



35TH FIGHTER WING LEGAL OFFICE ESTATE PLANNING WORKSHEET



FINANCIAL INFORMATION

In order to competently advise you on estate planning matters, we need to understand your estate. Please include all of your assets & liabilities, whether solely or jointly held. In addition to bringing this Estate Planning Worksheet with you to your appointment, we encourage you to bring copies of your SGLI designation form, real estate title, divorce decree, and child support order as applicable.

Do you own any real estate, such as a house, a farm, or land? Yes No

Description & Location	In Whose Name is it Titled?	Estimated Value

Do you own any other titled property, such as a vehicle or boat? Yes No

Description	In Whose Name is it Titled?	Estimated Value

Please list accounts that you hold, including checking & savings accounts, money market accounts, CDs, mutual funds, equities, Thrift Savings Plan, and IRAs.

Description & Institution	Individual or Joint Account?	Estimated Value

Do you hold any life insurance policies or annuities (include SGLI)? Yes No

Description & Institution	Beneficiaries	Value

Do you have any debts over \$10,000, e.g., mortgages, student loans, & cash advances? Yes No

Description	Institution or Creditor	Amount

Do you have any court ordered financial responsibilities, e.g., child support & alimony? Yes No

Description	Beneficiary	Amount

Do you own any valuables or unique collectables, e.g., original artwork, stamp & coin collections?

Yes No

Description	Location	Value

After reviewing your assets and liabilities, as well as the value of any additional property that you own or are entitled to, what is the estimated value of your estate? _____



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PERSONAL INFORMATION

Full Legal Name & Any Other Names Used _____

State of Legal Residence & Country of Citizenship _____

Misawa Air Base Post Office Box Number _____

Military Status Active Duty Married to Active Duty Member
 Dependent Family Member Retired DoD Civilian

Marital Status Single Married (first marriage: Yes/No) Widow(er) Divorced

Full Name of Spouse _____

State of Legal Residence & Country of Citizenship _____

CHILDREN

Please list all of your children and indicate if you anticipate having children in the near future.

Names of Children	Age	Gender	Biological/Adopted/Stepchild	Special Needs	Other Biological Parent

You may designate a guardian for your children. This designation is not binding on the court, but weighs heavily when the court considers the placement that is in the best interests of the child. Guardianship will go into effect only if the child is a minor at the time of your death and the other biological parent is deceased or unable to care for the child.

	Guardian's Name	Relationship	State of Residence
Primary			
Alternate			
Alternate			

EXECUTOR OR PERSONAL REPRESENTATIVE

Upon your death, your executor takes your will to court to have your estate probated. Your executor is responsible for identifying and gathering all of your assets, using them to pay off your liabilities, and then distributing them in accordance with your will. Your executor should be a responsible, trustworthy adult.

	Name	Relationship	State of Residence
Primary			
Alternate			
Alternate			



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RESIDUARY ESTATE

Your residuary estate is the property that remains in your estate after liabilities & debts have been paid, property with named beneficiaries has been distributed, and any specific gifts have been given. Please list both primary and alternate beneficiaries.

To whom do you want to leave your residuary estate?

- My Spouse if he/she survives me, and then to my children.
- Alternate Beneficiaries

Name	Relationship	Percentage

If a minor were to inherit your estate, at what age would you want the minor to receive the funds?

18 21 25 Other _____

Who would you want to manage the funds until the minor reaches the designated age?

Your Executor The Minor's Guardian A Named Trustee: _____

Would you like to specifically disinherit someone, that is, prevent them from inheriting your estate under any circumstances? If so, who? _____

PROPERTY DISPOSITION

Do you own any real estate that you want to pass to a specific person, rather than your residuary estate?

- Yes No

Beneficiary	Description & Location	How is it titled?

Do you want to give a cash gift to some person, institution, or charity? Yes No

Beneficiary	Relationship	Amount

Do you own any items of personal property that you want to pass to a specific person, rather than your residuary estate? Yes No

Beneficiary	Relationship	Detailed Description of Property



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ADVANCE MEDICAL DIRECTIVE

You can create an advance medical directive that directs certain health care decisions be made in the event of your incapacity or inability to make your own medical decisions. Everyone should have a Medical Power of Attorney, which appoints an agent of your choice to make medical decisions on your behalf if you become unable to make them. You may also want a Living Will, also known as a Do-Not-Resuscitate Order, which directs health care providers to withhold or withdraw life sustaining treatment under certain conditions. These documents can work in conjunction, complementing and supplementing each other, or you can choose to designate a health care agent without having a Living Will.

Who do you designate as your health care agent? Please ensure the addresses and phone numbers are current so a medical professional can actually contact the person in an emergency.

	Name	Relationship	Address	Phone Number
Primary				
Alternate				
Alternate				

Do you authorize this agent to donate your organs for transplants? Yes No

For medical, educational, and scientific research? Yes No

Do you want to express a desire to die at home rather than a hospital? Yes No

Do you want a Living Will? Yes No

Do you have any special desires or religious needs with respect to your medical care?

Yes No

Describe: _____
