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Provide Feedback

## Will Worksheet Individual with Spouse and/or Children

Welcome to the Office of Legal Assistance. This worksheet will answer common questions concerning wills. It will prepare you to discuss your needs and desires with a legal assistance attorney, and provide a convenient form on which to record important information. This worksheet starts the will preparation process. Once completed, you are ready to discuss your will with your attorney.

**IF YOU HAVE ANY QUESTIONS, WHICH ARE NOT ANSWERED BY THIS WORKSHEET, PLEASE DISCUSS THEM WITH AN ATTORNEY.**

**WHAT IS A WILL?** A Will is a legal document, which states your desires concerning what will happen to your property after your death. A Will also contains specific directions from you concerning who is to implement your instructions and perhaps, who will care for any minor children you may leave behind.

**DOES MY WILL CONTROL ALL OF MY PROPERTY WHEN I DIE?** No. For example, proceeds of insurance policies are distributed as you have designated in the insurance policy, and property that you own jointly with another person will normally go to the other joint owner.

### WILL QUESTIONNAIRE

**TESTATOR/TESTATRIX:**

Your Full Name: \_\_\_\_\_

You are (choose one):

- in the United States
- retired from the United States Armed Forces
- a dependent of someone in the United States Armed Forces
- a dependent of someone retired from the United States Armed Forces

Are you a United States citizen? Yes / No

Do you wish to include your city, county, and state of residence? Yes / No

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Please mark as appropriate:**

male     female

married [ once/  several] - date of marriage(s): \_\_\_\_\_

widow(er)

divorced

single

a party to a  same-sex marriage,  domestic partnership or  civil union

previously made a Will - date(s): \_\_\_\_\_

Your Telephone number: \_\_\_\_\_

Occupation/Employment/Business: \_\_\_\_\_

\_\_\_\_\_

**SPOUSE:**

Name of spouse: \_\_\_\_\_

Is your spouse a United States Citizen? Yes / No

Spouse's Occupation/Employment/Business: \_\_\_\_\_

Does the Spouse want to create a will at this time using the same answers provided for the client in this interview? Yes / No

Information re prior marriages: \_\_\_\_\_

**CHILDREN:**

Do you wish to make a declaration regarding children? Yes/No (If no skip to next section)

Children:  NONE  1  2  3  4 Number: \_\_\_\_\_

- more children are anticipated
- no child, but children are anticipated
- there are grandchildren

Adopted children are to be  expressly included,  expressly excluded or  this Will is to be silent on the subject.

Stepchildren are to be  expressly included,  expressly excluded or  this Will is to be silent on the subject.

Enter the names of the children (and indicate gender, if minor, deceased with issue, by prior marriage, adopted, and any special treatment):

Full legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

Full legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

Full legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

**OTHER RELATIVES TO BE INCLUDED IN WILL:** THEIR FULL LEGAL NAME IF THEY ARE TO BE NAMED IN THE WILL AS BENEFICIARIES, EXECUTOR/EXECUTRIX (Administrator of your estate), GUARDIAN OR TRUSTEE)

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Status in will: \_\_\_\_\_

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Status in will: \_\_\_\_\_

**SPOUSE'S RELATIVES TO BE INCLUDED IN WILL:** (THEIR FULL LEGAL NAME IF THEY ARE TO BE NAMED IN THE WILL AS BENEFICIARIES, EXECUTOR/EXECUTRIX (Administrator of your estate), GUARDIAN OR TRUSTEE)

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Status in will: \_\_\_\_\_

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Status in will: \_\_\_\_\_

**DISINHERITANCE:**

Do you wish to make a declaration in the will which intentionally disinherits one or more living heirs? Yes / No

If yes, please list:

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Reason for Disinheritance: \_\_\_\_\_

Full legal name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Reason for Disinheritance: \_\_\_\_\_

**MILITARY HONORS:**

Do you desire burial with military honors or other military traditions? Yes / No

Do you wish to include instructions to distribute American flags to specified persons?  
Yes / No

If yes, please provide name(s):

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

**BURIAL PREFERENCES:**

- cremation with ashes scattered in or at a specified location
- cremation with ashes given to specified person
- cremation with ashes given to specified person and scattered in or at a specified location
- burial at specified location
- burial at location chosen by the Executor
- other (if chosen, please specify \_\_\_\_\_)

Do you wish to include instructions regarding a preference for a religious or non-religious ceremony? Yes / No \_\_\_\_\_

**GIFTS:**

**Do you wish to make a specific gift of personal property? Yes / No**

Description of property \_\_\_\_\_

Beneficiary name \_\_\_\_\_

Relationship \_\_\_\_\_

If beneficiary does not survive you, is there a contingent beneficiary? Yes / No

Do you wish to utilize a personal property memorandum? Yes / No

**Do you wish to make a specific division of real property? Yes / No**

Description of property \_\_\_\_\_

Beneficiary name \_\_\_\_\_

Relationship \_\_\_\_\_

If beneficiary does not survive you, is there a contingent beneficiary? Yes / No

**Do you wish to make a cash gift? Yes / No**

Beneficiary name \_\_\_\_\_

Relationship \_\_\_\_\_

If beneficiary does not survive you, is there a contingent beneficiary? Yes / No

**RESIDUARY ESTATE:**

Beneficiary receiving residuary estate if spouse predeceases you:

- living children (and descendants of a deceased child)
- trust
- equal separate shares to living children
- one or more beneficiaries in equal shares
- two or more beneficiaries in unequal shares

**EXECUTOR**

Do you wish to appoint your spouse as Executor of the will? Yes / No

If not your spouse, who do you wish to appoint?

Primary Executor \_\_\_\_\_

Relationship \_\_\_\_\_

Do you wish to appoint a co-executor? Yes / No

Co-Executor \_\_\_\_\_

Relationship \_\_\_\_\_

Do you wish to appoint a successor executor? Yes / No

Successor Executor \_\_\_\_\_

Relationship \_\_\_\_\_

**TRUSTEE**

Do you wish to appoint a trustee?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Do you wish for executors or trustees to be provided compensation? Yes / No

Do you wish for executors or trustees be required to give a bond for performance of duties? Yes / No

**GUARDIANSHIP OF CHILDREN** (in the event the spouse predeceases)

Do you wish to appoint:

one guardian for minors or person deemed incompetent

two co-guardians who will act jointly

one guardian and a successor guardian

Will the same individual be appointed as the guardian of the person and estates of the minor children? Yes / No

Guardian of Person: \_\_\_\_\_

Alternate: \_\_\_\_\_

Custodian of Estate: \_\_\_\_\_

Alternate: \_\_\_\_\_

A beneficiary must have attained what age to be entitled to receive a bequest outright -

18     19     21

If a child of the testator/testatrix is a minor, are bequests to the child to be -

paid, at the ELECTION of the executor, to the child, a guardian or a custodian under a Uniform Gifts To Minors Act, OR the executor may hold the bequest in trust (usually this option is best)

held in trust [by  a TRUSTEE or  the executor] until child attains majority

This handout is distributed by the Arkansas Office of the Staff Judge Advocate, Office of Legal Assistance as a preventive law service. This document and other helpful information on similar personal legal affairs topics can be found on the office's website located at <https://arkansas.nationalguard.mil/Home/JAG-Legal/>

For more information on this topic or to consult with a legal assistance attorney contact the Arkansas National Guard Office of Legal Assistance at 501-212-5040 to establish eligibility and appointment times.