

**Special care requirements:**

Provide information concerning dependents for whom you desire special treatment by your estate because they require special care or have a disability. Eligibility for some care programs may depend on assets owned by the dependent.

Name and relationship of dependent	Aid, care, or program now in effect (e.g., full care by Medicaid)	Amount you wish to provide

You may desire to provide for basic care for the dependent, or only for luxuries and extras that may not affect eligibility for continued care. Indicate your preferences and be prepared to discuss your dependent and care programs at your appointment.

Basic Care ☐ Luxuries and extras only ☐

**FUNERAL ARRANGEMENTS**

You should immediately make known to your family members your preferences for funeral arrangements. Funeral arrangements are normally complete by the time a Will is located and read. Finding out after the fact that the arrangements were contrary to your Will may cause distress for your survivors. You should communicate your desires to your next of kin now, either in writing or by verbal direction. You should make sufficient inquiries to insure your preferences may be accomplished, what costs might be incurred, and who will incur any cost associated with carrying out your burial wishes.

If you are unmarried and your parents are not living together, you should complete DA Form 7302, Disposition of Remains Statement. In that form you can identify the person authorized to direct disposition of your remains. If you do not make this designation, it is possible your parents will not agree about your burial arrangements. Such a dispute can cause serious hardship to surviving family members. DA Form 7302 is processed by your Personnel Administrative Center (PAC).

Put no burial preference statement in my Will ☐  
 Cremation ☐ (A)  
 Donate my body for medical or scientific purposes ☐ (B)  
 Burial at sea ☐ (E)  
 Buried with full military honors (available with other options) ☐ (C-D)  
 Burial at a specified location: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Office Use Only**

Drafted ☐  
 Telephoned ☐  
 Emailed ☐  
 Scanned ☐  
 Lawyer ☐  
☐ other

**USASETAF ESTATE PLANNING QUESTIONNAIRE**

**For people with no minor or adult children**

**If you have minor or adult children, do not use this questionnaire!**

**Privacy Act Statement:** AUTHORITY: 10 USC § 3013. PRINCIPAL PURPOSE: To assist USASETAF legal personnel who advise and prepare estate planning documents. ROUTINE USES: To provide legal personnel with sufficient information to advise on and prepare estate planning documents. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary. Nondisclosure prohibits effective estate planning assistance.

***Read this questionnaire carefully, answer all questions completely, and print all information clearly. Do not separate, fold, spindle, or mutilate: We must be able to read your handwriting!***

**Return this completed questionnaire to the legal office for preparation of estate planning documents. You will be contacted at the telephone number or email address you list below for an appointment to review and sign your documents as soon as they have been prepared.**

**You can contact Legal Assistance at DSN 634.7041.**

**PERSONAL INFORMATION**

Your full name: \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_

You are (check all that apply):

☐ on Active Duty ☐ a Military Retiree ☐ a Civilian Employee ☐ a Family member  
☐ Single ☐ Married ☐ Separated or divorcing ☐ Divorced  
☐ a U.S. Citizen ☐ a Non-U.S. Citizen ☐ Male ☐ Female

Sponsor Unit \_\_\_\_\_ Rank \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Electronic mail address: \_\_\_\_\_

Spouse full name: \_\_\_\_\_

Your spouse is a: ☐ U.S. Citizen ☐ Non-U.S. Citizen

	YES	NO
Do you have a current Will or Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pre-nuptial or post-nuptial agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a farm or family business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a power of appointment? (A power of appointment is NOT a power of attorney.)	<input type="checkbox"/>	<input type="checkbox"/>
Are you named in a divorce decree that divides pension, insurance or other property rights?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to inherit or otherwise receive a substantial amount of property?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived in a community property jurisdiction? (AZ, CA, ID, LA, NV, NM, TX, WA, WI, or PR)	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above questions, bring relevant documents to your appointment.

**Legal Residence.** Your state of legal residence will govern disposition of your estate. Your answers to the following questions will help determine what state may consider you a resident for purposes of preparing estate planning documents. You should have only one state of residence. All residency and administrative ties should be with that state. If you list more than one state in this section, you risk future tax assessments by each state providing you services.

What state do you consider your legal state of residence? \_\_\_\_\_

If you listed Louisiana or Puerto Rico, STOP. Army lawyers are not permitted to write Wills for Louisiana or Puerto Rico residents unless licensed and practicing within those jurisdictions. Louisiana residents may request a Louisiana Will Questionnaire from the Legal Office.

In what state/country do you intend to retire and live permanently? \_\_\_\_\_

In what states do you file state tax returns? \_\_\_\_\_

What state issued your driving license? \_\_\_\_\_

What state issued your vehicle titles? \_\_\_\_\_

In what states or countries do you own real estate? \_\_\_\_\_

In what state are you registered to vote? \_\_\_\_\_

In what state did you last vote, personally or by absentee ballot? \_\_\_\_\_

When did you last vote, personally or by absentee ballot? \_\_\_\_\_

## YOUR EXECUTOR

**Executor or Personal Representative:** Your Executor ensures your estate is settled upon your death. The terms Personal Representative and Administrator are used by some states, and mean the same thing as Executor. Settling the estate ordinarily involves going through probate, a court-administered procedure for settling an estate as provided in a Will or under state law. Probate involves petitioning a court for letters of appointment or administration, settling creditor claims, finding and distributing assets, and filing necessary tax returns. Once the court accepts the Will as valid, the court officially appoints the person as Executor. Any adult may serve as your Executor, although many states require an Executor who is a legal resident of the state where probate is conducted. You should select family members or responsible friends who are residents of the same state as your legal residence or where you own real estate. An Executor may be entitled to compensation for services, and a bond may be required of an Executor.

### **Primary Executor:**

☐ My spouse.

☐ Other. Complete the following:

Full name of person	Relationship to you

## YOUR BENEFICIARIES

Your Will describes how you want your property distributed at your death. If you need more room or have another preferred distribution scheme, attach additional information. You may prefer that your property go to your spouse, if you die first, or to your parents if your spouse dies before you. Or, you may prefer that your property be distributed to a group of beneficiaries (e.g., “my brothers and sisters”). You may identify alternate beneficiaries in case your primary beneficiary dies before you. Check the appropriate blocks below to identify your beneficiaries. *If you do not see your preferred property distribution plan listed here, you should write out your plan and provide that information to the lawyer assisting you with your Will.*

### **Specific Gifts:**

If you have specific gifts of either money or property you want to give to someone, list the beneficiary and gift here. Be sure to name an alternate beneficiary for the gift in case the beneficiary dies before you.

Name and relationship to you	Dollar amount or accurate description of gift	Alternate beneficiary

### **Primary Beneficiaries:** When you die, who is to receive the remainder of your property?

Check only one block.

☐ All to my spouse, if I die first.

☐ Other: \_\_\_\_\_

### **Alternate Beneficiaries:** In the event your Primary Beneficiaries die before you, identify alternate beneficiaries to receive your property.

Full name of person or organization	Person's relationship to you	Percentage (this column must add up to 100%)

**Disinheriting:** List the name and relationship of relatives or others you specifically want to disinherit (you want them to receive nothing). Note that if you wish to disinherit your spouse, in most states a spouse has a “right of election” by which the spouse may elect to receive a statutory share instead of receiving an inheritance provided by a Will. In many states the statutory share is one-third or more of the augmented estate, which includes all assets, account, properties, and life insurance policies. For example, if you leave your spouse nothing or a small amount of property, your spouse may be able to receive one-third of the estate value instead of what you desired.

If you desire to disinherit your spouse, do you want your Executor to minimize what your spouse can receive?      Yes ☐ No ☐

### YOUR ESTATE LIABILITIES

**Debts:** Provide information concerning debts owed by you or your spouse (credit cards, personal loans, other obligations).

Description of debt	Amount owed
<b>ITEM 13:</b> Total value of liabilities:	

### NET ESTATE VALUE

<b>ITEM 12: Total value of all assets, ITEMS 1 THROUGH 11:</b>	
<b>ITEM 13:</b> Total value of liabilities:	-

<b>NET VALUE OF ALL ASSETS: (ITEM 12 minus ITEM 13)</b>	
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**Attorney Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### YOUR FAMILY

This questionnaire is designed for testators without children. If you have or anticipate having children, natural or adopted, or stepchildren you want to treat as natural children for inheritance purposes, ask for the questionnaire for testators with children. You should attach instructions or further information concerning your family if you do not feel your status is represented here, and check all boxes that best describe your family situation.

You are: ☐ Single ☐ Married ☐ Divorced ☐ Second or subsequent marriage  
You have: ☐ No children ☐ No children, but anticipate having children  
If you have children, go to Legal Assistance and get a Questionnaire for people with children. This Questionnaire is for people who do not have children.

Identify all persons to whom you provide support.

Name and relationship to you of supported person	Nature of support

**Alternate Executor:** Identify the person to be your Executor if your Primary Executor fails to serve as Executor for any reason.

Full name of person	Relationship to you

Executors and Personal Representatives are often bonded or insured to protect against the misuse of your property. The bond will be purchased and paid for with funds from your estate. Do you want your Executor or personal representative to be bonded or insured to protect your beneficiaries?

Yes ☐ No ☐

### YOUR ESTATE ASSETS

To effectively plan your estate, it is important to know what kind of property you own and exactly how you own it or how it is titled. We can help you only if you take the time to gather the necessary information. Some states have special rules regarding real estate, so you must bring in copies of deeds for the lawyer to review. You may not have some of the types of assets listed below. If not, print "NONE" in the relevant spaces. If you need more room to describe additional assets, use a separate piece of paper.

**SGLI/VGLI:** Provide information *exactly* as listed in your (or spouse's) service record (SGLV-8286). NOTE: Completing this section does not constitute your SGLI designation. If want to change your SGLI designation you must do so through your unit records section.

Complete name and address of each beneficiary	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>			
1.			
2.			
<b>Contingent</b>			
1.			
2.			
3.			
4.			
Office Use: SGLI/Civilian Insurance Beneficiary language given to client: <input type="checkbox"/>		<b>ITEM 1:</b> Value of SGLI/VGLI:	

**Commercial life insurance:** Provide information about policies or annuities held by you or your spouse (do not list SGLI/VGLI here).

Name of company	Name of insured	Owner of policy	Primary beneficiary	Contingent beneficiary	Death benefit amount
<b>ITEM 2:</b> Total value of commercial life insurance policies:					

**Real Estate:** Provide information concerning homes or land owned by you or your spouse. *Bring a copy of all deeds to your appointment.*

Property type and location	Name(s) on deed	Purchase price	Market value	Mortgage balance	Equity
<b>ITEM 3:</b> Total net value of all real estate:					

**Investments:** Provide information concerning stocks, bonds, and mutual funds owned by you or your spouse (do not include IRAs or other retirement accounts).

Name of investment account	Name(s) on account Indicate exact ownership description (individual or joint) and beneficiary name	Current approximate value
<b>ITEM 4:</b> Total value of investments:		

**Titled Property:** Provide information concerning titled property (such as cars or boats) owned by you or your spouse.

Property description	Ownership description	Market value	Loan balance	Equity
<b>ITEM 5:</b> Total net value of titled personal property:				

**Receivables:** Provide information concerning money owed to you or your spouse by other people.

Description of loan	Amount owed
<b>ITEM 6:</b> Total value of receivables:	

**Accounts:** Provide information concerning accounts owned by you or your spouse.

Name of institution and type of account (Savings, checking, money market, certificates of deposit)	Name(s) on account Indicate exact ownership description and beneficiary name	Approximate balance
<b>ITEM 7:</b> Total value of cash accounts:		

**Retirement Plans:** Provide information concerning profit sharing, IRAs, Thrift Savings Plan, 401 contribution accounts, and other pension or retirement plans owned by you or your spouse.

Description of plan or IRA	Name of plan or IRA Owner	Name of designated beneficiary if owner dies	Current value
<b>ITEM 8:</b> Total value of retirement accounts:			

**Personal Property:** Provide information concerning special items of significant value such as collections, antiques, or jewelry, owned by you or your spouse.

Description of asset	Approximate value
<b>ITEM 9:</b> Total value of listed assets:	

**Business Assets:** Provide information concerning business or other assets owned by you or your spouse.

Description of business or asset	Approximate value
<b>ITEM 10:</b> Total value of listed assets:	

**Unlisted Personal Property:** Estimate the value of remaining personal property owned by you or your spouse not included in Items 1 through 10, above. This estimate includes clothing, furniture, and other personal items you own (\$10,000 is usually a good estimate).

<b>ITEM 11:</b> Estimated value of unlisted personal items:	
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<b>ITEM 12: VALUE OF ALL ASSETS, ITEMS 1 THROUGH 11:</b>	
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