

**LEGAL ASSISTANCE OFFICE, LEGAL SERVICES SUPPORT SECTION,
MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION, QUANTICO, VIRGINIA**

ESTATE PLANNING QUESTIONNAIRE

Please take the time to **COMPLETELY** fill out the attached questionnaire, ensuring that all entries are **LEGIBLE**. Please use full names, not nicknames, and complete addresses. The questionnaire enables the Legal Assistance Attorney to properly assess and determine your estate planning needs. **Please make arrangements for childcare, as children of any age are not permitted to be present during the appointment. Failure to do so will require you to reschedule your appointment.** This is to avoid distractions while you consult with a Legal Assistance Attorney concerning your Estate Planning needs and goals.

Once you have reviewed your will worksheet with a Legal Assistance Attorney, your Last Will and Testament will be drafted. You will receive a copy of this Will for your review. Please make sure that your attorney has your current e-mail address or telephone number so that the office can contact you to pick-up a draft of your will documents for review.

IT IS YOUR RESPONSIBILITY TO REVIEW YOUR WILL AND RELATED DOCUMENTS AND YOU MUST DO THIS BEFORE YOU SCHEDULE AN APPOINTMENT TO EXECUTE YOUR DOCUMENTS.

After review, you will then need to call our office at **703.784.3126** to schedule an appointment to sign your will documents. However, if changes need to be made, an appointment will not be made until the requested changes are complete. After the changes have been made, and you have reviewed your will for the final time, you make an appointment to execute your documents. **Will execution ceremonies are conducted ONLY on Wednesdays at 1300 and on Fridays at 0900.** Will executions will take at least one hour.

NO CHANGES TO YOUR WILL DOCUMENTS WILL BE MADE ON THE DAY OF YOUR WILL EXECUTION.

If you realize you have changes to make on the day of your will execution, we will gladly make these changes; however, we will reschedule your execution for the next available Wednesday or Friday. You will not be able to speak with your attorney before executing your Will. If you need an appointment with your attorney, please call our office at **703.784.3126**.

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Signature

Signature

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ESTATE PLANNING QUESTIONNAIRE

NOTES: In order to take advantage of the tax-saving provisions, **BOTH SPOUSES** must be present for the interview. This form is designed for a couple to share the same estate plan. If you and your spouse don't want to share the same overall estate plan, then each must complete a separate questionnaire. You must fill out this form completely before your appointment.

PERSONAL INFORMATION

DATE: _____

1. MARITAL STATUS: Servicemember: <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 all that apply) Spouse: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce			
2. Servicemember's FULL NAME (First, Middle, Last)	Last 4 of SSN	Date of Birth	
3. Spouse's FULL NAME (First, Middle, Last)	Last 4 of SSN	Date of Birth	
4. Home Address (where you presently reside, not HOR)	(Street address)	City	State Zip
5. Mailing Address (If Different From Above)	(Street address)	City	State Zip
6. Home Phone	Svcnbr's Work Phone	Svcnbr's Cell Phone	Spouse's Cell Phone
[]	[]	[]	[]
7. Svcnbr's Command/Employer/Retired	Svcnbr's Occupation	Svcnbr's Rate/Rank	Branch of Service Time in Svc
8. Spouse's Command/Employer/Retired	Spouse's Occupation	Spouse's Rate/Rank	Branch of Service Time in Svc
Circle or fill in your answers	Servicemember	Spouse	
9. Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you have a will or trust now? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are you expecting to receive property or money from (circle all that apply) If so, approximately how much ?.....	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$	
12. How many natural children do you have (you are the biological parent)?			
13. How many adopted children do you have?.....			
14. How many stepchildren do you have (not adopted)?			
15. In which state do you vote?.....			
16. Which state issued your driver's license ?			
17. In which state is your car registered?.....			
18. In which state(s) do you own real estate?			
19. In which state(s) do you file tax returns?			
20. In which state do you plan to retire/live permanently?.....			
21. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI,PR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Do you have a pre-nuptial or post-nuptial agreement? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Do you have a marital separation agreement, divorce decree or other court order related to children, support, pension, insurance, property rights, etc.? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
** If "YES" to questions 10, 22, or 23, you must bring these documents to your appointment			

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.

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.

24. 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 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI or VGLI					
Total Value of Policies in Question 24 (Q 24):					

25. 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 25 :					

26. 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 26:				

27. 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 27:		

28. 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 28:		

29. Do you (or your spouse) have any profit sharing, IRAs or pension plans?

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 29:			

30. Does anyone owe you money? If yes, please describe the loan(s) and approximate value.

Description	Approx. Value	
Total Value in Q 30:		

31. Do you own any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value	
Total Value in Q 31:		

32. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) \$ _____

33. Total value of everything you (and your spouse) own (add totals of Q 24 thru Q 32 above) \$ _____

34. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed	
Total Personal Debt (Q 34)		

35. Subtract total in Q 34 from total in Q 33. **TOTAL NET ESTATE VALUE**.....

36. Do you own a **business**? If yes, describe the business and its approximate value. \$ _____

YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed at your death. **PLEASE use full names, not nicknames.** If you need more room, please use an additional piece of paper. **REMEMBER:** If you and your spouse **DO NOT WANT** the same distribution plan, then you will each need to fill out **SEPARATE** forms. This form is designed only for couples who desire the same plan.

37. For greater flexibility, Virginia law permits the use of a **PERSONAL PROPERTY MEMORANDUM (PPM)** to dispose of certain items of personal property (does NOT include cash, real property, stocks, bonds, etc.) rather than placing them in the Will. This method allows you to change these distributions without the necessity of redrafting your Will.

Do you desire a PPM? **YES** **NO**

ATTORNEY USE ONLY: The Personal Property Memorandum (PPM) is the preferred method for disposing of special gifts to family members. In the event client wishes to dispose of items that cannot be transferred by PPM (i.e., real estate, cash, etc.), then the following device may be used.

Name of Person & Relationship	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

38. **SPECIAL GIFTS OR CASH TO ORGANIZATIONS** (a charity, foundation, religious or fraternal organization)

Name of Organization & Address	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

39. **DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE: PRIMARY BENEFICIARIES**

After the special gifts above (if any) have been distributed, who should receive the remainder of your estate?

CHECK HERE IF YOU WANT YOUR SPOUSE TO RECEIVE ALL, AND IF YOUR SPOUSE DIES, THEN EQUALLY TO YOUR CHILDREN. **[NOTE:** You may select this option even if you and your spouse don't currently have children but expect to have children.]

If one of your children dies, do you want that child's share to go to that deceased child's children (your grandchildren) (***per stirpes***) **OR**

Do you want that deceased child's share to be divided among your remaining living children, with ***nothing*** going to a grandchild whose parent died (***per capita***) ?

If you **DID NOT** check the box above, please complete the following:

HUSBAND (FULL NAME of Person or Organization & Percentage) (Note: Indicate <i>per stirpes</i> or <i>per capita</i> for alternate beneficiaries)	WIFE (FULL NAME of Person or Organization & Percentage) (Note: Indicate <i>per stirpes</i> or <i>per capita</i> for alternate beneficiaries)

40. **ALTERNATE BENEFICIARIES**

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

HUSBAND (FULL NAME of Person or Organization & Percentage) (Note: Indicate <i>per stirpes</i> or <i>per capita</i> for alternate beneficiaries)	WIFE (FULL NAME of Person or Organization & Percentage) (Note: Indicate <i>per stirpes</i> or <i>per capita</i> for alternate beneficiaries)

41. **DISINHERITING INDIVIDUALS**

Are there any relatives that you specifically do not want to receive anything from your estate? List full names & their relationship to you: _____

CHOOSING THE PEOPLE THAT WILL TAKE CARE OF YOUR AFFAIRS AFTER YOUR DEATH

42. **PERSONAL REPRESENTATIVE/EXECUTOR**: This person manages the probate and settlement of your estate. **[NOTE: Usually your first choice is your spouse.]**

SERVICEMEMBER	SPOUSE
FULL NAME (First, Middle, Last):	FULL NAME (First, Middle, Last):
Relationship to you:	Relationship to you:

43. **SUCCESSOR PERSONAL REPRESENTATIVE/EXECUTOR**: Back-up manager that takes over if your first personal representative dies or resigns. **[NOTE: For CST planning cannot be a descendant of Testator/trix.]**

FULL NAME (First, Middle, Last):	FULL NAME (First, Middle, Last):
Relationship to you:	Relationship to you:

44. Must the Personal Representative or Executor be bonded or insured to protect your beneficiaries (the insurance or bond will be paid with funds from your estate)? Yes No

45. As the law with respect to ownership and use of digital assets is evolving, would you like your Executor to have access to your digital assets, as provided by state and federal law? Yes No

ATTORNEY USE ONLY:	
CST TRUSTEES (if applicable):	
PRIMARY:	ALTERNATE: (Cannot be related to Testator/trix)

CHILDREN

46.

FULL NAME (First, Middle, Last)	Age	Male or Female	T = From this Marriage P = Previous Marriage O = Born out of wedlock If P/O, whose? H or W	Child Married? Y or N	# of Grandchildren

47. (a) If you have step-children, do you want your will to state that such step-children are to be treated under your Will like your biological children? Yes No N/A

(b) If you have adopted children, do you want your will to state that your adopted children are to be treated under your Will like your biological children? Yes No N/A

48. If you have children from a previous marriage or relationship, do you want to guarantee the children receive an inheritance from you? Yes No N/A

APPOINTMENT OF GUARDIAN FOR MINOR CHILD(REN)

This person will raise your children if **both you and your spouse die**. The guardian with whom the child(ren) resides is called the *Guardian of the Person*, and does not have to be (but can be) the same person(s) that you appoint as Trustee to manage your child(ren)'s money.

49. PRIMARY GUARDIAN(S) OF THE PERSON

SERVICEMEMBER	SPOUSE
FULL NAME (First, Middle, Last):	FULL NAME (First, Middle, Last):
Relationship to you:	Relationship to you:

ALTERNATE GUARDIAN(S)

FULL NAME(First, Middle, Last):	FULL NAME (First, Middle, Last):
Relationship to you:	Relationship to you:

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship *of the property*. 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 when they reach age 18, which may be too early. The alternative is a trust. This allows the money to be managed by someone you trust until the children reach any age you choose (many choose age 25). 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.

50. Do you want to establish a trust for your children in your will? Yes No (IF YES, continue below. **IF NO, go to next page.**)

51. If the money has not been used up for my children's health, education, etc., give the remainder as follows (choose one):

- Give to my children in one lump sum at age _____
- Give to my children in installments as follows (choose one):
 - 1/2 at 21 and 1/2 at 25; **or** 1/3 at 21; 1/3 at 25; and 1/3 at 30, **or** 1/3 at 25; 1/3 at 30; 1/3 at 35

<u>ATTORNEY USE ONLY:</u>	Single Trust or Separate Trust (circle one)
MUST income be disbursed to the beneficiary of a trust once such beneficiary attains 21 years of age (rather than giving the Trustee discretion to accumulate income)? YES / NO	

TRUSTEES FOR THE CHILDREN'S TRUST

52. **CHILDREN'S TRUSTEE:** There are no residency or blood-relation requirements for Trustees. We recommend that you provide a primary and at least one alternate Trustee. Do not select your children or other potential trust beneficiaries, as they would have a conflict each time they made a decision for the trust.

- Check here** if you desire the Trustees for your children's trust to be the **same as your Guardians.** IF NOT, complete the following:

SERVICEMEMBER	SPOUSE
Primary (FULL NAME and Relationship to you):	Primary (FULL NAME and Relationship to you):
Alternate (FULL NAME and Relationship to you):	Alternate (FULL NAME and Relationship to you):

ADVANCED MEDICAL DIRECTIVES AND POWERS OF ATTORNEY

53. An Advance Medical Directive (AMD), or also referred to as a Living Will, makes known your wishes to die a natural death when your attending physician determines that the application of life prolonging procedures would serve only to artificially prolong the dying process. DO YOU WANT A LIVING WILL?	<u>SERVICEMEMBER</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>SPOUSE</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
54. DO YOU WANT ANY OF THE FOLLOWING PROVISIONS INCLUDED IN YOUR LIVING WILL AND/OR APPOINTMENT OF AGENT: Upon your death, do you wish to donate all or any part of your body for transplantation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the authority to donate organs include not just transplants but also the donation of organs and tissue for other medical, educational or scientific purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOR FEMALES: Do you want the Living Will and/or Appointment of Agent to contain an exception limiting its scope during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. If practical, do you want your family to remove you from a hospital or nursing home so you can die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPOINTMENT OF AGENT FOR HEALTH CARE

56. An **Appointment of Agent for Health Care** gives broader protection. Do you want to appoint someone (spouse, a child who is over 18 years of age, or a friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so, please provide the following information:

SERVICEMEMBER	SPOUSE
Primary: FULL NAME (First, Middle, Last) & Relationship:	Primary: FULL NAME (First, Middle, Last) & Relationship:
Complete Address:	Complete Address:
Telephone #:	Telephone #:
Alternate: FULL NAME (First, Middle, Last) & Relationship:	Alternate: FULL NAME (First, Middle, Last) & Relationship:
Complete Address:	Complete Address:
Telephone #:	Telephone #:

SPRINGING DURABLE GENERAL POWER OF ATTORNEY

57. Appoints an agent that can make any decision and do any act for you, and **it will become effective only after you are incapacitated**. It is a powerful document and should only be granted with great care, and then only to someone in whom you have the utmost trust. If you want a SDGPOA, please complete the below information.

Do you want this SDGPOA to take effect if you are declared MIA, captured or a POW? YES NO

Do you want your Agent to have access to your digital assets (i.e., Email, cell phone, Facebook, etc.) YES NO

CHECK HERE if you desire the same individuals you designated above for your Appointment of Agent.
IF NOT, complete the following:

SERVICEMEMBER	SPOUSE
Primary: FULL NAME (First, Middle, Last) & Relationship:	Primary: FULL NAME (First, Middle, Last) & Relationship:
Complete Address:	Complete Address:
Telephone #:	Telephone #:
Alternate: FULL NAME (First, Middle, Last) & Relationship:	Alternate: FULL NAME (First, Middle, Last) & Relationship:
Complete Address:	Complete Address:
Telephone #:	Telephone #:

After you meet with an attorney to discuss your estate plan, this office will draft your estate planning documents, which consists of your Last Will and Testament, Springing Durable Power of Attorney and/or Health Care directives. The documents are normally prepared for your review within a few weeks (subject to change based on the complexity of your worksheet and the needs of active duty personnel at deploying commands).

Once your documents are drafted, our office will call you to pick-up a draft copy to review for content and accuracy. It is important that you thoroughly review your documents. Once you have thoroughly reviewed the documents and are completely satisfied that they accurately reflect your desires with regard to your estate and health care wishes, and you have no questions, you should then call this office to schedule an appointment to execute your documents. However, if you have questions regarding any of your documents prepared by this office, you need to first contact your attorney and schedule a follow-up appointment to discuss your concerns. This office will not execute your documents until you completely understand the content of your Last Will and Testament and related health care documents.

INSTRUCTIONS FOR INSURANCE BENEFICIARY DESIGNATIONS FOR MINOR CHILDREN

Background: Minor children (defined as children under the age of 18 years, in most states) are not permitted to inherit property outright – including insurance proceeds. Rather, property must be placed under the control of an adult either by way of a Living or Testamentary Trust or a Custodian Account administered under the relevant state Uniform Transfers to Minors Act (“UTMA”). Deciding which vehicle to use is a very important and personal decision and depends upon many factors, and should be discussed with an estate planning attorney to determine which is best for you.

UTMA and Trust accounts generally operate in the same manner. That is, an adult is responsible for safeguarding the property on behalf of the child until the child is entitled to receive it in their own right (the person is called a “Custodian” under the UTMA, and “Trustee” under a Trust). Generally, the Custodian or Trustee is permitted to use funds for the “health, education, maintenance and support” of the beneficiary until the account is terminated. They are also required to provide an annual accounting to the court to ensure that they have properly safeguarded the funds.

A major difference between the two entities is that a UTMA account is required by law to terminate when the child reaches **18** years of age, unless the state law provides for an extension of time to an older age (normally no later than **21**). Living and Testamentary Trusts (those created by a will) do not have an age restriction and can last well into the beneficiary’s life (e.g., 30, 40 or 50 years of age or longer). Additionally, Trusts can be specially tailored to allow additional for disbursements, i.e., “½ of the trust distributed at age 21 and ½ distributed at age 25”).

Language to place insurance proceeds (including SGLI) in a testamentary trust:

“To the trustee of the testamentary trust established in my last will and testament for the benefit of (name of minor child or children).”

Language to place insurance proceeds in a UTMA account:

“To (name of custodian) as custodian for (name of minor child or children) under the (state of residency) Uniform Transfers to Minor Act.” If desired, and permitted by state law to last until age 21, the same language is used with the additional designation “(21)” following the word “Act”.

