

# ESTATE PLANNING WORKSHEET

**NOTE: THIS WORKSHEET IS NOT A WILL**

AN APPOINTMENT **WITH AN ATTORNEY** IS REQUIRED TO DISCUSS YOUR WORKSHEET. AFTER YOUR INITIAL APPOINTMENT, YOUR ATTORNEY WILL DRAFT YOUR WILL AND ACCOMPANYING DOCUMENTS FOR YOUR REVIEW. ONCE REVIEWED, YOU WILL SIGN YOUR DOCUMENTS AT A SECOND APPOINTMENT.

**Information.** All information provided by you on this form is **confidential**. This worksheet may be relied upon to prepare several documents for you: a Last Will and Testament, an Advance Medical Directive (also known as a “Living Will” or “Health Care Declaration”), a Medical Durable Power of Attorney (if available in your State) and a Financial Durable Power of Attorney.

**Purpose of Estate Planning.** Estate planning creates a process under which your property and assets are given to others upon your death. It may also include the preparation of documents that permit others to make financial and medical decisions for you in the event you are unavailable or incapacitated. Every estate plan is different, but most include a Will, an Advance Medical Directive, and Powers of Attorney.

**Life Insurance and other “Non-Probate” Assets.** Your estate plan should account for life insurance (especially SGLI for current service members), government benefits (especially any death gratuity) and other types of “non-probate” assets (such as jointly-owned bank accounts and real estate) that pass directly to your designated beneficiaries or co-owner upon your death. These assets are **NOT** controlled by your Last Will and Testament. Your attorney may recommend updating your beneficiary designations and/or titling of your assets during your appointment, however, the **Fort Sill Legal Assistance Office does not provide assistance in making these changes**. It is your responsibility to ensure that you make any desired updates in order to carry out your wishes.

**Please fill out this worksheet as completely as possible.**

**Return your completed worksheet to:**

**Fort Sill Legal Assistance Office**

**4700 Mow-Way Road, 4th Floor**

**Fort Sill, OK 73503**

**Telephone: (580) 442-5058/5059**

**A. INFORMATION ABOUT ME**

Full Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Last 4: \_\_\_\_\_

Maiden or Prior Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ State of Residence \_\_\_\_\_ E-mail: \_\_\_\_\_

Best Phone Number to Contact Me: \_\_\_\_\_

Marital Status (circle one): Single / Married / Separated / Divorced / Widowed

Military Status (circle one): Current Service Member / Retiree / Dependent / Other

**B. INFORMATION ABOUT MY SPOUSE (IF APPLICABLE)**

Full Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Last 4: \_\_\_\_\_

Maiden or Prior Names Used: \_\_\_\_\_

Address (if different): \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ State of Residence \_\_\_\_\_ E-mail: \_\_\_\_\_

Military Status (circle one): Current Service Member / Retiree / Dependent / Other

**C. INFORMATION ABOUT MY/OUR CHILDREN**

Please list ALL children of both you and your spouse, living and deceased, including biological, step, and adopted children (attach additional page if more space is needed).

Full Name	Gender	Age	B – Biological S – Stepchild A – Adopted	Living?	Special Needs?

Treat adopted/stepchildren the same as biological children in your Will?  Yes /  No

**D. INFORMATION ABOUT MY/OUR ASSETS (attach additional page if required)**

1. REAL ESTATE (Please list ALL residential, investment, and timeshare properties).

Address	Owner(s)	Market Value	Mortgage Balance	Net Equity

2. BANK ACCOUNTS AND CASH ASSETS (indicate whether account has payable on death (POD) or other beneficiary designation).

Account Type	Owner(s)	Payable on Death?	Value

3. INVESTMENT AND RETIREMENT ACCOUNTS (please include TSP, IRAs, and any investment accounts – indicate whether account has a beneficiary designation).

Account Type	Owner(s)	Beneficiary (if any)	Value

4. LIFE INSURANCE (please include SGLI and any other life insurance).

Account Type	Owner	Insured	Beneficiary	Death Benefit Value

5. OTHER VALUABLE ASSETS (please include cars and other high value items not listed above).

Asset	Owner(s)	Value

**TOTAL VALUE OF ALL ASSETS THAT I/WE OWN: \$ \_\_\_\_\_**

6. DEBTS (please list all separate and joint debts *other than* the mortgages above).

Type of Debt	Creditor	Debtor	Remaining Balance

**TOTAL DEBT (do not include mortgages) :** \$ \_\_\_\_\_

**NET VALUE OF ENTIRE ESTATE (Assets minus Debts) :** \$ \_\_\_\_\_

**E. DISINHERITANCE**

Disinheritance allows you to exclude family members from receiving property under your Will. However, most States have laws that prohibit a person from completely disinheriting a current spouse and will allow the current spouse to elect against the Will by taking at least their "statutory share."

Is there anyone that you wish to disinherit under your Will?  Yes /  No

Full Name(s) and Relationship of Disinherited Heir(s): \_\_\_\_\_  
\_\_\_\_\_

**F. MILITARY HONORS (Service Members and Retirees Only)**

Do you wish to be buried with military honors?  Yes /  No

**G. BURIAL OR CREMATION**

Please indicate your preference below (check one):

- Cremation with ashes scattered at a specific location: \_\_\_\_\_
- Cremation with ashes given to specific person: \_\_\_\_\_
- Burial at a specific location: \_\_\_\_\_
- Burial at a location chosen by my Executor.
- Other (please specify): \_\_\_\_\_

\* If you have already contracted for your funeral arrangements, please provide the name and address of the funeral home: \_\_\_\_\_  
\_\_\_\_\_

**H. GIFTS OF SPECIFIC ITEMS (Optional – Skip if None)**

In your Will, you may give of items of personal property to specific people or charities. These often include high-value items, family heirlooms or other meaningful items. If you make no specific gifts, your belongings will pass to your beneficiaries along with the “remainder” of your estate. **Please list any such gifts below:**

Description of Property	Name of Beneficiary	If my Beneficiary dies before me, then the gift will (check one):
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)

\*\*If married (check one):

- Give the above gifts EVEN IF my spouse survives me (upon first death).
- Give the above gifts ONLY IF my spouse dies before me (upon second death).

**I. CASH GIFTS (Optional – Skip if None)**

In your Will, you may give of gifts of cash to specific people or charities (either in dollar amounts or percentages of your estate). For example, \$500 to My Favorite Charity, or 10% of my estate to Cousin Sally. **Please list any such gifts below:**

Name of Beneficiary	Amount (Specific Dollar Amount or Percentage of Estate)	If my Beneficiary dies before me, then the gift will (check one):
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)
		<input type="checkbox"/> Go Away (Lapse), or <input type="checkbox"/> Go to another Beneficiary (name: _____)

\*\*If married (check one):

- Give the above gifts EVEN IF my spouse survives me (upon first death).
- Give the above gifts ONLY IF my spouse dies before me (upon second death).

**J. THE REMAINDER OF MY ESTATE**

Who do you want to receive the rest of your estate (after payment of debts, expenses and any specific gifts listed above)?

**Please indicate your preference below (initial below):**

1. \_\_\_\_\_ My spouse, if my spouse survives me. But if my spouse dies before me, then to my children in  equal shares /  unequal shares.

If unequal shares, list names and percentages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_ My children in  equal shares /  unequal shares.

If unequal shares, list names and percentages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\* For options 1 and 2 above, if one of my children dies before me, then my deceased child's share (check one):*

- goes to my deceased child's children (my grandchildren) (called "per stirpes").
- is to be re-distributed among only my living children with nothing going to my grandchildren (called "per capita").

3. \_\_\_\_\_ All to the following individuals (percentages must equal 100%).

Beneficiary's Full Name	Relationship to Me	Percentage

**ALTERNATE BENEFICIARY (check one)**

*\* For options 1, 2 and 3 above, if ALL of your named beneficiaries above die before you, then who do you want to receive your estate (check one)?*

- Default: Heirs under State Law.
- Custom: Other Beneficiaries (sometimes a more remote family member or charity). If choosing this option, write names and percentages below:

Beneficiary's Full Name	Relationship to Me	Percentage

**K. MINOR CHILDREN (Skip to “Part L” if no minor children)**

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. A property guardianship or conservatorship 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. Another option is to choose a custodianship under the Uniform Transfers/Gifts to Minors Act whereby an adult custodian is designated to manage the assets for the benefit of the minor beneficiary until the beneficiary reaches a certain age. The age at which the custodial account will terminate and the assets distributed to the beneficiary is determined by the state law governing the custodial account, usually 18 or 21 years and in a few states at age 25. Another option is a trust. This allows the inheritance to your children to be managed by someone you appoint until the children reach the specific 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 to provide for your children’s health, education, and other needs until they reach the age at which the inheritance in trust is given to them in a lump sum.

**Please indicate your preference below (initial below):**

1. \_\_\_\_\_ I do not want a trust for my children.
2. \_\_\_\_\_ I want a “Pot Trust” for all of my children.

*This is a good option for young minor children. The trust holds all of the funds together in a single “Pot” and allows the trustee to make equal or unequal distributions to the children based on their needs. Then, when the youngest child reaches 18 [or a higher age if you prefer], the trust terminates and the remaining funds are split equally among the children.*

3. \_\_\_\_\_ I want equal separate trusts for each of my children.

*This is a good option for older teenagers and blended families. An equal separate share is created for each child and each trust is managed separately. The trustee may make distributions to the child based on need and then each trust terminates at an age that you select.*

Staged distributions (choose one)?

- None
- Half at Age \_\_\_\_\_
- One-Third at Age \_\_\_\_\_; Half at Age \_\_\_\_\_

Age of Final Distribution: \_\_\_\_\_

**(MINOR CHILDREN CONTINUED) NAMING GUARDIANS AND TRUSTEES**

You can name a guardian of the person to care for any minor children or disabled adult children of whom you are the legal custodian. The guardian(s) of the person will care for your minor children ONLY in the event any other legal custodian dies before you or is declared unfit by a court.

**Primary Guardian(s)**

Full Name	Relationship to Me	State of Residence

**Alternate Guardian(s)**

Full Name	Relationship to Me	State of Residence

*If you elected a TRUST above, are the Trustee(s) for the Children’s Trust(s) the same as the Guardians?*  Yes /  No

*If NO, enter the Trustee(s) names below:*

Full Name	Relationship to Me	State of Residence

**L. EXECUTOR / PERSONAL REPRESENTATIVE**

An executor is a person you nominate in your Will to serve as the business manager of your estate after your death and 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 inside the U.S.

**Primary Executor(s)**

Full Name	Relationship to Me	State of Residence

**Alternate Executor(s)**

Full Name	Relationship to Me	State of Residence



**M. OTHER ESTATE PLANNING DOCUMENTS**

**LIVING WILL / ADVANCE MEDICAL DIRECTIVE / HEALTH CARE DECLARATION**

A Living Will 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, 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

*If you have a terminal condition, persistent unconsciousness, or end-stage condition:*

Do you want to direct the removal of life support?  Yes /  No

Do you want to direct the removal of artificial nutrition and hydration?  Yes /  No

Do you want to name a separate agent for your Living Will?  Yes /  No

**Primary Agent(s)**

Full Name	Relationship	Address and Phone Number

**Alternate Agent(s)**

Full Name	Relationship	Address and Phone Number

**MEDICAL DURABLE POWER OF ATTORNEY**

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.

Do you want a Durable Power of Attorney for Health Care?  Yes /  No

**Primary Agent(s)**

Full Name	Relationship	Address and Phone Number

**Alternate Agent(s)**

Full Name	Relationship	Address and Phone Number

**DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS**

A power of attorney is a written authorization for someone to act on your behalf for whatever purposes you designate in writing. Ordinarily, a power of attorney expires if you become incapacitated or mentally incompetent – the time when you need help the most. A **durable** power of attorney, however, stays in effect even if you become incapacitated or incompetent. There are two options: (1) an **immediately effective** power of attorney becomes effective when you sign it to share decision-making authority with those you have named, and (2) a **springing** durable power of attorney takes effect when you become unable to manage your own personal and financial affairs. A springing durable power of attorney is highly discouraged. If you do not trust your chosen agent not to abuse their power while you are competent, you should reconsider trusting them while you are incompetent.

If you choose to have a 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 financial affairs. Not only can he or she keep your affairs in order, but he or she has the potential to abuse this document at your expense and his or her gain.

Do you want a Durable Power of Attorney?  Yes /  No

Do you want your DPOA effective **now** or effective **later** (see explanation above)?

- Effective Immediately (Non-Springing).
- Effective Later (Springing).

**Primary Agent(s)**

Full Name	Relationship	Address and Phone Number

**Alternate Agent(s)**

Full Name	Relationship	Address and Phone Number

After your appointment, your attorney will mail or e-mail your draft documents to you along with an instruction letter about the final signing procedure. **REVIEW YOUR DRAFTS VERY CLOSELY TO ENSURE ACCURACY.** If you are deploying or leaving the area soon, please let your attorney know.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewing Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_