

WILL WORKSHEET

WILL INTERVIEW HRS:

TUESDAYS AND THURSDAYS BY APPOINTMENT ONLY - Call 926-3961 x111 or x109 to Schedule

WILL# _____ INTERVIEWER/DATE _____ / _____

SS# _____ UNIT _____ RANK _____

1. YOUR NAME (YOU USE WHEN SIGNING DOCUMENTS) _____ M/F _____
CURRENT ADDRESS _____

2. MARITAL STATUS: SINGLE/MARRIED/DIVORCED/CONTEMPLATING DIVORCE OR MARRIAGE/WIDOWED

3. TELEPHONE NUMBERS: OFFICE _____ HOME _____

4. YOUR STATUS: ACTIVE DUTY/RETIRED/ACTIVE DUTY SPOUSE-FAMILY MEMBER/RETIRED SPOUSE-FAMILY/RESERVISTS

5. LEGAL RESIDENCE (STATE LISTED ON YOUR L.E.S.): _____, _____
CITY/PARISH _____ STATE _____

6. NAME OF YOUR SPOUSE: _____

NAME(S) AND AGE(S) OF CHILDREN INDICATE IF ADOPTED (A) OR STEPCHILD (S)

DO YOU WISH TO DISINHERIT ANY OF YOUR CHILDREN? _____ SPOUSE? _____

TO WHOM DO YOU WISH TO LEAVE YOUR PROPERTY?

1. INDIVIDUAL(S) TO RECEIVE ALL MY PROPERTY FIRST:

NAME: _____

RELATIONSHIP: _____ SHARE _____

NAME: _____

RELATIONSHIP: _____ SHARE _____

* IF MINORS INHERIT UNDER YOUR WILL - AGE THE MINOR SHOULD RECEIVE CONTROL _____

2. INDIVIDUAL(S) TO RECEIVE MY PROPERTY IF THOSE ABOVE DIE BEFORE I DO (ALTERNATE 1)

NAME: _____

RELATIONSHIP: _____ SHARE _____

NAME: _____

RELATIONSHIP: _____ SHARE _____

(OVER)

FOR OFFICIAL USE ONLY

3. INDIVIDUALS NEXT IN LINE TO RECEIVE ALL MY PROPERTY (ALTERNATE 2)

NAME: _____

RELATIONSHIP: _____ SHARE _____

NAME: _____

RELATIONSHIP: _____ SHARE _____

DO YOU HAVE A SPOUSE OR ANY CHILD NOT MENTIONED ABOVE? YES NO

WHO DO YOU WANT TO REPRESENT YOU? (BE YOUR EXECUTOR)

1. TO DISTRIBUTE YOUR PROPERTY:

NAME: _____

RELATIONSHIP: _____ STATE OF RESIDENCE _____

2. TO DISTRIBUTE YOUR PROPERTY IF PERSON ABOVE CANNOT:

NAME: _____

RELATIONSHIP: _____ STATE OF RESIDENCE _____

GUARDIANSHIP OF MINOR CHILDREN

IF YOUR CHILDREN ARE MINORS, WHO DO YOU WANT TO APPOINT AS GUARDIAN IF THEIR OTHER LEGAL PARENT PREDECEASES YOU?

1. NAME: _____ RELATIONSHIP TO YOU _____

STATE OF RESIDENCE _____

2. ALTERNATE GUARDIANS NAME _____

RELATIONSHIP TO YOU _____ STATE OF RESIDENCE _____

LIVING WILL/MEDICAL POWER OF ATTORNEY/DURABLE GENERAL POWER OF ATTORNEY

A Living Will is a statement that authorizes the withholding and withdrawal of artificially provided food, water and other nourishment and fluids in the event you are in a coma or otherwise vegetative state.

1. NAME OF AGENT TO MAKE DECISIONS FOR YOU: _____

2. ADDRESS OF AGENT _____ PHONE _____

3. (OPTIONAL) NAME OF ALTERNATE AGENT _____

4. ADDRESS OF ALT. AGENT _____ PHONE _____

5. DO YOU WISH TO BE AN ORGAN DONOR? YES NO

IF YES, IS THE AUTHORITY TO DONATE TO INCLUDE NOT JUST TRANSPLANTS, BUT ALSO THE DONATION OF ORGANS AND TISSUE FOR MEDICAL, EDUCATIONAL, OR SCIENTIFIC RESEARCH ?

YES NO

6. DO YOU SUFFER FROM A TERMINAL ILLNESS? YES NO

7. DO YOU NOW RESIDE IN A NURSING HOME OR OTHER FACILITY? YES NO

8. WOULD YOU PREFER TO DIE AT HOME? YES NO