

WILL WORKSHEET



Prepared by:
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NOTE: THIS PACKAGE ITSELF IS NOT A WILL.

PRIVACY ACT STATEMENT

Individuals seeking legal assistance are requested to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 301 and 44 U.S.C. Section 3101. The information you provide will be used by the personnel of this legal office to assign an attorney to you, to prepare estate-planning documents and to provide periodic workload productivity and statistical reports. The information you are requested to provide is solicited on a voluntary basis, however, failure to provide the requested information could result in this office being unable to provide the services requested.

Introduction: The worksheet contained within this package has two major purposes. First, it should provide you with information to assist you in determining what will happen to your property after your death. Second, it helps you provide the information needed by the Legal Assistance team to prepare your Will.

There are several documents covered by this worksheet: a Will, an Advance Medical directive (also known as a Living Will or declaration), a Health Care Power of Attorney and a Springing Durable "Financial" Power of Attorney (only effective when you become disabled or incapacitated.) If you need a General Power of Attorney or Special Power of Attorney that becomes effective immediately, our office can prepare that for you without an appointment; however, you will have to fill out a separate application.

Answers to Common Questions About Wills:

A. WHAT IS A WILL? A Will is a written document that allows you to determine how your assets and property subject to probate will be distributed upon your death. It also allows you to determine who will be responsible for the care of your minor children and the management of their money should both you and your spouse die.

B. WHAT WILL HAPPEN TO MY PROPERTY IF I DIE WITHOUT A WILL? If you die without a Will, your property will be distributed in accordance with state intestacy laws. Normally, the property will go to your spouse and/or your children, your parents, brothers and sisters, nieces and nephews, and other close relatives. Your friends, former spouse, or favorite charity would not get anything. The surviving member of an unmarried couple will not be protected. Only if you have no living relatives, will your property go to the state – and then even if you have friends or a companion you want to inherit.

C. KEEP IN MIND that some property is NOT covered by a Will.

1. Money from your life insurance policy will go to the people you've named as beneficiaries on the policy no matter whom you've chosen as heirs in your Will.

2. You may own real estate, cars, bank accounts and other property with another person or persons as joint tenants with right of survivorship or as tenants by the entirety. Your joint tenants will usually inherit your share no matter whom you've named as heirs in your Will.

3. In 10 community property states, the money, real estate and other objects you and your spouse acquire during your marriage are called community property. You own this property equally, no matter who earns the most. Therefore, your Will *cannot* include your spouse's half of the community property, only your half.

4. Money from your retirement plan will go to the people you've named in your plan, with or without a Will.

D. WHAT WILL HAPPEN TO MY CHILDREN IF I DIE WITHOUT A WILL? If the other parent is living, s/he retains full custody of your children. If the other does not survive you, the probate court will appoint a guardian for your children in accordance with the laws of the state. The court will normally appoint the person you have designated in your Will, if the person is available. In your Will you should provide for a guardian of your choice (someone you know and trust) and at least one alternate who is not your parent.

E. DO I NEED A WILL? You, the client, must answer this question. An attorney can advise you about the relevant law, but you must decide whether you want to distribute your property and care for your heirs by Will or by the provisions of the intestacy laws of your state. For some people the state intestacy laws are adequate, but for many a well-drafted Will is the best way to be sure that property will be given to the right people. It is recommended that you discuss your situation with the legal assistance attorney before making a decision. Having a Will may save your heirs time and money later.

F. HOW SHOULD I DISPOSE OF MY PROPERTY? You must also answer this question. An attorney will give you legal advice about your chosen disposition, but ultimately you decide how to dispose of your property. Wills for married people who have children typically provide that in the event of one spouse's death, all property passes to the other spouse; in the event that the person making the Will is not survived by his/her spouse, all property goes to the children and/or grandchildren, perhaps in trust.

G. YOU AND YOUR SPOUSE MUST EACH HAVE A SEPARATE WILL. Ethical guidelines prohibit one attorney from counseling both spouses regarding even separate Wills, unless both spouses sign a waiver of confidentiality and request dual representation by the same attorney. You should request our form titled "To All Married Couples Requesting Wills" and please do not schedule an appointment for both you and your spouse until you and your spouse read and sign this waiver. A copy of this form is provided within this worksheet for your convenience. Without the signed waiver, the Legal Assistance Team can only prepare a Will of one spouse, not both.

H. WHEN SHOULD I CHANGE MY WILL? You should check your Will after every marriage, divorce, birth or death in your family. You should change your Will with any major changes in the circumstances of your life. We also recommend that you have your Will reviewed every few years to ensure that it is adequate to handle your present needs. The Wills prepared by the Legal Assistance Office have no provisions to save your estate from federal estate taxes and state taxes. *Should the size of your estate be such that it is subject to federal estate taxes* or should it increase so that it is subject to federal estate taxes you will be referred to an estate planning specialist in your state of domicile.

I. DO I NEED OTHER ESTATE PLANNING DOCUMENTS? The legal assistance attorney will discuss your estate planning needs and goals with you. MLEA does not provide estate planning for estates subject to federal estate taxes. However, there are other estate planning considerations you may want to discuss with the attorney to include: planning for disabled children; probate; probate avoidance; titles to assets; use of totten trusts; testamentary trusts; *inter vivos* trusts; advance medical directives (both directives to physicians and durable powers of attorney for health care); and powers of attorney. *In 2010 the laws for capital gains due for the sale of inherited assets are set to change, and you are advised to maintain documentation for the basis of all assets that you own. If your heirs cannot document your basis, the IRS will assign zero as the basis.* A zero basis could easily increase the amount of capital gains tax due should your heirs sell the inherited asset. Please tell your legal assistance attorney if you need additional information regarding any of these subjects. 01/02

J. WHAT SHOULD I DO IF HAVE OTHER QUESTIONS ABOUT ALL OF THIS? The legal assistance attorney will discuss your estate planning needs and goals with you prior to preparing your documents. If you have questions at any time prior to the final preparation of those documents you should write those questions down and call your legal assistance attorney to further discuss them. Your legal assistance attorney may need to reassess your needs and goals based on your questions.

GLOSASARY TO ASSIST YOU IN FILLING OUT THE WILL WORKSHEET

BASIC DEFINITIONS AND TERMINOLOGY

WILL: Document that will direct how you want your property distributed upon your death. SGLI is not paid out through your Will. The Will can be changed or revoked by the individual at any time by executing a new Will and physically destroying the old document.

TESTATOR/TESTATRIX: You (the deceased person who made the Will.) This is gender specific with the testatrix being the female.

BEQUEST: Property given to a beneficiary in your Will.

BENEFICIARY: Person you name in your Will to receive property.

HEIR: Person who takes your property according to State law if no Will exists at the time of death. It is a myth that the State takes your property if you do not have a Will.

EXECUTOR/PERSONAL REPRESENTATIVE: Person you name in your Will to carry out the directions in your Will. You should name an executor. If you do not, the court will appoint one.

CHILDREN: Can include adopted children, your children born after your death if you die while your wife is pregnant, and stepchildren (the natural born or adopted children of a person's spouse). A relationship by legal adoption is treated the same as a relationship by blood for purposes of taking property under a Will.

ISSUE: These are descendants (by birth or adoption); in most cases, issue is your children and your children's children.

LEGAL GUARDIAN: Person you name to take care of your children until the child reaches the age of majority. You can name "co-guardians" in your Will. Co-guardians must agree on decisions regarding your child.

BOND: A written promise to pay money if certain circumstances occur, such as that sometimes filed by an executor or trustee or guardian, to ensure a faithful performance by the person under bond.

ACCOUNTING: A report of all items of property, income, and expenses prepared by an executor, trustee or guardian and given to heirs, beneficiaries, and the probate court.

PER STIRPES: The most common way to distribute property. If a child dies, that child's share is divided among his or her children rather than your other primary beneficiaries. For example, if all three of your children survive you (i.e. live longer than you), then each would get one-third of your property. If, however, one of the children has died before you, his or her one-third share would be divided among his or her children if he or she had any.

PER CAPITA: This distribution may have the effect of cutting off grandchildren because property will be evenly distributed among children who are living when you die. For example, assume that you have three children as above but your Will calls for a per capita distribution. If one of your children dies before you, then your other two children would receive a one-half share of your estate and your deceased child's children would receive nothing. In this example, the only way that grandchildren will receive anything at all is if all of your children have died with you or before you.

TRUSTEE: One who, having legal title to property holds it in trust for the benefit of another and owes a fiduciary duty to that beneficiary. The trustee's duties are to protect and preserve the trust property, and to ensure that it is employed solely for the beneficiary, in accordance with the directions contained in the trust instrument.

**CG Members: PLEASE COMPLETE FORM
CG PSC-2020D DESIGNATION OF
BENEFICIARIES/PERSONS AUTHORIZED
TO DIRECT DISPOSITION & RECORD OF
EMERGENCY DATA.**

**Navy Members: PLEASE COMPLETE FORM
NAVPER 1070/602 (Record of Emergency
Data)**

**Marines/Army/Air Force Members: PLEASE
COMPLETE AND UPDATE YOUR RECORD
OF EMERGENCY DATA (RED)
(IF APPLICABLE)**

APPOINTMENT POLICY FOR COUPLES SEEKING WILLS:

Should you need to cancel your appointment, we require a two week advanced notice. This allows us to use the 3 hour time period we've set aside for other members who require assistance. Please be advised that if the cancellation does not occur within this time frame (barring unexpected deployments) we will have to book your next appointment a minimum of two months from the date of cancellation. Thank you for your understanding.

I have read and agree with the above stated policy:

_____ (member) _____ (spouse)



5810

SUBJ: TO ALL MARRIED COUPLES REQUESTING WILLS

COUPLES DESIRING WILLS ARE REQUESTED TO CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT! If you already have a relationship with a Coast Guard Legal Assistance attorney, please contact your attorney for advice regarding this agreement. If you do NOT already have a relationship with a Coast Guard Legal Assistance attorney, you may wish to contact a non-Legal Assistance attorney for advice regarding this agreement.

You have asked this office to prepare an estate plan for you and your spouse. The nature of our representation will likely include the following:

- (1) analysis of current wills, codicils, trusts, and property agreements, if any,
- (2) analysis of the assets owned by each of you, including consideration of their value and the nature in which title is or should be held, and the categorization of such assets as separate or community property,
- (3) discussion about the manner in which you wish to dispose of such property,
- (4) analysis of the tax impact of such disposition,
- (5) discussion of people who will care for the interests of your children (if any),
- (6) preparation of the documents to accomplish the desired result, and
- (7) preparation of other documents naming fiduciary agents and expressing your desires regarding medical treatment under certain circumstances.

It is common for spouses to utilize the same law office to plan their estates. You are not required to do so and can each retain different legal assistance offices to assist you individually. If this office represents both of you then you will be considered our client collectively. Professional conduct rules prohibit us from agreeing with either of you to withhold information relevant to the process from the other. You are therefore authorizing us to disclose information pertinent to the representation to your spouse, regardless of the source of the information. Of course, any topic you discuss with us is still protected by attorney-client privilege with regard to third parties, and will not be disclosed without your consent or if otherwise required by law or rules of professional conduct.

Your documents do not need to be reciprocal and match in all aspects, but all substantive communications regarding the preparation of any documents must occur with the knowledge of both spouses. If a conflict arises which is of such a nature that we cannot adequately carry out our obligations to both of you, we will withdraw our representation, and will advise you to obtain separate and independent attorneys.

Upon execution of all of the documents this office prepares for you, our engagement will be complete and our attorney-client relationship will terminate. As long as you are eligible for legal assistance services you are free to renew this relationship in the future.

After considering these factors, each of you must decide whether you wish us to continue to represent you jointly in connection with your estate planning and related matters. If you do, please sign the **ACKNOWLEDGMENT** on the next page and return it **ALONG WITH THIS LETTER** at the time of your initial appointment. If you have any questions regarding these issues, please do not sign the acknowledgment until you have had the opportunity to discuss them with an attorney.

ACKNOWLEDGEMENT

Each of us has read and understands the information regarding dual representation as it affects our mutual interests and respective estate plans. We realize the potential for conflicts of interest and differences of opinion between us and that each of us has the rights expressed above.

We know that each of us has the right at any time to hire an independent lawyer or to seek legal assistance at another military legal assistance office in connection with these matters.

We have discussed and evaluated the problems, and each of us requests that the MLEA's Legal Assistance Office represent both of us in connection with our estate planning and related matters. Each of us consents to this dual representation. Each of us also knows and agrees that any communication and information this office receives from either of us relating to those matters may be shared with the other.

Date: _____

Date: _____

Husband/Wife (signature)

Husband/Wife (signature)

Husband/Wife (Printed Name)

Husband/Wife (Printed Name)

***A significant part of your estate plan may require modification of existing insurance policies or other beneficiary designations. When relevant, we recommend active duty personnel file an updated SGLV-8286 with a servicing processing office (SPO) at the time execution of other documents. Our office may prepare the form for you. If you would like us to inform the SPO of the time of your document execution to expedite the processing of forms, please sign below.

Husband/Wife (signature)

Husband/Wife (signature)

Husband/Wife (Printed Name)

Husband/Wife (Printed Name)

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

If you would like ALL of the estate planning services we offer, to include a Will, Advance Medical Directive/Living Will, Health Care Power Of Attorney, And Springing Durable “Financial” Power Of Attorney, please complete all of pages 7 through and including 19.

If you want a Will, please complete pages 8 through 17.

If you want an Advance Medical Directive/Living Will, Health Care Power of Attorney please complete pages 8 and 9, AND page 18.

If you want a Springing Durable “Financial” Power of Attorney please complete pages 8 and 9, AND page 19.

Please return the portions of the Worksheet regarding the services you want to the Legal Assistance Yeoman and STATE what you want.

For example “I only want an Advance Medical Directive/Living Will and am returning Page 8 and 9, and page 18 of the Worksheet.”

Your legal assistance attorney will contact you regarding your needs and goals prior to preparing any or all of these documents.

BEGINNING OF THE WORKSHEET

PLEASE LEGIBLY ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY BEFORE YOU SEE A LEGAL ASSISTANCE ATTORNEY

If you answer YES to any of the questions 1 through 10, please address these questions with a Legal Assistance Attorney because this may require specialized estate planning or preclude us from providing you with estate planning documents.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you a resident of Louisiana or Puerto Rico or Guam? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the value of everything you own, including the value of your insurance policies at your death , exceed <i>five million dollars</i> (include the property of both you and your spouse if you are married and the value of any life insurance policies you own)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you own any <i>land, home, personal property</i> or <i>other assets</i> in a foreign country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you own or hold a financial interest or ownership in a business or farm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you currently benefit from a revocable or irrevocable trust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you or your spouse acquire any property while residing in a community property state? (AZ, CA, TX, ID, LA, NM, NV, WA, WI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you, your spouse or any beneficiary a NON-U.S. citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have a written separation agreement?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have a divorce decree that mentions pension, insurance or other property rights?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you currently have a Will, Living Will, living trust or durable power of attorney?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please bring the documents listed in questions 9 and 10 to your appointment.

PERSONAL INFORMATION

1. Marital Status(check all that apply)				
<input type="checkbox"/> Married once and your spouse is alive				
<input type="checkbox"/> Married and your spouse is alive; but you were married before (your previous spouse died or you divorced a previous spouse)				
<input type="checkbox"/> Widowed; your spouse died and you are now single				
<input type="checkbox"/> Previously married, but, you are now divorced and single				
<input type="checkbox"/> Single and never previously married				
<input type="checkbox"/> Separated or about to divorce				
<input type="checkbox"/> A party to a civil union, domestic partnership, or same-sex marriage				
2. Your Name (First, Middle, Last)		SSN or EMPLID	Date of Birth	
3. Spouse's Name (First, Middle, Last)		SSN or EMPLID	Date of Birth	
4. Home Address (Number, Street)		City	State	Zip
5. Mailing Address If Different From Above (Number, Street)		City	State	Zip
6. Servicemember's Home Phone		Work Phone	Cell Phone	Email
()		()	()	
7. Spouse's Home Phone		Work Phone	Cell Phone	Email
()		()	()	
8. Servicemember's Command/Employer/Retired		Occupation	Rate/Rank	Branch of Service
				Time in Svc
9. Spouse's Command/Employer/Retired		Occupation	Rate/Rank	Branch of Service
				Time in Svc

11. DOMICILE DETERMINATION: Please indicate the State that best describes the following contacts/connections:

- a. State of your current duty station?
- b. State in which you hold a drivers license?
- c. In what state(s) do you own real estate?
- d. In what state(s) are your vehicle(s) registered?
- e. In what state do you file income tax?
- f. In what state do you plan to retire?
- g. In what state do you vote?

- 12. CHILDREN: Do you have any children** No **SKIP TO QUESTION 13**
 Yes How many natural/biological children do you have? ____
 How many adopted children do you have ____
 How many stepchildren do you have ____

Please identify all children that you have together with your spouse (if applicable) and all children that you have from any other relationships.

Full Name (First, Middle, Last)	Sex M/F	Age/Date of Birth (mm/dd/year)	Other Parents Full Name (First, Middle, Last)	Status B-biological A-Adopted S-Stepchild

- (a) Are adopted children to be treated the same as natural children under this estate plan? Yes No
- (b) Are grandchildren to be included under this estate plan? Yes No
- (c) Do any of your children have a physical or mental disability that makes eligible or might make them eligible to receive government benefits such as Medicaid? Yes No
- 13.** Are you pregnant or expecting a child? Yes No
- 14.** In case you have children in the future, do you want to plan for them now? Yes No
- 15.** If you have stepchildren, are stepchildren to be treated the same as natural children under this estate plan? Yes No

16. PRIOR SPOUSES. If you are divorced or previously married, please list the full name(s) of your prior spouse(s), how the marriage ended, where the marriage ended, and the date of the end of the marriage.

Full Name (First, Middle, Last)	How the marriage ended (e.g. divorce, death)	Where the marriage ended (City, State)	Date marriage ended (month/year)
1 st :			
2 nd			
3 rd			

17. IF YOU ARE DIVORCED, are there any alimony or support obligations due after your death, as stated in your divorce decree? Yes No

18. NET VALUE OF ALL THINGS YOU OWN: After subtracting out all debt (including mortgages, car loans, lines of credit and other money you owe), what is the approximate dollar value of your estate? This includes any homes, vehicles, household furnishings, electronics, guns, insurance policies, retirement accounts, bank accounts, and other personal property or assets you (and your spouse, if you are married) own. **Please complete the Estate Assets Worksheet on Page 9.**

I certify that the estimated net value of my estate is: _____

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. If the total value of your assets is more than five million dollars call our office: we will request additional information to do more advanced estate planning.

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 referencing this question.

1. Do you (or your spouse) have any COMMERCIAL life insurance policies and/or annuities?

Name of Company	Who is insured	Who owns the Policy	1 st Beneficiary	2 nd Beneficiary	Death Benefit

Value of your SGLI or VGLI: _____ **Spouse SGLI** _____ **Total Value of Policies in Q 1:** _____

2. 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 (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity

Total Net Value in Q 2 : _____

3. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity

Total Net Value in Q 3: _____

4. 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 (or names) Indicate if Joint or Beneficiary and name	Approx. Balance

Total Value in Q 4: _____

5. 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 Indicate if Joint or Beneficiary and name	Current Value

Total Value in Q 5: _____

6. Do you (or your spouse) have any retirement accounts? (401K, IRAs, Thrift Savings Plan?)

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value

Total Value in Q 6: _____

Total Value of everything you (and your spouse) own (add totals of Q1 through Q6 above.....)\$ _____

YOUR PLAN OF DISTRIBUTION

19. REAL ESTATE: Who do you want to give your real property to? This includes homes, condos, pieces of land, time shares, etc. You must discuss with your legal assistance attorney ALL real property in which you have an ownership interest.

- (a) I do not own/have any real estate (homes, land, time shares) **SKIP TO QUESTION 22**
- (b) I own real estate, and when I die, I want to give all real estate to my spouse, if living; otherwise to my children equally

FOR ATTORNEY USE ONLY: Per Stirpes Per Capita

- (c) I own real estate, and when I die, I want it to go to the following person(s) listed below:

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address

20. ALTERNATE BENEFICIARIES: Who do you want to receive your real estate if you've outlived the beneficiaries listed above?

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address

21. Do you want the Will to: (check ONLY one)

- State that real estate passes free of mortgages and similar liens to the person receiving the real estate from you, because you own other assets that you want sold to pay off the liens at your death? *(If you select this option, your estate must be large enough to PAY OFF the mortgage before any other bequests or gifts can be made).*
- State that mortgages and similar liens pass with the real estate to the person receiving the real estate from you? *(This option is generally the recommended option and means that the person receiving the real estate is also responsible for the remaining debt on the real estate).*
- Be silent regarding mortgages and liens.

22. SPECIAL GIFTS OF PERSONAL PROPERTY (OPTIONAL): In the following section, you may name the people you want certain special or unique items of personal property to go to. Note: Specifically listing items in your Will may be limiting on your executor and beneficiaries. Omitting this section allows your beneficiaries to have flexibility to share your possessions more easily with those who might cherish them. If, however, you have an heirloom or other personal property with value that will undoubtedly survive you, you may wish to specifically provide for these items here.

Do you wish to itemize any particular items to pull them out of the estate you are otherwise giving to your named beneficiaries? Yes No (if "Yes," please identify the specific bequests below):

SPECIFIC BEQUESTS: (for example: wedding ring to your daughter)

Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to the Beneficiary's heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is:
Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to the Beneficiary's heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is:

FOR ATTORNEY USE ONLY:

Personal Property Memorandum (PPM)? Yes No (**CAUTION** for use in the following states:

AK, AR, AZ, CO, DE, FL, HI, ID, IA, KS, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NM, SC, UT, VA, WA and WY):

Items not listed in the PPM are to pass to:

- Wife
- named beneficiary: (First, Middle, Last) _____
- as part of the residuary estate

23. CASH BEQUESTS: You can also take cash out of your estate and give a cash gift to a specific person or charitable organization. Note: If you make a cash gift some of your property may have to be sold off to satisfy these gifts, which will reduce the total amount given to your other beneficiaries. This is separate from naming any beneficiaries in your life insurance. (for example: \$500 to the SPCA)

Do you wish to pull money out of your estate to give a cash gift to a charitable organization or other individual?

Yes No (if "yes," please identify the cash bequests below):

Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is:
Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is:

FOR ATTORNEY USE ONLY: For donations to organizations, ensure correct name and address

24. WHERE WILL THE REST OF YOUR PROPERTY GO? Who do you want to receive the rest of your estate (after any specific bequests or cash bequests are fulfilled)? This includes non-tangible property like household goods, checking or savings accounts where you failed to name a pay-on-death beneficiary and stocks and bonds that are only in your name. Please check one

- ALL to my surviving spouse, but if my spouse dies before me or with me, then all to my surviving children.
- ALL to my surviving spouse ONLY and nothing to any of my children who may survive me. If my spouse dies with me or before me then to someone other than my children (*indicate alternate beneficiary below*).
- NONE to my current spouse, with the remainder going to my children, or to my children's surviving children, if any children of mine dies with me or before me.
- Do not have a current spouse but ALL to my surviving children, or to my children's surviving children, if any children of mine dies with me or before me.

FOR ATTORNEY USE ONLY: Per Stirpes Per Capita

ALL TO PERSONS as listed below (percentages must total 100 percent):

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

25. ALTERNATE BENEFICIARIES: If everyone you named above were to die before you, who are your next choices to receive the balance of your estate?

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

26. DISINHERITANCE: Disinheritance allows you to exclude family members from receiving any benefit from your Will. Most state laws prohibit a person from completely disinheriting a **current** spouse and allow the spouse to override a Will which disinherits that spouse by taking their “elective share.” You do not need to expressly disinherit a **former** spouse since a former spouse is deemed to have predeceased you for estate purposes once your divorce is final unless you specifically name the former spouse as a beneficiary in your Will.

a. **Do you wish to disinherit (exclude) a family member?** Yes No

Full Name of Person (First, Middle, Last)	Relationship to You

FOR ATTORNEY USE ONLY: Client counseled on elective share/family support state laws?

27. EXECUTOR OR PERSONAL REPRESENTATIVE (REQUIRED): An executor is a person you nominate in your Will to: locate your Will, take it court to identify your assets and notify people and creditors of your death, talk to the court and carry out the directions in your Will. You should name an executor. If you do not, the court will appoint one. Your executor should be someone you trust, and he or she **must be at least 18 years old and either be United States citizen or a Lawful Permanent Resident (LPR)**. Some states have limits on who may serve in this role and laws regarding who can be the executor vary greatly from state to state. Additionally, some states require the executor/personal representative to post a bond and/or to name a resident of that state as the executor/personal representative. To avoid arguments and court battles do not name more than one person at a time to serve as executor or personal representative Consult your legal assistance attorney for state requirements regarding the appointment of executors.

NOTE TO FLORIDA RESIDENTS ONLY: Your Personal Representative must be either a resident of the State of Florida, a parent, child, spouse or a blood relative.

Primary Executor/Personal Representative (First Choice)

Full Name(First, Middle, Last)	Relationship to you	State of Residency
1.		

Alternate Executor/Personal Representative (Second and Third Choices)

Full Name(First, Middle, Last)	Relationship to you	State of Residency
2.		
3.		

FOR ATTORNEY USE ONLY:	
Must the Executor/Personal Representative be required to post bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Must the Executor/Personal Representative file an accounting with the Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Executor/Personal Representative waive fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Must standard fees be paid to a bank acting as PR/Exec?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the State have limitations on who may be qualified as Executor or Personal Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. SPECIAL CONSIDERATIONS FOR GIVING MONEY AND GIFTS TO MINORS

Minor children and mentally incompetent adult children cannot receive assets and money outright. Instead the money must be placed either in a custodial account or a testamentary trust. If neither of these actions are taken, and your children are named as outright beneficiaries of your estate, SGLI proceeds, death benefits, or any other insurance policies, upon your death someone will have to file a petition with the court to ask the court to appoint them as guardians of the "estate" of the children before any of the funds can be released for the benefit of your children. This may cause significant time delays in accessing the money. If you leave your money to minor or disabled children in a custodial account, it is important to appoint someone as guardian or custodian *of the property* to hold and manage the money for the children until they reach adulthood or while they are incapacitated.

The alternative to a guardianship or custodianship of the property is a trust. This allows the money to be managed by someone you trust until the children reach any age you choose. The person managing the money (called a 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.

By appointing a custodian or trustee in your Will, you can choose the person you want to handle your children's money if both you and the other parent die, which saves both time and money for the people who will be caring for your children after your death. Even if you do not have minor children or adult disabled children, but you do not want your future children to have full control of their inheritance until they reach some age older than 18, then you can also create a custodial account or testamentary trust for your children.

Please provide the age(s) you any minor beneficiaries to reach before they have free access to spend their share of the gifts you leave them. (NOTE: If you do NOT have minor children or adult disabled children AND you are NOT naming any minor children (e.g. siblings, nieces, nephews) as beneficiaries in your estate plan, please SKIP TO QUESTION 30.

a. If any minor children inherits a portion or all of your estate, do you want the children's inheritance (select **ONLY one**):

To be paid out to a custodian. Under this choice the children **MUST** be given control of the money when the child(ren) turn 18 years of age, or up to 25 years old in some states.

OR

Placed in trust for the minor(s). (Any age or combination of ages resulting in any distribution, in whole or in part, occurring after the age of majority which is 18-21 depending on the state law.)

b. At what age do you want your children to be given their distribution under this Will (select **ONLY one**):

Some age between 18-21: ___ ___

18

21

25 (option for trusts only)

30 (option for trusts only)

1/2 at age 21 and 1/2 at age 25 (option for trusts only) or 1/2 at age ___ ___, 1/2 at age ___ ___

1/3 at 21, 1/3 at 25, 1/3 at 30 (option for trusts only) or 1/3 at age ___ ___, 1/3 at age ___ ___, 1/3 at age ___ ___

Some age older than 21: ___ ___ (option for trusts only)

FOR ATTORNEY USE ONLY: Does the client want: Separate Trusts Family Pot Trust
Does the client need a Pre-residuary Trust funded with Life Insurance for any child? Yes No

NOTE: You must name a first choice (primary) and an alternate (backup) person whom you trust other than your current spouse to handle this money for these minor children. You should also select a backup person in case the court refuses to appoint your first choice, or in case your first choice is not available. The people you choose must be 18 years of age and should be U.S. Citizens, Lawful Permanent Residents or a corporate trustee to manage the trust (trustee). Do not name your spouse if your property first goes to your spouse and then your children/other person(s). **NOTE:** To avoid arguments and possible court battles you should not name more than one person at a time to serve as custodian or trustee.

Primary Trustee/Custodian

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Trustee/Custodian

Full Name(First, Middle, Last)	Relationship to you	State of Residency

FOR ATTORNEY USE ONLY:

May the trustee elect to liquidate a small trust to the income beneficiary(ies) or appropriate guardian(s) of the income beneficiary(ies)? Yes No

If yes, the trust principal must be less than what amount in order for the trustee to have the option of liquidating the trust? \$ _____

May a majority of the beneficiaries of any trust under the will remove a trustee and appoint a successor trustee?

Yes No

Must the Executor/Personal Representative be required to post bond? Yes No

Must the Executor/Personal Representative file an accounting with the Court? Yes No

Will the Executor/Personal Representative waive fees? Yes No

Must standard fees be paid to a bank acting as PR/Exec? Yes No

28. GUARDIAN OF THE CHILDREN: You should name a guardian of the person to care for and raise any minor children or adult disabled children of whom you and your current spouse are the legal custodians, so that the court knows who you would prefer to raise your children when you are no longer able to. You can also name a guardian of the person to care for any minor children or adult disabled children of whom you and another person (who is not your current spouse) are the legal custodians. The guardian(s) of the person will care for your minor children ONLY in the event the other legal custodian dies before you or the other legal custodian is declared unfit by a court.

Special Considerations:

- Guardian/Conservator of the property of minors should be a U. S. citizen** or a Lawful Permanent Resident (LPR) of the United States.
- Most states require that the guardian **not have a criminal record.**
- Some states, for example Florida, **do not accept non-residents of that state** as guardians/conservators of the property and may require the guardian to post bond regardless of the nomination of a non-resident guardian in the Will.
- Your child(ren) may become eligible for social security benefits and military dependent benefits in addition to any life insurance proceeds that you leave. The court **may not allow a non-resident alien or a foreign national** to control the minor child(ren)'s estate.
- Nomination of Guardian of the person and/or property:** The court **may** appoint someone **different** than the person who is nominated in your Will to act as guardian of the person and/or property based on the best interests of the child.

Do you wish to name a guardian for your children in the event that both you and the other biological parent or legal guardian (if one exists) are deceased OR you are deceased and the other legal parent is declared unfit by the court? Note: To avoid arguments and possible court battles you should not name co-guardians.

Yes (Please provide contact information for guardians(s) below)

No (If "no," then the court has no guidance from you about who you prefer to raise your children.)

Primary Guardian to care for and raise my children

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Guardian(s) to care for and raise my children

Full Name(First, Middle, Last)	Relationship to you	State of Residency

29. GUARDIAN OF CHILDREN’S ADDITIONAL MONTHLY BENEFITS: (E.g. Social Security/VA Benefits your child may receive as a result of your death). If the persons you select to raise your children above as guardians are not the same persons whom you have named as trustees/custodians, please select which persons should handle any additional monthly benefits the children may receive as a result of your death.

- I want the people named above as guardians above to **ALSO** handle any monthly benefits; or
 I want the other people I previously named as trustees or custodians to handle any monthly benefits.

FOR ATTORNEY USE ONLY:

-Must the persons you have appointed as guardian(s) post bond to cover any child(ren)’s property? Yes No
 -Must the guardian(s) file an accounting with the court upon request of the child(ren)? Yes No
 Does the State have limitations on guardianship to being resident of the state, parent, or blood relative? Yes No

30. FOR ACTIVE DUTY ONLY: (If you are NOT active duty please SKIP TO question 31). Your SGLI (currently \$400,000 maximum), Death Gratuity of \$100,000, and Unpaid Pay and Allowances are a very large part of our estate. **Do you want your SGLI benefits to be benefits paid out identically to this estate plan?** Yes No *(If “no,” please provide the names of your beneficiaries below.)*

SGLI Beneficiary Designations			
Name of Beneficiary	Relationship to You	Share	Lump Sum or 36 payments
Principal			
1.			
2.			
3.			
Contingent			
1.			
2.			
3.			

Do you want your Death Gratuity and Unpaid Pay and Allowances paid out identically to this estate plan?

- Yes No
 If “no,” who do you want the Death Gratuity to go to? _____
 If “no,” who do you want the Unpaid Pay and Allowances to go to? _____

FOR ATTORNEY USE ONLY:

CG PSC-2020D/NAVPERS 1070/602 (Record of Emergency Data) (See ALCOAST 427/08 or MILPERSMAN 1070-270)

– remind clients to keep this up to date identifying person authorized for disposition of remains, spouse and children for the death gratuity OR, if no spouse and children, to designate another beneficiary.

- Client counseled on SGLI and Death Gratuity
- Draft New SGLI
- Client counseled on CG PSC-2020D/ NAVPERS 1070/602 (Record of Emergency Data)/ Marine Corps (Record of Emergency Data)

Death Gratuity: If the servicemember does not designate a beneficiary of the Death Gratuity benefit (\$100,000) or only designates a portion of the Death Gratuity to a beneficiary, the portion not covered by a designation shall be paid in the order of precedence to the: 1. Surviving Spouse; 2. Surviving eligible children and the descendants of any deceased children; 3. Surviving parents; 4. the duly appointed Executor, or Administrator of the Estate; 5. Other next of kin entitled under the laws of the domicile of the servicemember at the time of the servicemember’s death.

- Draft New CG PSC-2020D/NAVPERS 1070/602 (Record of Emergency Data)/ Marine Corps (RED)

31. BENEFICIARIES WHO MAY BE UNDER A DISABILITY AND REQUIRE SPECIAL CARE: List any beneficiary who has or may have a physical or mental disability and is receiving government benefits, such as Medicaid and Supplemental Security Income (SSI). If you have any disabled beneficiaries, your Will should include a “supplemental needs trust” to protect the person’s government benefits. Please complete the section below if any of your beneficiaries have special needs.

Note: Trustees must be U.S. citizens or Lawful Permanent Residents

Name of Disabled Person:	Relationship to You:
Type of Disability:	Property, Percentage of Estate or \$ Amount:
Name of Trustee:	State where Trustee lives:
Name of Alternate Trustee:	State where Alternate Trustee lives:

FOR ATTORNEY USE ONLY: Is the State to be entitled to reimbursement of Medicaid payments? Yes No
Client referred to: _____ Date of Referral _____

32. DISPOSITION OF REMAINS: Please select your preferred method

- a. Have you already paid for your funeral arrangements (prepaid)? Yes No N/A
- b. Funeral Arrangements: Burial Cremation Full Donation
- c. Do you want Full Military Honors? Yes No N/A
- d. American Flag to eligible family member? (provided by Veterans’ Affairs) Yes No N/A
- e. American Flag to eligible family member? (paid for from your estate) Yes No N/A

Names of family members: _____

FOR ATTORNEY USE ONLY: Generally, an Appointment of Agent for Disposition of Remains document should not be issued to Active Duty clients. For Active Duty clients, the Agent for Disposition of Remains is appointed by the CG PSC-2020D/ NAVPERS 1070/602 (Record of Emergency Data)/Marine Corps (Record of Emergency Data). This section will allow you to insert the client’s desires for organ donation, and funeral arrangements within the Will and the Advance Medical Directive/Living Will/Health Care Power of Attorney.

THIS ENDS THE WILL PORTION OF THE WORKSHEET. PLEASE FILL OUT THE REMAINDER OF THE WORKSHEET TO OBTAIN OTHER IMPORTANT DOCUMENTS.

33. DURABLE POWER OF ATTORNEY FOR HEALTH CARE: This document appoints someone to make medical care decisions for you if you are too sick to make your own decisions or have an accident that causes you to be incapacitated. If you are incapacitated, medical professionals will need someone to legally authorize or decline certain medical or psychological treatment for because you cannot make your own medical decisions. The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf, including termination of life support in some states. It also gives your agent access to your medical information and authority to fully participate with your treating physicians with respect to the care provided to you. The person you designate to be your agent should be someone you trust with life and death decisions and someone who is at least 18 years of age. If you do not create this document and you are in a medical situation where these decisions need to be made, it is very likely that a court hearing will have to occur before the decisions can be made by anyone. A court hearing on this matter can be very costly. Creating a Power of Attorney for Health care now can save significant money and prevent other inconveniences to your family.

Do you want a POA for health care? Yes No (If "yes," please provide the name(s) of your agent(s) below)

Primary Agent (1 st choice)	Alternate Agent (2 nd choice)
Name/Relationship	Name/ Relationship
Full Address	Full Address
Phone Number	Phone Number

34. ORGAN DONATION

- a. Do you want to authorize the donation of organs for transplantation? Yes No
- b. Do you want to authorize donation of organs and tissue for medical, educational and scientific purposes? Yes No
- c. If you wish to OMIT certain organs for donation please list here: _____
- d. 4. If you are near death and the medical profession suggests hospice or indicates that there is no hope left, do you wish to express a desire to die at home or in a hospice rather than in the hospital if possible? Yes No

35. LIVING WILL/ADVANCED MEDICAL DIRECTIVE/DECLARATION: A Living Will is **not** part of your last Will and Testament. A Living Will is more accurately called a natural death act declaration. It allows you to authorize termination of artificial life support in the event that you have a terminal, incurable medical condition, your life is being prolonged only by means of artificially provided life support, AND you cannot personally communicate your desires to your doctors. It has no effect until then and will only "speak for you" if and when you are incapacitated so your doctors know, and can act upon, your desires regarding the termination of artificial life support. You can limit the types of life-prolonging treatment administered during the dying process. Your attorney will discuss your right to expand or limit medical service that might be provided while still retaining the right to terminate life support pursuant to the Living Will. Please note that many people mistakenly believe that their next of kin have the legal right to make this decision regardless of whether there is a formal document signed by them authorizing such decisions. However, this is not the case in many states. If you do not have this document, then the only person with the legal authority to make a decision about whether to remove you from life support or not could be a judge after a court hearing.

Do you want to create a Living Will? Yes No

36. FLORIDA RESIDENTS ONLY: If you want a living will, do you want to name a separate agent (called a surrogate in Florida) for your living will (if not, your agent will be the same as for your health care power of attorney) Yes No (If "yes," please identify agent's name, address, and phone number): _____

37. FEMALE CLIENTS ONLY: You can chose to limit the power of your Living Will during a pregnancy by indicating that no medical actions can occur that would adversely impact the viability of your fetus.

Do you want your Living Will/health care power of attorney to contain an exception limiting its scope during pregnancy? Yes No

For Attorney Use Only: In what State should the document apply? _____
 Discussed requirement to designate a person authorized to direct disposition of remains in CG PSC-2020D/NAVPERS 1070/602 (Record of Emergency Data)

38. SPRINGING DURABLE “FINANCIAL” POWER OF ATTORNEY: Your Will takes effect after your death, but you should also plan for who can handle your finances when you might be mentally or physically unable to do so because of illness or accident. Because you are of sound mind right now, you can also legally appoint someone to handle your financial and property management affairs if you ever become incapacitated for any reason, whether through illness, accident or other incident that prevents you from communicating.

If you do not appoint an agent under this type of document, then whoever decides to try to handle your affairs in the event of your incapacitation (including your spouse) will need to go to court to have you declared incompetent to handle your own financial affairs. To protect yourself, you can appoint an agent for yourself through this springing durable power of attorney.

Your attorney-in-fact will have great authority over your affairs and must be over the age of 18. Not only can he or she keep your affairs in order, but he or she has the ability to abuse this document at your expense for his or her own gain so the person you select must be highly trustworthy. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document and notifying your attorney-in-fact..

a. Do you want a Spring Durable Power of Attorney?

- Yes (Please provide contact information for guardians(s) below)
 No (If “no,” please sign at the bottom of this page. Your worksheet is complete.)

b. Do you want the same person(s) you named as your medical agent(s) to also serve as your agent for the Springing Durable Power of Attorney? Yes No (Please provide contact information below)

c. Who do you wish to appoint as your agent? (Note: Your agent must be at least 18 years of age and should be a U.S. Citizen or Lawful Permanent Resident.)

Primary Agent	Alternate Agent
Name/Relationship	Name/Relationship
Address	Address
Phone Number	Phone Number

If you are unable to take care of yourself and a court needs to appoint a guardian or conservator to take care of you, do you want the court to appoint the person(s) named above as your guardian or conservator? Yes No

For Attorney Use Only: All states honor 10 U.S.C §1044 Durable Springing Powers of Attorney. If you are not preparing the POA under 10 U.S.C. §1044 then you must check state law to confirm whether the POA may be a Springing POA.

Is the Power of Attorney to:

- Sell your real property if you own any at the time?
- Make a gift of any asset in the client’s estate to himself or herself or to beneficiaries?
- Create an irrevocable income trust to qualify for Medicaid?
- Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which you have been designated the beneficiary) if doing so will benefit your estate
- Deal with IRA, retirement and pension plans on your behalf
- Prepare (or have a tax person prepare) and file your income taxes for you

Compensation for Agent: Not discuss compensation Reasonable compensation Agent waives compensation

Liability for Agent: No liability to 3rd parties for negligence Liability to 3rd parties for negligence

I authorize the attorney or his or designee to contact me at the email address listed on page seven and send a draft of my documents for my review to that same email address.

CLIENT SIGNATURE: _____

DATE: _____

END OF THE WORKSHEET

Department of Veterans Affairs Information on Headstones and Markers

Headstones and Markers. If the remains are interred in a National Cemetery, a headstone or marker will be furnished without application. An application must be submitted to the Department of Veterans Affairs for a headstone (or marker) to mark the grave in a private cemetery. Application must be made on VA form 40-1330.

Ordering a Headstone or Marker

When burial or memorialization is in a national, post, or state veterans' cemetery, a headstone or marker will be ordered by the cemetery officials based on inscription information provided by the next of kin.

When burial is in a private cemetery, [VA Form 40-1330, Application for Standard Government Headstone or Marker](#) (PDF), must be submitted by the next of kin or a representative, such as funeral director, cemetery official or veterans counselor, along with [veterans military discharge documents](#), to request a Government-provided headstone or marker. Do not send original documents, as they will not be returned.

Important Notice - New Law Concerning Eligibility for Headstones and Markers

Public Law 110-157, signed on December 26, 2007, allows the Department of Veterans Affairs (VA) to furnish a Government headstone or marker for the graves of eligible veterans who died on or after November 1, 1990, regardless of whether the grave is already marked with a privately purchased headstone or marker. Under the previous law, when the grave was already marked, only veterans who died on or after September 11, 2001 were eligible.

Public Law 110-157, also gives VA authority to "furnish, upon request, a [medallion](#) or other device of a design determined by the Secretary to signify the deceased's status as a veteran, to be attached to a headstone or marker furnished at private expense." This benefit will be available in lieu of a Government furnished headstone or marker, for veterans in privately marked graves who died on or after Nov. 1, 1990.

We currently estimate the new new device will be available in spring 2009. Please continue to monitor the [new headstone device](#) web page for updated information regarding this new benefit.

Important: Eligible veterans are entitled to either a Government-furnished headstone or marker, or the new device, but not both. If you think you may be interested in applying for the new device, we will begin accepting applications once a contract has been awarded for the manufacture of this new product. Application instructions will be posted on this website. If, after seeing the final new device design, you change your mind, you will still have the option to apply for a traditional Government-furnished headstone or marker.

There is no change in eligibility for veterans in unmarked graves: Regardless of the date of death, VA will furnish, at no charge to the applicant, a Government headstone or marker for the unmarked grave of any eligible veteran in any cemetery around the world.

Note: There is no charge for the headstone or marker itself, however arrangements for placing it in a private cemetery are the applicant's responsibility and all setting fees are at private expense.

Types of Headstones and Markers Available

[Important Notice - New Law Concerning Eligibility for Headstones and Markers](#)

NEW HEADSTONE DEVICE

The Department of Veterans Affairs is in the preliminary stages of designing a device to be affixed to an existing privately purchased headstone or marker to signify the deceased's status as a veteran.

If requested, this new product will be furnished in lieu of a traditional Government headstone or marker to those veterans that died on or after November 1, 1990, and whose grave is marked with a privately purchased headstone or marker.

We estimate this new device will be available in spring 2009 and we will begin accepting applications at that time.

Important: This benefit is only applicable if the grave is marked with a privately purchased headstone or marker. In these instances, eligible veterans are entitled to either a traditional Government-furnished headstone or marker, or the new device, but not both.

If you think you may be interested in applying for the new device, we will begin accepting applications once a contract has been awarded for its manufacture. Application instructions will be posted on this website. If, after seeing the final new device design, you change your mind, you will still have the option to apply for a traditional Government-furnished headstone or marker.

Please continue to monitor this site for updated information regarding this new product.

UPRIGHT TYPES:

These headstones are 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining. (*Shown is the Upright Marble*)

Upright Marble or
Upright Granite



FLAT TYPES:

The flat bronze grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The government does not furnish a base.

The flat granite and flat marble grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining. *(Shown is the Flat Granite)*

Bronze

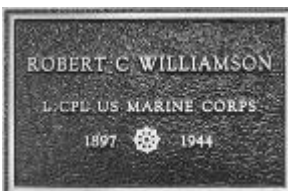
Flat Granite or Flat Marble



BRONZE NICHE:

This niche marker is 8 1/2 inches long, 5 1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker.

Bronze Niche


































NOTE: [Pre-World War I Era Headstones and Markers](#) - In addition to the headstone and markers pictured, two




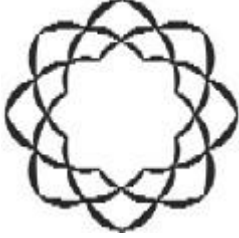


special styles of upright headstones are available for Civil War era veterans - one for those who served with the Union Forces and another for those who served with the Confederate Forces. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed documentation that supports eligibility.

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Available Emblems of Belief for Placement on Government Headstones and Markers

EMBLEM		
01	CHRISTIAN CROSS	
02	BUDDHIST (Wheel of Righteousness)	
03	JUDAISM (Star of David)	
04	PRESBYTERIAN CROSS	
05	RUSSIAN ORTHODOX CROSS	
06	LUTHERAN CROSS	
07	EPISCOPAL CROSS	
08	UNITARIAN CHURCH/UNITARIAN UNIVERSALIST ASSOCIATION	
09	UNITED METHODIST CHURCH	
10	AARONIC ORDER CHURCH	
11	MORMON (Angel Moroni)	
12	NATIVE AMERICAN CHURCH OF NORTH AMERICA	
13	SERBIAN ORTHODOX	
14	GREEK CROSS	
15	BAHAI (9 Pointed Star)	
16	ATHEIST	
17	MUSLIM (Crescent and Star)	

18	HINDU	
19	KONKO-KYO FAITH	
20	COMMUNITY OF CHRIST	
21	SUFISM REORIENTED	
22	TENRIKYO CHURCH	
23	SEICHO-NO-IE	
24	CHURCH OF WORLD MESSIANITY (Izunome)	
25	UNITED CHURCH OF RELIGIOUS SCIENCE	
26	CHRISTIAN REFORMED CHURCH	
27	UNITED MORAVIAN CHURCH	
28	ECKANKAR	
29	CHRISTIAN CHURCH	
30	CHRISTIAN & MISSIONARY ALLIANCE	
31	UNITED CHURCH OF CHRIST	

32	HUMANIST EMBLEM OF SPIRIT	
33	PRESBYTERIAN CHURCH (USA)	
34	IZUMO TAISHAKYO MISSION OF HAWAII	
35	SOKA GAKKAI INTERNATIONAL - USA	
36	SIKH (KHANDA)	
37	WICCA (Pentacle)	
97	CHRISTIAN SCIENTIST (Cross & Crown)	Not shown because of copyrights.
98	MUSLIM (Islamic 5 Pointed Star)	Not shown because of copyrights.