Last Will and Testament Questionnaire

Office of the Staff Judge Advocate

Privacy Act Statement

AUTHORITY: 5 U.S.C. 301; 10 USC 3012

PRINCIPAL PURPOSE: To indicate a Legal Assistance Division client's desires in the disposition of his or her estate.

ROUTINE USES: Information provided in the questionnaire is used to aid the Legal Assistance Division, Office of the Staff Judge Advocate, in the preparation of wills. Upon completion of processing a will, this questionnaire is destroyed.

EFFECT OF NON-DISCLOSURE: Failure to provide the requested information will preclude the Legal Assistance Division from preparation of legal documents desired by the client.

SECTION I – CLIENT'S INFORMATION

FULL NAME: _____ SSN: _____

FIRST MIDDLE LAST (MAIDEN)

Permanent Residence: _____(City, County/Parish and State only)

******Louisiana residents must also complete the reverse side of this form******

Current Mailing Address: _____

_____, _____, _____

City State Zip Code

Current Telephone Number: _____

Current Email Address: _____

Status: _____AD/Family member Rank: _____ Marital Status: _____Married _____Single

_____RET/Family member Rank: _____ _____Divorced _____Widow/er

UNIT: _____ Spouse's name: _____

First Middle Last

Full names of children:	Age	Child	Stepchild	Disabled (LA only)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION II – PERSONAL REPRESENTATIVES

Whom do you wish to appoint as the Executor/Executrix of your estate and what is their relationship to you?

(The person to carry out the terms and provisions of you Will) Relationship

Primary: _____ _____

Alternate:_____ _____

Whom do you wish to appoint as the Guardian(s) of your minor children, if you should die with or after your spouse?

Primary: _____ _____

Alternate_____ _____

PROPERTY DISPOSITION

When you die, to whom do you wish to leave your possessions and what is their relationship to you?

A. _____ _____

If you die with or after the person in Line A above, to whom do you wish to leave your possessions?

B. _____ _____

If you die with or after all of the persons in Line A or B above, to whom do you wish to leave your possessions?

C. _____ _____

Do you have any specific bequests you would like to make? _____

D. _____

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Office of the Staff Judge Advocate
Legal Assistance Office
Fort Polk, Louisiana

*****SECTION IV – LOUISIANA RESIDENTS ONLY*****

Louisiana residents are required to provide additional information concerning their marital status. If you have ever been married, you must provide the requested information below. If you have never been married, check the "never married" box and complete the front of the form.

Marital Status: _____Married _____Never Married _____Married, now divorced/widow(er)

	Date/Place of Marriage	Name of Spouse (include Maiden Name)	How terminated/Date
First Marriage:			
Second Marriage:			
Third Marriage:			
Subsequent Marriages:			