

**Email To: usarmy.redstone.amcom.mbx.osja-legal-assistance@army.mil**

**Or**

**Drop Off At: Bldg. 3439, Honest John Road**

**INTAKE SHEET**

FULL NAME: \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOD ID# AND EXPIRATION DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SELECT ONE - MARITAL STATUS:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

SELECT ONE -  Active Duty  AD Family Member  Retired Member  Ret Family Member  DOD Civilian

EMAIL ADDRESS: \_\_\_\_\_

SPOUSE FULL NAME: \_\_\_\_\_

SPOUSE LAST 4 of SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE DOD ID# AND EXPIRATION DATE: \_\_\_\_\_

SPOUSE DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

SPOUSE EMAIL ADDRESS: \_\_\_\_\_

BRANCH OF SERVICE MEMBER OR RETIRED SERVICE MEMBER: \_\_\_\_\_

RANK OF SERVICE MEMBER OR RETIRED SERVICE MEMBER: \_\_\_\_\_

ARE YOU CURRENTLY SEEING AN ATTORNEY FOR THIS ISSUE:      YES      NO

BRIEF SYNOPSIS OF YOUR LEGAL ISSUE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# REDSTONE ARSENAL LEGAL ASSISTANCE ESTATE PLANNING QUESTIONNAIRE WORKSHEET

PHONE NUMBERS: Cell \_\_\_\_\_ Other \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you have a revocable living trust?:  YES  NO *If yes, **STOP** and call our office – (256) 876-9005*

## 1. PERSONAL INFORMATION

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated or Pending Divorce <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name (first, middle, last):	
Spouse's Name (first, middle, last):	Spouse U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address (street, city, state, zip):	
State of Legal Residence:	County of Legal Residence:
Do you real estate? (Include a properties with mortgages) <input type="checkbox"/> Yes <input type="checkbox"/> No States located in? _____	
Jointly owned? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? (name and relationship) _____	

## 2. FOR CLIENTS WITH CHILDREN (EVEN IF ADULTS)

Full name of child (first, middle, last)	Age	C= Current Marriage P = Prior relationship	A = Adopted S=Stepchild	Gender
		You	Spouse	

Treat **stepchildren** like natural born children?  Yes  No  N/A Treat **adopted** like natural born children?  Yes  No  N/A

3. **Do YOU want to disinherit anyone?**  Yes  No **Does your SPOUSE want to disinherit anyone?**  Yes  No  
List NAME and RELATIONSHIP of those disinherited: \_\_\_\_\_

*NOTES: If you disinherit anyone, that does not prevent him or her from contesting your will. In Alabama, you may disinherit your adult children (over the age of 19). Many states do not allow you to fully disinherit your current spouse; please discuss this issue with an attorney if you plan to disinherit your current spouse. Also, it is not necessary to disinherit a former spouse.*

4. **WHO DO YOU WANT TO HANDLE YOUR AFFAIRS AFTER YOUR DEATH?** A **Personal Representative**, called an **“Executor”** in some states, settles your Estate and must be at least 19 years old. If your spouse is alive when you die, they could be your personal representative.

Primary for YOU (Full name and relationship):
Alternate for YOU (Full name and relationship):
Primary for SPOUSE (Full name and relationship):
Alternate for SPOUSE (Full name and relationship):

Do you want to require your personal representative to post a bond? \_\_\_\_\_ YES \_\_\_\_\_ NO

*Probate bond is designed to protect the estate in case the personal representative mismanages the estate or runs off with the assets. If bond is not waived in the Will, the probate court will require bond to cover the value of your estate. A personal representative will be required to pay a bond premium, which will depend on the personal representative’s net worth and credit worthiness.*

5. **FINAL WISHES.** Do **YOU** prefer burial or cremation?  Buried  Cremated Where do **YOU** want to be laid to rest?  
 Location: \_\_\_\_\_ **SPOUSE:**  Buried  Cremated Laid to rest: \_\_\_\_\_  
 Do **YOU** want military honors?  YES  NO  N/A Does your **SPOUSE (dual military only)**?  YES  NO  N/A

**6. WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?**

A. PRIMARY BENEFICIARIES

**All to SPOUSE, and if spouse dies, to your CHILDREN EQUALLY** (select 1, 2, or 3)

- 1. Per Stirpes (Most Common): If a child dies before you, their share is divided among their living children. If they have none, it is distributed equally to your living children – e.g. 1 living child and 2 grandkids from a deceased child. Living child gets 50%; grandchildren get 25% each.
- 2. Per Capita with Representation: If a child dies before you, that child’s children share equally with your surviving children – e.g. 1 living child and 2 grandkids from a deceased; each gets 33% of your estate.
- 3. Per Capita: The deceased child’s share is redistributed among your living children. Your grandchildren will only inherit if all of your children have already died – e.g. 1 living child and 2 grandkids from a deceased child. Living child gets it all.

OR

**To your CHILDREN EQUALLY** (see definitions above):  Per Stirpes  Per Capita with Representation  Per Capita

OR

**All to the following PERSONS:**

Name of person (first, middle, last)	Relationship	Percentage

ALTERNATE BENEFICIARIES: If your primary beneficiaries do not survive, who do you want to receive your estate?

Name of person (first, middle, last)	Relationship	Percentage

B. NOTES/ SPECIFIC BEQUESTS:

C. LETTER OF INTENT: It is a non-binding instructional memorandum for your personal representative to distribute items of high sentimental value, but low monetary value. The letter is for convenience and is not legally enforceable. The letter of intent is NOT appropriate for the distribution of VALUABLE items in excess of \$5000 or instructions you want to ABSOLUTELY happen.

**7. WHO DO YOU WANT TO RAISE YOUR MINOR CHILDREN?** Note: The age of Majority in Alabama is 19.

**GUARDIAN OF THE PERSON:** This person will raise your child if you die. Generally, a child’s biological parents have the right to raise their own child unless that parent has lost their rights or is unfit. So, the guardians you appoint below should be someone other than the child’s biological parents. The guardian the child lives with is called *Guardian of the Person*. It does not have to be the same person who manages the child’s money, but there are logistical benefits to naming the same person to handle a child’s care and finances.

**Primary Guardian** (full name/relationship): \_\_\_\_\_

**Alternate Guardian** (full name/relationship): \_\_\_\_\_

**8. LEAVING PROPERTY TO MINOR CHILDREN** If you leave money to minor children *without further instructions*, the money is placed with a *Guardian of the Property*. This adult manages the child's money until they reach the age of majority under state law, which is 19 in Alabama. Money is then distributed in one lump sum. IF YOU HAVE MINOR CHILDREN, YOU CAN:

1. Create a **TRUST**. A trust allows you to select an age of distribution that is older than the age of majority or to distribute the money in more than one installment. The trust would own your child's inheritance and a Trustee would manage trust assets for the benefit of a child. If tiered distribution or an older distribution age appeal to you, consider leaving property via a trust.

Asset Distribution:

Give it to my children in ONE LUMP sum at age \_\_\_\_\_

Give it to my children in installments as follows (select only one):  50% at 21 and Remainder at 25; **OR**  33% at 21; 33% at 25; and Remainder at 30; **OR**  33% at 25; 33% at 30; Remainder at 35; **OR**  Something else \_\_\_\_\_

Primary Trustee (Name/Relationship) \_\_\_\_\_ Alternate (Name/Relationship) \_\_\_\_\_

2. Create a **CUSTODIAL ACCOUNT**. You name a Guardian of the Property who opens a Custodial Account on behalf of the child and makes withdrawals for the child's benefit. The child receives the account balance in one lump sum when they reach the age of majority.

Primary Custodian (Name/Relationship) \_\_\_\_\_ Alternate (Name/Relationship) \_\_\_\_\_

3. Allow your **PERSONAL REPRESENTATIVE** to determine if a Custodial Account or Trust is best. ' \_\_\_\_\_

4. **SPOUSE'S PLAN**. *Although it is not necessary for spouses to make the same elections, a unified vision for who cares for your children and how is helpful.*  Same as you  Something else: \_\_\_\_\_

**LIVING WILL/ HEALTHCARE POWER OF ATTORNEY**

*NOTE: This is the Alabama model. If you are a resident of a different state your documents may differ slightly.*

A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery.

**Do you want a living will?** YOU: Yes \_\_\_\_\_ No \_\_\_\_\_ SPOUSE: Yes \_\_\_\_\_ No \_\_\_\_\_

**Key definitions:**

**Permanent unconsciousness:** Doctors agree with a reasonable degree of medical certainty that you cannot think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement.

**Terminally ill or injured:** is when my doctor and another doctor decide that I have a condition that cannot be cured where death will result in the near future without the use of artificial life-sustaining procedures.

**Life-sustaining treatment:** Life-sustaining treatment includes drugs, machines or medical procedures that sustain life but would not cure you.

**ELECTIONS:**

**If I become TERMINALLY ILL OR INJURED:**

I want to have food and water provided through a tube or an IV if I am *terminally ill or injured*.

YOU: Yes \_\_\_\_\_ No \_\_\_\_\_ SPOUSE: Yes \_\_\_\_\_ No \_\_\_\_\_

I want to have *life-sustaining treatment* if I am *terminally ill or injured*.

YOU: Yes \_\_\_\_\_ No \_\_\_\_\_ SPOUSE: Yes \_\_\_\_\_ No \_\_\_\_\_

**If I become PERMANENTLY UNCONSCIOUS:**

I want to have food and water provided through a tube or an IV if I am *permanently unconscious*.

YOU: Yes \_\_\_\_\_ No \_\_\_\_\_ SPOUSE: Yes \_\_\_\_\_ No \_\_\_\_\_

I want to have *life-sustaining treatment* if I am *permanently unconscious*.

YOU: Yes \_\_\_\_\_ No \_\_\_\_\_ SPOUSE: Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY:** This document designates someone to make medical choices for you if you cannot make or communicate those choices yourself. It also gives your agent access to your medical information.

Who do **YOU** wish to nominate?

<b>1st Choice:</b>	<b>2nd Choice:</b>
Full Name (First, Middle, Last)	Full Name (First, Middle, Last)
Address	Address
Phone Number	Phone Number

Who does your **SPOUSE** wish to nominate?

<b>1st Choice:</b>	<b>2nd Choice:</b>
Full Name (First, Middle, Last)	Full Name (First, Middle, Last)
Address	Address
Phone Number	Phone Number

**DIRECTIONS FOR MY HEALTH CARE POWER OF ATTORNEY** Place your Initials by one of the following directions:

1. I want my health care proxy to follow only the directions as listed on this form. **YOU:** \_\_\_\_\_ **SPOUSE:** \_\_\_\_\_
2. I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form. **YOU:** \_\_\_\_\_ **SPOUSE:** \_\_\_\_\_
3. I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form. **YOU:** \_\_\_\_\_ **SPOUSE:** \_\_\_\_\_

### **POWER OF ATTORNEY**

A power of attorney is a written authorization for someone to act on your behalf. Our office drafts DURABLE powers of attorney that survive your incapacitation. A power of attorney may be ACTIVE NOW, meaning it is effective once it is signed and notarized. A SPRINGING power of attorney takes effect when you BECOME INCAPACITATED and cannot manage your own personal and financial affairs. This springing durable power of attorney lasts as long as you are alive or until you revoke it. If you are mentally competent, you can revoke a durable power of attorney whenever you like by destroying the document.

**Name someone you trust as your attorney-in-fact.** Your attorney-in-fact will have GREAT AUTHORITY over your affairs. Not only can they keep your affairs in order, but they have the ability to abuse this document at your expense for their own gain. **PLEASE NOTE: a power of attorney ceases to exist at the time of your death.**

1. Do you want the Power of Attorney active now or springing upon incapacitation? **YOU:**  Now  Springing **SPOUSE:**  Now  Springing
2. Do you want your medical agent to also be your agent for the Durable Power of Attorney? **YOU:**  Yes  No **SPOUSE:**  Yes  No

### **YOUR AGENT(S)**

<b>Agent</b>	<b>Alternate Agent</b>
<b>Name/Relationship</b>	<b>Name/Relationship</b>
<b>Address</b>	<b>Address</b>
<b>Phone Number</b>	<b>Phone Number</b>

### **SPOUSE'S AGENT(S)**

<b>Agent</b>	<b>Alternate Agent</b>
<b>Name/Relationship</b>	<b>Name/Relationship</b>
<b>Address</b>	<b>Address</b>
<b>Phone Number</b>	<b>Phone Number</b>