

NLSO MID-LANT WILL WORKSHOP WORKSHEET

A. CLIENT DATA

1. Print your full name: _____
First Middle Last Suffix

2. Local address: _____
Street

3. Local phone # _____ City State Zip Work phone # _____

4. E-mail _____ SSN _____

5. Check your status:
 Active duty (rate/rank _____) Family Member
 Reservist (rate/rank _____) Retiree

B. MARITAL STATUS

Check your status:
 Single, never married Currently married, but married before
 Single and divorced Married
 Widowed Separated (Date of Separation: _____)

2. Is your spouse a U.S. citizen? Yes No

3 Name of current spouse: _____
First Middle Last

C. VALUE OF YOUR ESTATE

Estimated total value of you and your spouse's combined estate \$ _____
 (include everything - life insurance, real estate, bank accounts, investments, personal property, ..)

Life Insurance:
 SGLI \$ _____ Other Policies \$ _____

Do you own any interest in a business or farm? Yes No

E. BENEFICIARIES OF YOUR ESTATE

REAL ESTATE - to _____ Spouse _____ or Children _____ or name below:

First Middle Last Relationship to you

2. TANGIBLE PERSONAL PROPERTY - to _____ Spouse _____ or Children _____ or name below:

First Middle Last Relationship to you

3. RESIDUARY - to _____ Spouse _____ or Children _____ or name below:

Primary

First Middle Last Relationship to you

Secondary

First Middle Last Relationship to you

4. DISINHERITANCE - Are you expressly disinheriting a member of your family? Yes__ No__
(You **do not** need to expressly disinherit a former spouse) If Yes, list name and relationship to you:

5. CHILDREN

If you have stepchildren, do you want to specifically include them in your will so they are treated like natural children? _____ Yes _____ No

What age do you want minors receiving property?

18 25 [Attorney Use Only: _____ Custodianship _____ Family Pot Trust _____ Separate Trusts]

Name of responsible ADULT to control finances of the child. (Custodian or Trustee):

First Middle Last

F. GUARDIAN - ADULT you desire to take care of your children if both parents do not survive.

Guardian:

First Middle Last Relationship to you State

G. EXECUTOR - (Personal Representative) - ADULT to take care of your affairs.

Executor:

First Middle Last Relationship to you State

ADVANCE MEDICAL DIRECTIVE

Also known as a **Living Will**, an Advance Medical Directive is an instruction to your family and medical personnel expressing a desire for a "natural death," meaning withholding or withdrawal of life sustaining treatment (treatment which only prolongs the process of dying and does not cure you) if you are terminally ill and death is imminent. **If you do not want to be kept alive by artificial life support when you are terminally ill with no hope of recovery or when you are in a persistent vegetative state, you should have an Advance Medical Directive.**

Do you want an ADVANCE MEDICAL DIRECTIVE? Yes No

APPOINTMENT OF AGENT(S) FOR HEALTH CARE DECISIONS

This second document allows you to designate an agent to ensure that doctors and hospital staff carry out your advance medical directive if you are incapacitated. Additionally, your agent will act on your behalf if you are incapable of making an informed decision regarding your health care.

Agent

First Middle Last Relationship

Address: _____

Telephone Number: (____) _____

Do you want your organs donated for **transplant** purposes? Yes No

SPRINGING GENERAL POWER OF ATTORNEY

This third document allows you to designate an agent to manage your finances, i.e. pay your bills, deposit checks, pay your taxes, if you are incapacitated. Your agent will only be authorized to act on your behalf if a doctor determines that you are unable to manage your finances due to disability or incapacity.

Agent

First Middle Last Relationship

Address _____

Telephone Number: (____) _____