



DATE POA WORKSHEET WAS HANDED IN: \_\_\_\_\_  
SPECIAL NOTES: \_\_\_\_\_

# POWER OF ATTORNEY WORKSHEET

MICHIGAN AIR NATIONAL GUARD  
BATTLE CREEK, MI 110 ATKW/JA

THE FOLLOWING INFORMATION IS NECESSARY IN ORDER TO PREPARE YOUR POWER OF ATTORNEY. IT IS IMPORTANT THAT YOU PRINT CLEARLY BECAUSE THE INFORMATION YOU PROVIDE WILL BE INCORPORATED *DIRECTLY* INTO THE FINAL DOCUMENT. ADDITIONALLY, INFORMATION PROVIDED IS PRIVILEGED. HOWEVER, IF INFORMATION IS NOT PROVIDED, INDIVIDUAL WILL NOT BE ABLE TO OBTAIN LEGAL DOCUMENTS FROM THE 110 FW/JA OFFICE.

**NAME** (First, Middle, Last): \_\_\_\_\_  
Rank: \_\_\_\_\_ Duty Number: \_\_\_\_\_ Unit/Org: \_\_\_\_\_

**RESIDENCE:**

State of Legal Residence: \_\_\_\_\_  
Current address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Base Extension: \_\_\_\_\_

**MARITAL STATUS:** (Select the most appropriate):

- |  |   |
|--|---|
| _____ Married once, my spouse is alive | _____ Widow/widower                           |
| _____ Divorced, not presently married  | _____ Presently married, had a prior marriage |
| _____ Single, never married            | _____ Divorced, not presently married         |
| _____ Other _____                      |   |

**TYPE OF POWER OF ATTORNEY:** (CHECK THE ONE(S) YOU NEED)

- GENERAL (Allows the agent to do everything the principal can do)
- SPECIAL (Limits the acts of your agent) (CHECK THE ONE(S) YOU NEED)
  - Sell/Register/Use of Car: Year/Make/Model/VIN \_\_\_\_\_.
  - Sale/Purchase/Lease of Real Estate: Legal and common description of property. \_\_\_\_\_.
  - Banking Transactions: \_\_\_\_\_.
  - Medical Care for a child
  - Custodial Care for a Child
  - Other: \_\_\_\_\_.

Please continue to the other side.

**EXPIRATION DATE:** \_\_\_\_\_

(Note: If no expiration date is given, a general power of attorney will expire 1 year from date of execution, and a special power of attorney will expire 6 months from date of execution in accordance with Michigan State Law.)

**CHILDREN:**

How many children do you have (including adopted & stepchildren)? \_\_\_\_\_

If for dependent care: (Check the one you need)  Primary Care Provider  Temporary Care Provider

<b>NAME (First, Middle, Last)</b>	<b>Date of Birth</b>	<b>Age</b>	<b>GENDER (M/F)</b>

**WHO ARE YOU GIVING THIS POWER OF ATTORNEY TO?**

**APPOINTEE/AGENT:** (Please provide the name, address and relationship of your first choice of agent.)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

Please provide the name, address, phone number, and relationship of your second choice of agent:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

If you want a second agent, do you want? (CHECK THE ONE(S) YOU NEED)

- Both agents to have the authority to act separately.
- To require both agents to act jointly unless one is incapacitated.
- The second agent to be as a successor, acting only if the first choice cannot.

**REGULAR HOURS OF OPERATON ARE  
BASED ON AVAILABILITY DURING UTA  
WEEKENDS**

SATURDAY 0900-1130; 1300-1600  
SUNDAY 0830-1130; 1300-1600  
OR BY APPOINTMENT

**CONTACT INFORMATION:**

PHONE: 269-969-3232  
EMAIL: [david.l.hunter86.mil@mail.mil](mailto:david.l.hunter86.mil@mail.mil)  
ADDRESS:  
110<sup>th</sup> ATKW/JA  
3545 Mustang Ave  
Battle Creek, MI 49015  
FAX: 269-969-3508

**110<sup>th</sup> LEGAL OFFICE STAFF:**

Maj David L. Hunter, SJA  
Cpt. Patricia L. Spiegel, DSJA  
TSgt Michael Sian, NCOIC  
SrA Christian C. Grose, Paralegal

DATE WORKSHEET WAS HANDED IN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

## ESTATE PLANNING QUESTIONNAIRE

# *Last Will and Testament*

**Plus**

- Living Will
- Durable Medical Power of Attorney
- Durable General Power of Attorney
- Final Wishes
- Trust



110 ATKW/JA  
Battle Creek Air National Guard Base

**REGULAR HOURS OF  
OPERATION ARE BASED ON  
AVAILABILITY DURING UTA  
WEEKENDS**

SATURDAY 0900-1600  
SUNDAY 0900-1600  
OR BY APPOINTMENT

**CONTACT INFORMATION:**

PHONE: 269-969-3232

EMAIL:  
[david.l.hunter86.mil@mail.mil](mailto:david.l.hunter86.mil@mail.mil)

ADDRESS:  
110<sup>th</sup> ATKW/JA  
3545 Mustang Ave  
Battle Creek, MI 49015

FAX: 269-969-3508

**110<sup>th</sup> LEGAL OFFICE STAFF:**

Maj: David Hunter, SJA  
Cpt: Patricia Speigel, DSJA  
TSgt: Michael Sian, Paralegal  
SrA: Christian Grose, Paralegal

DATE WORKSHEET WAS HANDED IN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**NAME** (First, Middle, Last): \_\_\_\_\_

Are you a U.S. citizen?     Yes     No

Sex?                             Male     Female

**RESIDENCE:**

State of Legal Residence: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Base Extension: \_\_\_\_\_

**DOCUMENTS YOU WANT PREPARED:** (Check all that apply)

Will – a document that formally states how you want your property divided when you die.

Living Will – a document that formally states your desire not to be kept alive by extraordinary medical means and leaves directions for your health care providers.

Durable Power of Attorney for Health Care – a document in which you delegate to an agent the power to make health care decisions for you in the event you become incapacitated.

Springing Durable General Power of Attorney – a document in which you delegate to an agent the power to make financial and other non-health care decisions for you in the event you become incapacitated.

Last Wishes.

A trust for my Children.

**MARITAL STATUS:** (Select the most appropriate):

Married once, my spouse is alive

Widow/widower

Presently married, had a prior marriage

Divorced, not presently married

Single, never married

Other \_\_\_\_\_

*(If married)*

**Spouse's Name** (First, Middle, Last): \_\_\_\_\_

Is your spouse a U.S. citizen?     Yes     No

Does your spouse currently reside with you?     Yes     No

If no, please provide your spouse's current address: \_\_\_\_\_

**Military Status:** (Select the most appropriate):

In Service                             A spouse of person in service

Retired from service                             Stationed outside of domicile – place: \_\_\_\_\_

A dependant of a person in service

**CHILDREN:**

How many children do you have (Including adopted & stepchildren)? \_\_\_\_\_

More children are anticipated

No more children are anticipated

Adopted children are to be expressly included

Adopted children are to be expressly excluded

This Will is to be silent to adopted children issue

\_\_\_\_\_ There are grandchildren

Please list your children's names, ages and whether they are your biological (B), adopted (A) or stepchildren (S):

NAME (First, Middle, Last)	AGE	GENDER (M/F)	TYPE (B/A/S)

**VALUE OF ESTATE:**

Select the total estimated value range of your estate (assets), INCLUDING the value of all of your life insurance, your financial accounts, and any real estate you own.

- \_\_\_\_\_ Over \$1,500,000\*
- \_\_\_\_\_ \$500,000 - \$1,500,000
- \_\_\_\_\_ Under \$500,000

\*If you think the value of your estate exceeds \$1.5 million, it may be subject to estate taxes and its complexity may exceed the expertise of the legal assistance attorney.

**FAMILY FARM/FAMILY-OWNED BUSINESS:**

Do you have a farm or family-owned business? \_\_\_\_\_ Yes \_\_\_\_\_ No

**REAL ESTATE:** (Frequently, a husband and wife own real estate jointly with the right of survivorship. If you and your spouse own your home or other property that way, your will may not affect how your ownership interest passes when you die. Even if you do not own your home jointly, your spouse may be entitled to a certain percentage of your estate, including your home, regardless of your will or may have other rights, such as the right to live in your home even if you give your home to someone else.)

Do you own real estate jointly with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own real estate other than jointly with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how do you wish to give your real estate?

- \_\_\_\_\_ All to my spouse.
- \_\_\_\_\_ My home to my spouse and the rest of my real estate to pass with the rest of my estate.
- \_\_\_\_\_ To pass with the rest of my estate.
- \_\_\_\_\_ Different properties to different beneficiaries. (Please list each property by address, to whom it is to be given and their relationship to you.)

Property Address	Recipient	Relationship

**DISTRIBUTION OF PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY:**

How do you wish to give your personal property?

- All to my spouse.
- All to my spouse, and if your spouse dies, then equally to your children. You may check this box if and your spouse don't currently have children but expect to have children.
- Specific items are to go to specific individuals as set forth below with all items not listed passing to my spouse.
- Specific items are to go to specific individuals as set forth below with all items not listed passing with the rest of my estate (residuary estate) to someone other than my spouse as set forth below.
- To pass with my residuary estate.
- If you are single or want to have some other distribution, then please place a mark on the line and complete the following information below:

Names of Primary Beneficiaries	Relationship	Percentage (must add up to 100%)

**ALTERNATE BENEFICIARIES:**

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

Names of Alternate Beneficiaries	Relationship	Percentage (must add up to 100%)

**SPECIFIC GIFTS:** You can make specific gifts of cash, real estate or personal property to specific people or charities in your will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests may complicate probate if the property given cannot be found at your death. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no specific bequests, all of your property will pass as part of your residuary estate (discussed below).

Do you want to leave any specific property to specific people, or make any cash gifts, before distributing the remainder of your estate?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

SPECIFIC PROPERTY DESCRIPTION	BENEFICIARY'S NAME (First, Middle, Last)	RELATIONSHIP OF BENEFICIARY

**RESIDUARY ESTATE:** Your residuary estate is whatever property remains after paying debts and expenses of administration and making the specific gifts described above. Because many people do not make specific bequests, the residuary estate usually describes all the property left to your beneficiaries. Please note that if you are married, your spouse may be entitled to a certain percentage of your estate, regardless of your will.

To whom do you want to leave your residuary estate?

- \_\_\_\_\_ All to my spouse if he/she survives me, and if not, then to my children.
- \_\_\_\_\_ A minimum bequest to my spouse, disinheriting him/her to the fullest extent of the law, with the remainder distributed as set forth below.
- \_\_\_\_\_ To those beneficiaries as set forth below.

BENEFICIARY'S NAME (First, Middle, Last)	RELATIONSHIP OF BENEFICIARY	Percentage of Estate

ALTERNATE BENEFICIARY'S NAME (First, Middle, Last)	RELATIONSHIP OF BENEFICIARY	Percentage of Estate

**PERSONAL REPRESENTATIVE:** Your personal representative ensures your estate is settled upon your death. This ordinarily involves going through “probate,” a court-administered procedure for settling an estate as provided in your will or under State law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets and filing any necessary tax returns. Any adult may serve as your personal representative. If possible, you should select family members who are residents of the same State as your legal residence or the state where you own real estate.

Who do you wish to appoint as your Personal Representative? \_\_\_\_ Yes \_\_\_\_ No

	<b>PERSOANL REPRESENTATIVE'S NAME (First, Middle, Last)</b>	<b>RELATIONSHIP OF PERSOANL REPRESENTATIVE'S</b>
<b>Primary Personal Representative</b>		
<b>First Alternative</b>		
<b>Second Alternative</b>		
<b>Third Alternative</b>		

**GUARDIANSHIP:** If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you are divorced, the court will usually appoint the child's natural parent, your former spouse, as guardian even if you provide otherwise in your will. You should still name a guardian, however, in case your former spouse dies before you or for any reason cannot act as the guardian.

If the surviving natural parent of your child/children does not survive you, whom do you wish to appoint as your child/children's Guardian?

<b>NAME OF GUARDIAN(s) (First, Middle, Last)</b>	<b>YOUR RELATIONSHIP TO GUARDIAN</b>

Who will be the alternate Guardian(s), if any?

<b>NAME OF ALTERNATE GUARDIAN(S) (First, Middle, Last)</b>	<b>YOUR RELATIONSHIP TO ALTERNATE(S)</b>

**DISTRIBUTION OF ESTATE TO MINOR CHILDREN:** Usually, gifts to minor children are controlled by the guardian of the children and can be used at that person's discretion. In certain situations, such as divorce or stepchildren, a person may want one individual to act as guardian for the children while another person acts as guardian of the property of the children. The guardian of the property has the authority to dispense the children's property only for the benefit of the children, for example health and education costs. Creating this arrangement, however, may lead to disputes between the guardian of the children and guardian of the children's property.



If your minor children inherit your estate, who do you want to manage it for them?

- The Guardian of the child/children.
- A Guardian of Property, distinct from the Guardian of the child/children. If so, please provide a Guardian of Property: \_\_\_\_\_.
- The Executor/Personal Representative.
- I want a trust. Normally, a guardian or executor can effectively (and much less expensively) manage any property that is left to a minor child. However, a trust *may* be appropriate in certain, limited circumstances (discuss with your legal assistance attorney). If the money has not been used up to my children’s health, education, etc..., give the remainder as follows (choose one):
  - ½ at 21 and ½ at 25
  - 1/3 at 21; 1/3 at 25; and 1/3 at 30
  - 1/3 at 25; 1/3 at 30, and 1/3 at 35
  - Customize installment as described here: \_\_\_\_\_.
- Yes  No: Must the trustee be bonded to protect your beneficiary’s estate?

	TRUSTEE’S NAME (First, Middle, Last)	RELATIONSHIP OF Personal Representative	Address
Primary Trustee			
First Alternative Trustee			
Second Alternative Trustee			

**ADVANCE MEDICAL DIRECTIVE/“LIVING WILL”**: An advance medical directive or “living will” is separate from your will, but may be an important part of your estate plan. This document states your desires that you not be maintained on medical life support in the event you have a terminal, incurable medical condition where your life is only being prolonged by means of artificially provided life support. This document is only relied upon if such cases where you cannot communicate your wishes.

Do you want a living will?  Yes  No

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AGENT TO MAKE HEALTH CARE DECISIONS**: Another important document is a durable power of attorney for health care. You may execute this document in addition or instead of a “living will.” A power of attorney for health care is broader than a “living will.” In this power of attorney, you appoint someone to act as your agent to make any and all medical decisions for you. This person will only be able to make health care decisions for you if you are unable to do so. In addition, this appointed person will have access to your medical records and be able to full participate with your treating physicians in deciding the care you receive if you are incapacitated. As such, the person you designate to be your agent should be someone you trust with life and death decisions.

Do you want a durable power of attorney for health care?  Yes  No  
If so, please designate an agent:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_  
 Telephone no.: \_\_\_\_\_

Please provide the name, address, phone number, and relationship of your second choice of agent:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

If you want a second agent, do you want:

- Both agents to have the authority to act separately.  
 To require both agents to act jointly unless one is incapacitated.  
 The second agent to be as a successor, acting only if the first choice cannot.  
 Other: \_\_\_\_\_

**Authority of agent(s):** You can grant your agent(s) the authority to donate your organs and tissue and/or express your desire to die at home rather than in a hospital.

Do you want to grant your agent(s) the authority to donate your organs for transplants?  Yes  
 No

Do you want to grant your agent(s) the authority to donate your organs and tissue for other medical, educational or scientific purposes?  Yes  No

Is the authority to donate organs to expressly include certain organs or to contain other detailed restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want your estate plan to include a statement indicating desire to die at home rather than in a hospital?  Yes  No

**SPRINGING DURABLE GENERAL POWER OF ATTORNEY:** Your will enables you to dispose of your property as you wish *after* you die. While you are living, you have the right to decide what happens to that property as long as you are of sound mind. But if you become incapacitated, and cannot handle your own affairs, a court order may revoke your right to manage your own money/property and appoint a guardian or conservator. To protect you from this, you may appoint an agent through a power of attorney.

A power of attorney is your written authorization for someone to act on your behalf, for whatever purpose you designate. A **springing durable** power of attorney can take effect when you **become** unable to manage your own personal and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document. If you choose to have a springing durable general power of attorney, remember to name someone you trust as your attorney-in-fact. Your agent will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense.

Would you like a springing durable general power of attorney?  Yes  No

Do you want your spouse to act as your agent?  Yes  No

Unless you selected your spouse to act as your agent **and** your spouse has the same address as you do, please provide the name, address and relationship of your first choice of agent:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

Please provide the name, address, phone number, and relationship of your second choice of agent:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

If you want a second agent, do you want?

- Both agents to have the authority to act separately.
- To require both agents to act jointly unless one is incapacitated.
- The second agent to be as a successor, acting only if the first choice cannot.

**FINAL WISHES:** You may have a strong desire regarding your funeral (for example, burial or cremation). As a practical matter, your funeral may have been carried out by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, we recommend that you tell your desires to your next of kin at your earliest opportunity other than in your will, often in a letter that accompanies your will.

**You should tell the appropriate family members of your desires NOW!**

At my death, I prefer: (Check all that apply)

- To return to my home for my last moments.
- To spend my last moments in a hospital.
- To be cremated.
- To have my body given for medical or scientific purposes.
- To be buried at a specified gravesite or location. (Please specify location): \_\_\_\_\_
- To be buried at sea.
- To be buried with full military honors. (You may select this option in addition to one of the above.)
- Other: \_\_\_\_\_
- I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me.



## **Air Personnel - Need a will or Power of Attorney, Will, or have a legal question?**

**The Air Force Legal Assistance Website (<https://aflegalassistance.law.af.mil>) is the resource for you. The site's features include:**

**Legal Worksheets:** Access to online questionnaires for wills, advance medical directives, and powers of attorney.

**Legal Topics:** Short papers on common legal assistance topics such as wills and family law issues. It also contains links to other helpful sites.

**Online Survey:** Following a visit to the legal office, clients are encouraged to provide feedback concerning the professionalism and helpfulness of our legal professionals.

If you need a will, the website will help you obtain one quickly. Eligible legal assistance beneficiaries can complete the will worksheet online. Getting a power of attorney is also quicker. Simply fill out the power of attorney application on-line. Once you have completed either one of these worksheets online you will receive a ticket number.

**Once you have completed your will/POA worksheet(s), either send an e-mail (not via the legal assistance website, but in your own email program) with your last name and ticket number(s) to [110aw.jag@ang.af.mil](mailto:110aw.jag@ang.af.mil), or save a copy of your worksheet(s) as a word document and then e-mail the document(s) to [110aw.jag@ang.af.mil](mailto:110aw.jag@ang.af.mil). This email will be delivered to the 110<sup>th</sup> Legal Office at Battle Creek, who is the servicing Legal Assistance office for JFHQ Air Personnel. Once received, the staff will draft your will/POA and notify you of its completion.**

**If you have any questions, please contact the 110<sup>th</sup> Legal Office at this email address. Some questions will ultimately require an appointment, necessitating your travel to the 110<sup>th</sup> Legal Office, which is located in the Wing Headquarters Building at Battle Creek ANGB.**

**Once final drafts of the documents are completed, you have the option of traveling to Battle Creek to sign and execute the documents, or you can the 110<sup>th</sup> Legal Office can provide you with instructions as to how to execute the documents through non-military channels.**

Because the AF Legal Assistance Website is a public site, clients may access the site's features from the comfort of their homes without a CAC. Many clients have visited a legal office to obtain a will or other legal document, and realize after arriving that they need to gather more information or documents from home, or need to discuss an issue with their spouse. Completing an online worksheet will help minimize these multiple visits.

The site is designed for eligible legal assistance beneficiaries, including active duty and reserve component members, retirees, and dependents. Information on the website is for educational and informational purposes only. The website cannot replace consultation with your local JAG, and Airmen should never rely solely on the website when making decisions.