

**NAVAL LEGAL SERVICE OFFICE SOUTHEAST  
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MAYPORT, FL 32228-0017  
904-270-5445**

**NOTE: THIS PACKAGE ITSELF IS NOT A WILL.**

AN INITIAL APPOINTMENT **WITH AN ATTORNEY** IS REQUIRED TO DISCUSS YOUR WORKSHEET. AFTER THE INITIAL MEETING YOUR WILL AND ANY ACCOMPANYING DOCUMENTS WILL BE PREPARED AND A SECOND APPOINTMENT WILL BE MADE FOR YOU TO SIGN YOUR DOCUMENTS.

**PRIVACY ACT STATEMENT**

Individuals seeking legal assistance are requested to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 301 and 44 U.S.C. Section 3101. The information you provide will be used by the personnel of this legal office to assign an attorney to you, to prepare estate-planning documents and to provide periodic workload productivity and statistical reports. The information you are requested to provide is solicited on a voluntary basis, however, failure to provide the requested information could result in this office being unable to provide the services requested.

There are several documents covered by this worksheet: a Will, an Advance Medical directive (also known as a living will or declaration), a Health Care Power of Attorney and a Springing Durable "Financial" Power of Attorney (only effective when you become disabled or incapacitated). If you need a General Power of Attorney that becomes effective immediately, our office can prepare that for you without an appointment.

**PERSONAL INFORMATION**

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce (check <b>all</b> that apply)				
2. Your Name (First, Middle, Last)		SSN	Date of Birth	
3. Spouse's Name (First, Middle, Last)		SSN	Date of Birth	
4. Home Address (Number, Street)		City	State	Zip
5. Mailing Address If Different From Above (Number, Street)		City	State	Zip
6. Svcmb'r's Home Phone (    )	Work Phone (    )	Cell Phone (    )	Email	
7. Spouse's Home Phone (    )	Work Phone (    )	Cell Phone (    )	Email	
8. Svcmb'r's Command/Employer/Retired	Occupation	Rate/Rank	Branch of Service	Time in Svc
9. Spouse's Command/Employer/Retired	Occupation	Rate/Rank	Branch of Service	Time in Svc

**(a) Your Children**

Full Name (First, Middle, Last)	Sex M/F	Age	From a Previous Marriage? Y/N	Status B-biological A-Adopted S-Stepchild

(a) Do any of your children have a legal parent who is not your current spouse?  Yes  No

1. If so, list full names of other parent(s) with the corresponding names of the children listed above:

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(b) Are you pregnant or expecting a child?  Yes  No

(c) If you have no children, do you want to plan for future children now?  Yes  No

(d) Are adopted children to be treated the same as natural children under this estate plan?  Yes  No

(e) If you have stepchildren, are stepchildren to be treated the same as natural children under this estate plan?  Yes  No

(f) Are grandchildren to be included under this estate plan?  Yes  No

Please answer the following questions: If you answer **YES** to any of the questions 1 through 11, please address these questions with a Legal Assistance Attorney because this **may** preclude us from providing you with estate planning documents.

1. Are you a resident of **Louisiana or Puerto Rico or Guam**?  Yes  No

2. Does the value of **everything you own, including the value of your insurance policies at your death**, exceed **one million dollars** (include the property of both you and your spouse if you are married and the value of any life insurance policies you own)?  Yes  No

3. Do you own any **land, home, personal property or other assets** in a **foreign country**?  Yes  No

4. Do you own or hold a financial interest or ownership in a **business or farm**?  Yes  No

5. Do you currently benefit from a revocable or irrevocable trust?  Yes  No

6. Did you or your spouse acquire any property while residing in a community property state? (AZ, CA, TX, ID, LA, NM, NV, WA, WI)  Yes  No

7. Are you, your spouse or any beneficiary a NON-U.S. citizen?  Yes  No

8. Do you have a separation agreement? **\*\***  Yes  No

9. Do you have a divorce decree that mentions pension, insurance or other property rights? **\*\***  Yes  No

10. Do you currently have a will, living will, living trust or durable power of attorney? **\*\***  Yes  No

**\*\*Please bring these documents to your appointment.**

11. **IN WHAT STATE(S):**

**IN WHAT STATE(S):**

a. are you currently stationed? \_\_\_\_\_

e. do you have a current driver's license? \_\_\_\_\_

b. do you own real estate? \_\_\_\_\_

f. is your vehicle registered? \_\_\_\_\_

c. do you file income tax? \_\_\_\_\_

g. do you plan to retire? \_\_\_\_\_

d. do you vote? \_\_\_\_\_

## YOUR ESTATE ASSETS

**When we assist you in planning your estate, it is important that we know what kind of property you own and exactly how you own it (how it is titled). Each state has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information. If the total value of your assets is more than one million dollars call our office: we will request additional information to do more advanced estate planning.**

You may not have some of the types of assets listed below. If not, just print "NONE" in the spaces and move on. If you need more room to write additional assets, please write on a separate piece of paper.

1. Do you (or your spouse) have any **COMMERCIAL** life insurance policies and/or annuities?

Name of Company	Who is insured	Who owns the Policy	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____ Spouse SGLI _____					Total Value of Policies in Q 1:

2. Do you (or your spouse) own a home or any other real estate? If so, bring a copy of the deed(s) to your appointment.

Description and Location	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity
Total Net Value in Q 2 :					

3. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity
Total Net Value in Q 3:				

4. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value in Q 4:		

5. Do you (or your spouse) own any investments such as stocks or mutual funds (do *not* include IRAs)?

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value
Total Value in Q 5:		

6. Do you (or your spouse) have any retirement accounts? (401K, IRAs, Thrift Savings Plan?)

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value
Total Value in Q 6:			

Total Value of everything you (and your spouse) own (add totals of Q1 through Q6 above.....)\$ \_\_\_\_\_

## YOUR PLAN OF DISTRIBUTION

### 1. SPECIAL GIFTS

#### SPECIFIC BEQUESTS

(for example: wedding ring to your daughter)

Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to the Beneficiary's heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____
Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to the Beneficiary's heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____

#### CASH BEQUESTS

(for example: \$500 to the SPCA)

Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____
Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the Beneficiary's heirs <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____

#### For Attorney Use Only:

For donations to organizations, ensure correct name and address

Separate Devise of Real Estate:  Yes  No  
Beneficiary: \_\_\_\_\_ Alternate Beneficiary: \_\_\_\_\_

Separate Devise of all Personal Property:  Yes  No  
Beneficiary: \_\_\_\_\_ Alternate Beneficiary: \_\_\_\_\_

#### Personal Property Memorandum

1. Client desires to use a Personal Property Memorandum (PPM) (for use in the following states: AK, AR, AZ, CO, DE, FL, HI, ID, IA, KS, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NM, SC, UT, VA, WA and WY):  Yes  No

2. Items not listed in the PPM are to pass to:

- Wife
- named beneficiary: (First, Middle, Last) \_\_\_\_\_
- as part of the residuary estate

### 2. DISINHERITANCE

Disinheritance allows you to exclude family members from receiving any benefit from your will. Most state laws prohibit a person from completely disinheriting a spouse and allow the spouse to override a will which disinherits that spouse by taking their "elective share". You do not need to expressly disinherit a former spouse since a former spouse is deemed to have predeceased you for estate purposes once your divorce is final unless you specifically name the former spouse as a beneficiary in your will.

(a) Do you wish to disinherit (exclude) a family member?  Yes  No

(b) If yes, please provide the following:

Full Name (First, Middle, Last)

Relationship to you

\_\_\_\_\_

\_\_\_\_\_

**3. DISTRIBUTING THE REST** If you didn't give any specific gifts or cash bequests, who gets the rest? OR if you did give a specific gift of cash bequest who do you want to get the rest?

(a) all to spouse, and if spouse dies to your children equally; (If you checked this box please select (1) or (2) below)

(1) if one of your children dies before you die, that deceased child's share goes to that child's children, your grandchildren (per stirpes) **OR**

(2) If one of your children dies before you die, that deceased child's share is divided among your remaining living children with **nothing** going to your grandchildren (per capita)

**OR**

(b) all to the following person(s):

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

**ALTERNATE BENEFICIARIES**

Who do you want to receive your estate if you outlive the beneficiaries you've named above?

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

**4. MINORS AND THEIR MONEY**

If you leave your money to minor or disabled children without further instructions, the money will be placed in a guardianship or conservatorship *of the property*. It is important to appoint someone to hold and manage the money for the children until they reach adulthood or while they are incapacitated. This method does not provide as much flexibility for managing the funds as other options allow, and all of the money will be given to your children/grandchildren when they reach age 18. If you desire more flexibility than a guardianship, you may choose a custodianship under the Uniform Transfer to Minors Act/Uniform Gifts to Minors Act.

The alternative to a guardianship or custodianship of the property is a trust. This allows the money to be managed by someone you trust until the children reach any age you choose. The person managing the money (called a trustee) has more flexibility in deciding how to invest the money, and the trustee may use the money throughout your children's lives for their health, education, and other needs – even before they reach the age at which the money is given to them in a lump sum.

(a) If any minor children inherits a portion or all of your estate, do you want the children's inheritance (**select ONLY one**):

To be paid out to a custodian under the Uniform Gifts to Minors Act/Uniform Transfer to Minors Act. Under this choice the children **MUST** be given control of the money when the child(ren) turn 18 years of age, or up to 25 years old in some states.

**OR**

Placed in trust for the minor(s). (Any age or combination of ages resulting in any distribution, in whole or in part, occurring after the age of majority which is 18-21 depending on the state law.)

(b) At what age do you want your children to be given their distribution under this will (select **ONLY one**):

- Some age between 18-21: \_\_\_\_\_
- 18
- 21
- 25 (option for trusts only)
- 30 (option for trusts only)
- 1/2 at age 21 and 1/2 at age 25 (option for trusts only) or 1/2 at age \_\_\_\_\_, 1/2 at age \_\_\_\_\_
- 1/3 at 21, 1/3 at 25, 1/3 at 30 (option for trusts only) or 1/3 at age \_\_\_\_\_, 1/3 at age \_\_\_\_\_, 1/3 at age \_\_\_\_\_
- Some age older than 21: \_\_\_\_\_ (option for trusts only)

**For Attorney Use Only: Does the client want:**  Separate Trusts  Family Pot Trust  
**Does the client need a Preresiduary Trust for any child?**  Yes  No

(c) If you chose a trust or a custodial account under UTMA, identify a U.S. citizen or lawful permanent resident (LPR) or corporate trustee to manage the trust (trustee) and name an alternate. Do not name your spouse if your property first goes to your spouse and then your children/other person(s).

**Primary Trustee/Custodian**

Full Name(First, Middle, Last)	Relationship to you	State of Residency

**Alternate Trustee/Custodian**

Full Name(First, Middle, Last)	Relationship to you	State of Residency

**For Attorney Use Only:**  
 -May the trustee elect to liquidate a small trust to the income beneficiary(ies) or appropriate guardian(s) of the income beneficiary(ies)?  Yes  No  
 -If yes, the trust principal must be less than what amount in order for the trustee to have the option of liquidating the trust?  
 \$ \_\_\_\_\_  
 -May a majority of the beneficiaries of any trust under the will remove a trustee and appoint a successor trustee?  
 Yes  No

**5. BENEFICIARIES WHO MAY BE UNDER A DISABILITY AND REQUIRE SPECIAL CARE**

If you are leaving property to someone who has a disability and is receiving or may be eligible to receive government benefits, your will should include a “special needs trust” to protect the person’s government benefits. Please provide the following information:

Name of Disabled Person and Relationship to You	
Property, Percentage of Estate or \$ Amount	
Trustee	
Alternate Trustee	

**For Attorney Use Only: Is the State to be entitled to reimbursement of Medicaid payments?**  Yes  No

**SERVICEMEMBERS GROUP LIFE INSURANCE (SGLI)**

Name of Beneficiary	Relationship to You	Share	Lump Sum or 36 payments
<b>Principal</b>			
1.			
2.			
<b>Contingent</b>			
1.			
2.			
3.			
4.			

**Death Gratuity:** Spouse and eligible children are automatically designated by law as the beneficiary of the death gratuity (\$100,000) if they are alive after you die.

**Page 2 (NAVPERS 1070/602)** – remind clients to keep this up to date identifying spouse and children for the death gratuity OR, if no spouse and children, to designate another beneficiary.

- Client counseled on SGLI and Death Gratuity
- Draft New SGLI

**6. GUARDIAN OF THE CHILDREN**

You can name a guardian of the person to care for any minor children or adult disabled children of whom you and your current spouse are the legal custodians. You can also name a guardian of the person to care for any minor children or adult disabled children of whom you and another person (who is not your current spouse) are the legal custodians. The guardian(s) of the person will care for your minor children ONLY in the event the other legal custodian dies before you or the other legal custodian is declared unfit by a court. You can also name a guardian/conservator of the property of minors in the event children receive property from your estate when they are minors.

Special Considerations:

- Guardian/Conservator of the property of minors should be a U. S. citizen** or a lawful permanent resident of the United States.
- Some states **do not accept non-residents of that state** as guardians/conservators of the property and may require the guardian to post bond regardless of the nomination of a non-resident guardian in the will.
- Your child(ren) may become eligible for social security benefits and military dependent benefits in addition to any life insurance proceeds that you leave. The court **may not allow a non-resident alien or a foreign national** to control the minor child(ren)’s estate.

4. **Nomination of Guardian of the person and/or property:** The court **may** appoint someone **different** than the person who is nominated in your will to act as guardian of the person and/or property based on the best interests of the child.

(a) Do you wish to name a guardian for your children in the event that both you and the other legal parent (if one exists) are deceased OR you are deceased and the other legal parent is declared unfit by the court?  Yes  No

(b) **GUARDIAN OF THE PERSON**

Primary Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

(c) **CONSERVATOR/GUARDIAN OF THE PROPERTY**

Can the person named in 6 (b) above also act as guardian (conservator) of the children’s money?  Yes  No

If NO, please provide the following information:

Primary Conservator/Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Conservator/Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

**For Attorney Use Only:**  
**-Must the persons you have appointed as guardian(s) post bond to cover any child(ren)’s property?**  
 Yes  No  
**-Must the guardian(s) file an accounting with the court upon request of the child(ren)?**  
 Yes  No

**7. EXECUTOR OR PERSONAL REPRESENTATIVE (REQUIRED):**

An executor is a person you nominate in your will to carry out the directions in your will. You should name an executor. If you do not, the court will appoint one. Your executor should be someone you trust, and he or she **must be at least 18 years old and should reside in the United States.** Additionally, some states require the executor/personal representative to post a bond and/or to name a resident of that state as the executor/personal representative. Consult your legal assistance attorney for state requirements regarding the appointment of executors.

**Primary Executor/Personal Representative**

Full Name(First, Middle, Last)	Relationship to you	State of Residency

**Alternate Executor/Personal Representative**

Full Name(First, Middle, Last)	Relationship to you	State of Residency

**For attorney use only: Should the Executor/Personal Representative be required to post bond? Yes No**

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

This document appoints someone to make medical care decisions for you in the event that you have an illness or accident and medical professionals need someone to authorize or decline certain treatments for you because you cannot make your own medical decisions. The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care to be provided to you. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions.

1. Do you want a POA for health care?  Yes  No

Primary Agent	Alternate Agent
Name	Name
Relationship	Relationship
Address	Address
Phone Number	Phone Number

**ORGAN DONATION**

1. Do you want to authorize the donation of organs for transplantation?  Yes  No

2. Do you want to authorize donation of organs and tissue for medical, educational and scientific purposes?  Yes  No

3. If you wish to OMIT certain organs for donation please list here: \_\_\_\_\_

4. If you are near death and the medical profession suggests hospice or indicates that there is no hope left, do you wish to express a desire to die at home or in a hospice rather than in the hospital if possible?  Yes  No

<p><b>For Attorney Use Only: In what State should the document apply?</b> _____</p> <p><b>Funeral Arrangements:</b>  <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Full Donation                      -full military honors? <input type="checkbox"/> Yes <input type="checkbox"/> No                      -Other Desires:  <input type="checkbox"/> Discussed requirement to designate a person authorized to direct remains in NAVPERS 1070/602</p>
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**LIVING WILL/ADVANCED MEDICAL DIRECTIVE/DECLARATION**

A living will is not part of your last will and testament. A living will is more accurately called a natural death act declaration. This document states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires at that point, the living will “speaks for you” so your doctors know, and can act upon, your desires regarding the termination of artificial life support.

Do you want a living will?  Yes  No

**FLORIDA RESIDENTS ONLY:** If you are not a FL resident, please skip and go to the next page.

Do you want to name a separate agent for your living will (if you do not, your agent will be the same as for your health care power of attorney below)?  Yes  No

If yes, please list name, relationship, address and phone number: \_\_\_\_\_

**SPRINGING DURABLE “FINANCIAL” POWER OF ATTORNEY**

Your will enables you to dispose of your property as you wish after your death. While you are living, you have the right to decide what happens to that property so long as you are of sound mind. But if you ever become incapacitated, whether through illness or accident, and are unable to handle your own affairs, a court order may revoke your right to manage your own money and appoint a guardian or conservator. To protect yourself from this eventuality, you can appoint an agent for yourself through a power of attorney.

A power of attorney is simply a written authorization for someone to act on your behalf, for whatever purpose you designate in writing. Ordinarily, a power of attorney expires if you become mentally disabled – the time when you need help the most. A **springing durable** power of attorney can take effect when you **become** unable to manage your own personal and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document.

If you choose to have a springing durable general power of attorney, remember to name someone who you trust as your attorney-in-fact. Your attorney-in-fact will have great authority over your affairs. Not only can they keep your affairs in order, but they have the ability to abuse this document at your expense for their own gain.

1. Do you want your medical agent to serve also as your agent for the Springing Durable Power of Attorney?  Yes  No
2. If **not**, who do you wish to appoint as your agent?

Agent	Alternate Agent
Name/Relationship	Name/Relationship
Address	Address

3. (a) If you are unable to take care of yourself and a court needs to appoint a guardian or conservator to take care of you, do you want the court to appoint the person(s) named above as your guardian or conservator?  Yes  No

**For Attorney Use Only:**

**Is the Power of Attorney to:**

- Sell your real property if you own any at the time
- Create an irrevocable income trust to qualify for Medicaid
- Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which you have been designated the beneficiary) if doing so will benefit your estate
- Deal with IRA, retirement and pension plans on your behalf
- Prepare (or have a tax person prepare) and file your income taxes for you

- Compensation for Agent:  Not discuss compensation     Reasonable compensation     Agent waives compensation
- Liability for Agent:  No liability to 3<sup>rd</sup> parties for negligence     Liability to 3<sup>rd</sup> parties for negligence