



UNITED STATES MARINE CORPS

MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5000

In reply refer to:
5801
B 0522
22 Aug 02

From: Head, Legal Assistance Office, Office of the Staff Judge Advocate,
Marine Corps Base Quantico
To: Personnel Seeking Estate Planning
Subj: ESTATE PLANNING
Encl: (1) Complex Estate Planning Questionnaire

1. Welcome to the Legal Assistance Officer, Marine Corps Base, Quantico, Virginia. We prepare all documents necessary for your estate planning needs. This service is available to active duty members, retired, and reserve personnel who are in an active duty status for more than 30 days of all branches of the Armed Forces, to include their family members.

2. Please take the time to COMPLETELY fill out the attached questionnaire, ensuring that all entries are **LEGIBLE**. The questionnaire enables the lawyers to properly assess and determine your estate planning needs.

3. **Once you have completed the document, contact this office (703-784-3122/23) to schedule an appointment for consultation. Please remember to bring your paperwork with you to the appointment.**

4. After your consultation, and after the documents are prepared, your lawyer will contact you to pick up a draft of your will and supplemental paperwork for your review. The paperwork will be located at the front desk and may be picked up during our normal working hours.

5. After you have carefully reviewed the documents and are satisfied that they reflect your intentions or if you have any questions and/or changes, call your assigned lawyer to schedule and appointment to discuss or execute the documents.

Sincerely,

C. S. JANES
Lieutenant Colonel
U.S. Marine Corps, Reserve

LEGAL ASSISTANT OFFICE, MCB QUANTICO, VIRGINIA COMPLEX ESTATE PLANNING QUESTIONNAIRE

NOTES: In order to take advantage of the tax-saving provisions, ***BOTH SPOUSES*** must be present for the interview. This form is designed for a couple to share the same estate plan. If you and your spouse don't want to share the same overall estate plan, then each must complete a separate questionnaire. You must fill out this form completely before your appointment.

Personal Information				Date:	
1. Marital Status (check all that apply)		Svcnbr: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about tot divorce		Spouse: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about tot divorce	
2. Service Member's Name (First, Middle, Last)			Soc. Sec. No.	Date of Birth	
3. Spouse's Name (First, Middle, Last)			Soc. Sec. No.	Date of Birth	
4. Home Address (Number, Street)			City	State	ZIP
5. Mailing Address, if different from above (Number, Street)			City	State	ZIP
6. Home Phone		Service Member's Work Phone		Spouse's Work Phone	
7. Svcnbr's Cmd/Employer/Retired	Svcnbr's Occupation	Svcnbr's Rate/Rank	Branch of Service	Time in Service	
8. Spouse's Cmd/Employer/Retired	Spouse's Occupation	Spouse's Rate/Rank	Branch of Service	Time in Service	
Place an "X" next to or fill in your answers			Service Member		Spouse
9. Are you a U.S. citizen			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a will or trust now? **			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you expecting to receive property or money from (Place an "X" next to all that apply): <input type="checkbox"/> Yes <input type="checkbox"/> No If so, approximately how much?			<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other \$		<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other \$
12. How many natural children do you have (you are the biological parent)?					
13. How many adopted children do you have?					
14. How many stepchildren do you have (not adopted)?					
15. In which state do you vote?					
16. Which state issued your driver's license?					
17. In which state is your car registered?					
18. In which state(s) do you own real estate?					
19. In which state(s) do you file tax returns?					
20. In which state do you plan to retire/live permanently?					
21. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI,PR)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you have a pre-nuptial agreement? **			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have a divorce decree that mentions pension, insurance, or other property rights? **			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to questions 10, 22, or 23, you must brig these documents to your appointment					

YOUR ESTATE ASSETS

When we assist you in planning your estate, it is important that we know what kind of property you own and exactly how you own it (how it is titled). Each state has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information.

You may not have some of the types of assets listed below. If not, just print "NONE" in the spaces and move on. If you need more room to write additional assets, please write on a separate piece of paper.

24. Do you (or your spouse) have an COMMERCIAL life insurance policies and/or annuities?					
Name of Company	Who is insured	Who owns the Policy	1st Beneficiary	2nd Beneficiary	Death Benefit
SGLI or VGLI					
Total Value of Policies in Question 24 (Q 24)					
25. Do you (or your spouse) own a home or any other real estate? If so, bring a copy of the deed(s) to your appointment.					
Description and Location	Titled in whose name(s) Indicate if Joint of Beneficiary and name	Purchase Price	Market Value	(-) Mortgage	(=) Equity
Total Value of Policies in Question 25 (Q 25)					
26. Do you (or your spouse) own any other titled property such as a car, boat, etc?					
Description	Titled in whose name(s) Indicate if Joint of Beneficiary and name	Market Value	(-) Loan Balance	(=) Equity	
Total Value of Policies in Question 26 (Q 26)					
27. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?					
Name of Bank and type of account (savings, checking, etc)	Titled in whose name(s) Indicate if Joint of Beneficiary and name	Approx. Balance			
Total Value of Policies in Question 27 (Q 27)					
28. Do you (or your spouse) own any investments such as stocks or mutual funds (do NOT include IRAs)?					
Name of Investment or Brokerage Account	Titled in whose name(s) Indicate if Joint of Beneficiary and name	Current Value			
Total Value of Policies in Question 28 (Q 28)					

29. Do you (or your spouse) have any profit sharing, IRA's or pension plans?			
IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Approx Value
Total Value of Policies in Question 29 (Q 29)			
30. Does anyone owe you money? If yes, please describe the loans and approximate value.			
Description			Approx Value
Total Value of Policies in Question 30 (Q 30)			
31. Do you own any special items of value such as coin collections, antiques, jewelry, etc?			
Description			Approx Value
Total Value of Policies in Question 31 (Q 31)			
32. What is the approximate value of all your remaining personal property – whatever you won that has not be included above (clothes, furniture, etc)?			\$
33. Total value of everything you (and your spouse) own (add totals of Q 24 through Q 32 above)			\$
34. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc)?			
Description			Amount Owed
Total Value of Policies in Question 34 (Q 34)			
35. Subtract total in Q 34 from total in Q 33			TOTAL NET ASSET VALUE
			\$
36. Do you own a business ? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
If yes, describe the business and its approximate value.			

YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed at your death. If you need more room, please use an additional piece of paper. **REMEMBER:** if you and your spouse do not want the same distribution plan, you will each need to fill out SEPARATE forms. This form is designed only for couples who desire the same plan.

Beneficiaries

37. Special Gifts to Children, Family, Friends, or Other Individuals (for example: wedding ring to your daughter)		
Name of Person & Relationship	Dollar Amount of accurate Description of Gift	Alternate Beneficiary (if any)
38. Special Gifts to Organizations (a charity, foundation, or fraternal organization)		
Name of Organization and Address	Dollar Amount of accurate Description of Gift	Alternate Beneficiary (if any)
39. Distributing the Rest: Primary Beneficiaries		
After the special gifts above (if any) have been distributed, who should receive the rest of the estate?		
<input type="checkbox"/> Check here if you want your spouse to get all, and if your spouse dies, then equally to your children.		
NOTE: you may select this option even if you and your spouse don't currently have children but expect to have children.		
If you DID NOT check the box above, please complete the section below		
Name of Person (First Middle, Last) or Organization	Relationship	Percentage (must add to 100%)
40. Alternate Beneficiaries		
Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?		
Name of Person (First Middle, Last) or Organization	Relationship	Percentage (must add to 100%)
If one of your children dies, do you want that child's share to go to that child's children, your grandchildren (Per Stirpes) <input type="checkbox"/> , or do you want that child's share to be divided among your remaining living children, with nothing going to a grandchild whose parent died (Per Capita) <input type="checkbox"/> .		
41. Disinheriting		
Are there any relatives that you specifically do not want to receive anything from your estate? List names and relationship.		
42. List dependents who may be under a disability and require special care:		
Name of Dependent	Type of Aide of Program Now receiving	Amount you wish to provide

Do you want to provide just "basic" care or luxuries/extras to supplement government benefits?

just basics

luxuries/extras

CHOOSING THE PEOPLE THAT WILL TAKE CARE OF YOUR AFFAIRS AFTER YOUR DEATH

43. **Personal Representative/Executor:** This person manages the probate and settlement of your estate. Usually your first choice is your spouse.

In Service Member's Will	In Spouse's Will
Full Name:	Full Name:
Relationship:	Relationship:
Address	Address

44. **Successor Personal Representative/Executor:** Back-up manger that takes over if your first personal representative dies or resigns.

In Service Member's Will – 1st Successor	In Spouse's Will – 1st Successor
Full Name:	Full Name:
Relationship:	Relationship:
Address	Address

In Service Member's Will – 2nd Successor	In Spouse's Will – 2nd Successor
Full Name:	Full Name:
Relationship:	Relationship:
Address	Address

45. Must the personal representative or executor be bonded or insured to protect your beneficiaries (the insurance or bond will be paid with funds from your estate)? Yes No

YOUR TAX-SAVINGS VEHICLE: THE CREDIT SHELTER TRUST (CST)

If your attorney determines that you have a large number of assets in your estate, he/she may find it necessary to include a tax-saving "credit shelter trust" in your will. This tax-saving trust can only be used by married couples who cooperate with each other in setting up their assets and their distribution plans in their wills.

You must select the trustees that will manage the CST. Preferably this **should not** be your spouse, and if your spouse is a trustee there should always be a co-trustee. The trustees you select should understand that their goal with this trust is to preserve wealth for your children, **not** to augment the assets of the surviving spouse.

46. **CST TRUSTEE:** There are no residency or blood relation requirements for trustees. We recommend that you provide a primary and at least one alternate trustee, regardless of whether or not you have your spouse serve as a co-trustee. Do not select your children or other potential trust beneficiaries, as they would have a conflict each time they made a decision for the trust.

In Service Member's Will	In Spouse's Will
<input type="checkbox"/> My spouse will NOT be a co-trustee with those listed below	<input type="checkbox"/> My spouse will NOT be a co-trustee with those listed below
<input type="checkbox"/> My spouse WILL be a co-trustee with those listed below	<input type="checkbox"/> My spouse WILL be a co-trustee with those listed below
Primary (full name, relationship)	Primary (full name, relationship)
1st Alternate (full name, relationship)	1st Alternate (full name, relationship)
2nd Alternate (full name, relationship)	2nd Alternate (full name, relationship)

47. Must your trustee(s) be bonded or insured to protected your beneficiaries (the insurance or bond will be paid with funds from your estate)? Yes No

Office Use: Insurance Beneficiary Language to fund CST provided and explained
 Asset splitting discussed

FOR CLIENTS WITH MINOR CHILDREN

(other clients should continue to Page 8)

48. YOUR CHILDREN					
Full Name (First, Middle, Last)	Age	T=From this marriage P=Previous Marriage If P, who's? H or W	Child Married? Y or N	Number of Grand Children	Office Use H W N / A / S

49. If you have step-children or adopted children, do you want your will to state that they are to be treated under your will like natural born children? Yes No

50. If you have children from a previous marriage, do you want to guarantee they receive an inheritance from you? Yes No

GUARDIAN OF THE PERSON

This person will raise your children if ***both you and your spouse die***. The guardian with whom the child lives is called the guardian of the person and does not have to be the same person that manages the child's money.

51. Primary Guardian of the Person	
In Service Member's Will	In Spouse's Will
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:
52. Successor Guardians	
In Service Member's Will - 1st Alternate	In Spouse's Will - 1st Alternate
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:
In Service Member's Will - 2nd Alternate	In Spouse's Will - 2nd Alternate
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship of the property. This method does not provide as much flexibility for managing the funds as other options allow, and all the money will be given to your children when they reach age 18, which may be too early. The alternative is a trust. This allows the money to be managed by someone you trust until the children reach an age you choose (many choose the age 25). The person managing the money (called trustee) has more flexibility in deciding how to invest the money and the trustee may use the money throughout your children's lives for their health, education, and other needs - even before they reach the age at which the money is given to them in a lump sum.

53. Do you want to establish a trust for your children in your will? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, continue below; if no, next page)
54. If the money has not been used up for my children's health, education, etc, give the remainder as follows (choose one):
<input type="checkbox"/> give it to my children in one lump sum at age _____
<input type="checkbox"/> give it to my children in installments as follows (choose one)
<input type="checkbox"/> 1/2 at 21 and 1/2 at 25; or <input type="checkbox"/> 1/3 at 21; 1/3 at 25; and 1/3 at 30, or <input type="checkbox"/> 1.3 at 25; 1/3 at 30; 1/3 at 35
<input type="checkbox"/> customize installments as I describe here:

TRUSTEE FOR THE CHILDREN'S TRUST

55. **CHILDREN'S TRUSTEE:** There are no residency or blood relation requirements for trustees. We recommend that you provide a primary and at least one alternate trustee. Do not select you children or other potential trust beneficiaries, as they would have a conflict each time they made a decision for the trust.

Check here if you desire the Trustees for your children's trust to be the same as your Guardians. If NOT, complete the below section

In Service Member's Will	In Spouse's Will
Primary (full name, relationship)	Primary (full name, relationship)
Alternate (full name, relationship)	Alternate (full name, relationship)
2nd Alternate (full name, relationship)	2nd Alternate (full name, relationship)

Office Use:	Guardianship / Custodianship / Trust	Single Trust or Separate Trust
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ADVANCED MEDICAL DIRECTIVES AND POWERS OF ATTORNEY

A LIVING WILL

56. A living will make 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?	Service Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Upon your death, do you wish to donate your organs for transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
** For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. If practical, do you want your family to remove you from a hospital or nursing home so you can die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

59. A Durable Power of Attorney for Health Care gives broader protection. Do you want to appoint someone (spouse, a child who is over 18 years of age, or a friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so, please provide the following information.	
For Service Member	For Spouse
1st Choice	1st Choice
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address:	Address:
Phone Number:	Phone Number:
2nd Choice	2nd Choice
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address:	Address:
Phone Number:	Phone Number:

DURABLE GENERAL POWER OF ATTORNEY (DGPOA)

60. Appoints an agent that can make any decision and do any act for you, and it will continue to be in force even after you are capacitated. If it a very powerful document and should only be granted with great care, and then only to someone in whom you have the utmost trust. If you want DGPOA, please fill out the following grid.	
Service Member 1st Guarantee	Spouse 1st Guarantee
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address:	Address:
Phone Number:	Phone Number:
Service Member 2nd Guarantee	Spouse 2nd Guarantee
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address:	Address:
Phone Number:	Phone Number:

After you meet with an attorney to discuss your estate plan, this office will draft your will. The will is normally prepared for your review within a few weeks (subject to change based on the complexity of your will and the needs of the active duty personnel at deploying commands).

Once your will is drafted, our office will call you to pick up a draft copy to review for content and accuracy, and once you have thoroughly reviewed the documents and are completely satisfied that the will accurately reflects your desires, and you have no questions regarding the will, you should then call this office to schedule an appointment to execute your will and other documents. However, if you have questions regarding your will, you need to first contact your attorney and schedule an appointment to discuss your concerns. This office will not execute your will until you completely understand the content of your will.