY **GRANT** OR **DENY** TO THIS AGENT?  
MAKE GIFTS ON YOUR BEHALF? **YES OR NO**

IF YES, TO YOUR DESCENDANTS ONLY **YES OR NO**

SPECIFIC POWERS RELATED TO A RETIREMENT PLAN OR INDIVIDUAL

RETIREMENT ACCOUNT (IRA)? **YES OR NO**

TO FILE TAXES ON YOUR BEHALF? **YES OR NO**

SELL SPECIFIC REAL ESTATE ON YOUR BEHALF? **YES OR NO**

IF YES, WHAT REAL ESTATE? \_\_\_\_\_

IF APPLICABLE, ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ANY OTHER POWERS? **YES OR NO**

IF YES, WHAT \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **HEALTH CARE & INCAPACITY DECISION MAKING WORKSHEET**

### **LIVING WILL**

DO YOU WISH FOR A LIVING WILL TO BE PREPARED FOR YOU **YES OR NO**

IN THE EVENT YOU HAVE A TERMINAL CONDITION, BECOME  
COMATOSE OR ENTER A PERSISTENT VEGETATIVE STATE, DO  
YOU WANT LIFE SUPPORT? **YES OR NO**  
NUTRITION AND HYDRATION? **YES OR NO**

### **DURABLE HEALTH CARE POWER OF ATTORNEY**

IF YES, WHOM DO YOU WISH TO NAME AS YOUR AGENT?

NAME: \_\_\_\_\_ RELATIONSHIP TO \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME AN ALTERNATE AGENT, IF THIS PERSON IS UNABLE TO SERVE AS YOUR AGENT:

NAME: \_\_\_\_\_ RELATIONSHIP TO \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DO YOU WANT YOUR AGENT AUTHORIZED TO DONATE YOUR ORGANS? **YES OR NO**

IF YES, IS THE AUTHORITY FOR (CIRCLE ONE):

**TRANPLANT ONLY**    OR    **ANY MEDICAL PURPOSE**

DO YOU WISH TO EXPRESS A PREFERENCE TO DIE AT HOME, RATHER  
THAN IN A HOSPITAL? **YES**    or    **NO**

### **FUNERAL ARRANGEMENTS**

DO YOU WISH TO BE CREMATED? \_\_\_\_\_

DO YOU WANT MILITARY HONORS?            YES    or    NO

**MARRIED COUPLES:** Each of you must submit your own packet.

**The Legal Assistance Office will review your submission and contact you within the next 48 hours to setup your appointment. If you have any additional questions, please call 706-545-3281 for assistance.**