

Deployment Readiness Workbook

Brought to you by the



Deployment can be a hard time for families. However, advance preparation will greatly mitigate these difficulties. The Family Action Board has created this Deployment Readiness Workbook to help your family prepare. The checklists will help you remember what needs to be done. The worksheets are to be filled out. Some will be distributed to caregivers, etc, and others will be kept together in a safe place with your other important documents.

Most of these worksheets are taken from the Emergency Preparedness Workbook, available at www.familyactionboard.org. This website also contains links to other sites helpful to deployed families. Please make your family aware of this site.

The Family Action Board was created to help families like yours. Your family should feel free to contact us through our website with concerns and suggestions.

Good luck to you and your family with your upcoming deployment! We appreciate your sacrifices on behalf of our country.

The Family Action Board

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Pre-Deployment Checklist

Use the following checklist to keep track of what needs to be done prior to deployment. Worksheet numbers are given for corresponding worksheets.

Section 1: Personal Matters

- Fill out "Summary of Vital Information": Worksheet 1.1
- Give your unit info and **permission** to contact your family. Worksheet 1.2
- Make a communication plan with loved ones and caregivers.
- Contact Work/Life Services for family support information at 443-476-0969.
- Designate long-term and/or emergency caregivers.
- Provide family information to caregivers. Worksheet 1.3 & Worksheet 1.4
- Provide medical records and/or instructions to caregiver, if necessary.
- Make transportation arrangements with caregivers.
- Make arrangements for pet care. Worksheet 1.5
- Notify schools/day cares of new caregiver arrangements. Worksheet 1.4
- Introduce family members to new caregivers.
- Obtain necessary ID cards for family members.
- Have necessary personal conversations with children and other loved ones.
- Check out www.familyactionboard.org and join the Family Action Network.
- Update address book to take on deployment.
- Note important dates to remember while deployed. Worksheet 1.6
- Arrange for someone to attend key events during absence. Worksheet 1.6
- Sign your family up for Life Care. Worksheet 1.7
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Section 2: Legal Matters

- Execute powers of attorney and distribute. Appendix A
- Execute will. Appendix B
- Centralize vital documents. Worksheet 2.1
-
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Section 3: Financial Matters

- Make financial arrangements with caregivers.
- Create a budget (visit the EAS Online Financial Resource Center at familyactionboard.org)
- Create bill payment plan. Worksheet 3.1
- Make needed direct payment and direct deposit arrangements.
- Enroll in health insurance and select doctors/dentists. Worksheet 3.2
- Obtain or review coverage on other insurance. Worksheet 3.2
- Make tax filing arrangements.
- Make sure spouse has check book, credit cards, ATM cards, etc.
-
-

Section 4: Practical Matters

- Make needed home repairs.
- Make needed auto repairs.
- Put security measures in place.
- Make a list of auto and home repair resources. Worksheet 4.1
- Put important maintenance tasks on the calendar. Worksheet 4.1
- Make moving arrangements, if necessary.
- Locate important owners manuals or write down instructions. Worksheet 4.1
- Start working on the Emergency Preparedness Checklist. Worksheet 4.2
- Centralize and label all keys.
- Share all relevant passwords and PINs.
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Distribution of Worksheets: Keep all worksheets at home in a safe place, unless indicated below. You may need to make photocopies.

Worksheet #:	To Be Given To:
Worksheet 1.1	family members
Worksheet 1.2	employer
Worksheet 1.3	caregivers
Worksheet 1.4	all caregivers, daycares, and schools
Worksheet 1.5	pet caregiver
Powers of Attorney	medical records, caregivers, schools, etc, (as needed)

Worksheet 1.1: Summary of Vital Information

Keep this worksheet handy at home and safely on your person.

Family member name	Birth date and social security number

Deployed spouse info	
full name	
rank and pay grade	
social security #	
birth date	
unit/company	
unit commander	
unit phone #	
emergency #	
ID card #	
Deployed location (if releasable)	
Deployed mailing address	

(continued on back)

Worksheet 1.1 (cont')

Contact	Contact information/ account #s
neighbor #1	
neighbor #2	
out-of-state contact*	
out-of-state contact*	
religious contact	
primary care doctor	
dentist	
orthodontist	
pediatrician	
OB/GYN	
veterinarian	
bank	
attorney	
accountant	
health insurance	
home insurance	
auto insurance	
schools	
work	
relative	
relative	

* Out-of-state calls are easier in emergencies when phone systems are stressed.

Worksheet 1.2: Emergency Contact Information for Employer

Give this form to your unit so that family members may be contacted in case of emergency. Also, if the unit offers special family support programs during the deployment, it will be able to contact your family to let them know. **It is vital that you give permission for the unit to contact family members, or notifications may be greatly delayed.**

Also, consider who you would want contacted first in the event of death or other tragedy while you are deployed. This may be someone other than your spouse.

Person(s) to be contacted under tragic circumstances:

Name	relationship	phone #s, e-mail, address, etc.

Person(s) to be contacted for family support activities during deployment:

Name	relationship	phone #s, e-mail, address, etc.

Please sign and date below, giving your unit permission to contact your family members and loved ones.

I, _____, give permission for my employer to contact my family members and/or loved ones in the event of an emergency, or to provide them with information.

_____ name

_____ date

Worksheet 1.3: Dependent Information for Caregivers

Give a copy of this form to all caregiver designees. If a dependent has medical issues, provide a copy of the "Physical/Medical Information Worksheet". Attach additional instructions, as necessary.

Attach a map or directions to:

1. Residence 2. School 3. Day-Care Providers 4. Medical Facility

	DEPENDENT NAME	DEPENDENT NAME	DEPENDENT NAME
FULL NAME			
DATE OF BIRTH			
MALE OR FEMALE			
NAME, ADDRESS & TELEPHONE OF SCHOOL (attach map)			
NAME, ADDRESS & TELEPHONE OF AFTER- SCHOOL FACILITY Youth Centers or Routine Care Provider (attach map)			
PRIMARY CARE PHYSICIAN NAME & TELEPHONE			
MEDICAL INSURANCE Name, Telephone & Policy Number/Identification			
LOCATION OF MEDICAL RECORDS			
SPECIAL NEEDS behavioral changes, disorders, medications, phobias, language limitations, etc.			
POWERS OF ATTORNEY EXECUTED types & location			
SCHEDULE INFORMATION (i.e. religious, sports, etc.)			
COMFORT ITEMS (i.e. favorite toy, food or pet, etc.)			
GUIDELINES FOR DISCIPLINE (i.e. dating, homework, TV/video, snaking, bedtime, etc.)			

Worksheet 1.4 Emergency Contact Info for Caregivers

Complete this form and give it to ALL caregiver designees so they know how to contact you and other important people in an emergency. Give a copy to your out-of-state contact. Include address, all telephone numbers and email address.

CONTACT INFO FOR NON-DEPLOYED PARENT

--

EMERGENCY CONTACT INFO FOR DEPLOYED PARENT

--

CONTACT INFO FOR YOUR OUT-OF-STATE CONTACT

--

CONTACT INFO FOR YOUR ALTERNATE OUT-OF-STATE CONTACT

--

RELATIVE

RELATIONSHIP

1		
2		
3		
4		

LONG-TERM CAREGIVER (S)	EMERGENCY CAREGIVER (S)	PET CAREGIVER (S)

Provide all caregiver info so caregivers may contact one another, if necessary.

Worksheet 1.5: Vital Pet Information

Give this form to pet care providers. Attach a current photo, in case pet is lost.

Name _____ Breed _____
Birth Date _____ Tattoo/ID # _____
Distinguishing Marks _____
Registration Number _____
Location of Shot/Vaccination Records _____

VETERINARIAN

Vet's Name, Address & Telephone (attach map) _____

After hours/Emergency Clinic Name, Address & Telephone (attach map) _____

FOOD

Type _____ Quantity _____ When _____

WATER

Water quantity _____ When _____

MEDICINE

Medicine information _____

PET CARRIER, COLLAR, LEASH & LITTER BOX

Carrier _____ Collar _____ Leash _____

Litter box cleaning information _____

DOG WALKING & CLEAN UP

Dog exercising/walking info _____

BEHAVIOR AND ADDITIONAL INFORMATION

PET EMERGENCY SUPPLY KIT

Airline-Approved Carrier
Registration
Muzzle/Leash
Can Opener
Disinfectant
Waste Disposal Supplies

Identification
This Worksheet
Clean Water
Kitchen trash bags
Towels
Pet Food

Vaccination Records
Sufficient Medicines
Bowls
Blankets
Paper Towels

Worksheet 1.7: LifeCare

Don't miss out on the opportunity to participate in this program, which is available to both military and civilian employees. LifeCare services vary greatly- it's not just about childcare, read on for more information...

LifeCare, a life event management service, is an employer-paid benefit available to you 24 hours a day, 7 days a week via telephone or the unclassified web. LifeCare is an information and referral service that will assist employees and their family members in addressing day-to-day responsibilities and major life events.

Personalized assistance is available to you in areas such as finding summer camps...reliable child or adult care providers...taking care of your health...seeking education programs...daycare for your pet...divorce...step-parenting...adoption...homeimprovements...consumer information...moving/relocation, and more.

LifeCare has industry-leading specialists educated, experienced, and trained in a specialized work/life field (childcare, gerontology, education, etc.) - and they're dedicated to helping you explore your options and locate providers that best meet your unique needs. LifeCare specialists can provide comprehensive educational materials and detailed referrals containing information on cost, availability, location and more.

For more information, call Work/Life Services at 443-479-0969.

Worksheet 2.1: Important Documents Inventory

This worksheet helps you keep track of the location of your most important family documents. For all location entries, include address, if not in current residence.

SAFE DEPOSIT BOX INFORMATION

Bank Name & Address _____

Location of Key #1 _____ Box number _____

Location of Key #2 _____

DOCUMENTS & PAPERS	LOCATION, IF NOT IN SAFE BOX	IN BOX
Family Records		
Adoption Papers*	_____	_____
Birth Certificate(s)*	_____	_____
Religious Information	_____	_____
Citizenship Certificate*	_____	_____
Death Certificate(s)*	_____	_____
Discharge Papers	_____	_____
Divorce Decree(s)*	_____	_____
Immunization Record(s)	_____	_____
Fingerprint Records*	_____	_____
Marriage Certificate(s)	_____	_____
Naturalization Papers*	_____	_____
Personal Inventory*	_____	_____
Prenuptial Agreement(s)	_____	_____
Record of Emergency Data*	_____	_____
Record of Passport Numbers*	_____	_____
Wills*	_____	_____
Business Documents		
Letter(s) of Authorization*	_____	_____
Power(s) of Attorney*	_____	_____
Partnership Agreement(s)*	_____	_____

(continued on back)

* Keep items with an asterisk in a safe deposit box to prevent loss from fire or theft.

Worksheet 2.1 (cont')

DOCUMENTS PAPERS	LOCATION, IF NOT IN SAFE BOX	IN BOX
Banking & Investments Documents		
Bonds*	_____	_____
Certificates of Deposit*	_____	_____
List of Credit Cards*	_____	_____
Stock Certificates*	_____	_____
Other Personal Records		
Medical History/Records	_____	_____
Dental Records	_____	_____
Medical Power(s) of Attorney	_____	_____
Prescription(s) for Eyeglasses/Contacts	_____	_____
List of Prescription Meds	_____	_____
Personal Property Records		
Deed(s)*	_____	_____
Mortgage Papers*	_____	_____
Real Estate Appraisals*	_____	_____
Real Estate Sales Records	_____	_____
Vehicle Title(s)*	_____	_____
Tax Return Information		
Copies of federal tax forms (with receipts, worksheets)	_____	_____
Name/address/phone of tax preparer	_____	_____

* Keep items with an asterisk in a safe deposit box to prevent loss from fire or theft.

Worksheet 3.1: Bills to be Paid

If one spouse usually does the bills, it may be intimidating for the other one to take over this responsibility. Consolidating all the information may make this task more manageable. Another good idea is to sign up for automatic payments to be taken from your bank account. If you do this, note the day of the month that the payment will be withdrawn.

COMPANY/PHONE #	AMOUNT	DATE DUE	ACCOUNT #
Mortgages			
Loans			
Credit Cards			
Rent			
Electric Bill			
Water Bill			
Sewer Bill			
Auto Insurance			
Other Insurance			
Car payment			
Car payment			
Taxes			
Alimony/child support			
Phone bill			
Cable bill			
Child care			

Worksheet 3.2: Insurance Information

COMPANY NAME	PHONE #	POLICY #
Health		
Auto		
Homeowners		
Flood		
Other		

DOCTOR	NAME	PHONE #
primary care		
pediatrician		
ob/gyn		
dentist		

Worksheet 4.1: Auto and Home Repair Resources

Repair Needed	Call this person*	Phone Number
plumbing		
electrical		
roof/ gutter		
computer		
car minor		
car major		
appliances		
heating/ air conditioning		
yard		
windows		
locks		
bicycle		
electronics		
general-minor		
general-major		
housing office		
*Don't forget to include friends, neighbors, and family members.		

Jobs to put on the calendar	Owners' manuals/ instruct. needed
change the oil rotate tires get a tune-up change HVAC filters prune trees/shrubs pool maintenance clean gutters	lawn mower weed eater snow blower

Worksheet 4.2: Emergency Preparedness Checklist

This checklist is adapted from "Family Disaster Plan" developed by the Federal Emergency Management Agency and the American Red Cross.

1. Find out what could happen to you

- Contact local Red Cross chapter or emergency management office to see what types of disasters are most likely to happen, and how you can prepare for them.
- Learn about your community's warning signals and what to do if you hear them.
What is your local radio station? _____
- Ask about animal care after a disaster. Usually, animals are not allowed in emergency shelters for health reasons.
- Find out about disaster plans at your family's schools and workplaces.
- Find out if you are in a flood zone. Do you need flood insurance?

2. Create a Disaster Plan

- Meet with you family to discuss the types of disasters that could happen in your area, such as fire, severe weather, or earthquakes. Explain what to do in each case.
- Pick two places to meet:
 1. Outside your home in case of a sudden emergency, like a fire.
 2. Outside your neighborhood in case you can't return home.
- Make sure all family members know your address and phone number.
- Make sure family members have "Emergency Wallet Cards" and know the phone number of your family's out-of-state contact.
- Discuss what to do in an evacuation.
- Plan how to empty a sump pump if electric power is lost.
- Plan how to take care of pets in a disaster
- Teach family to stay away from downed power lines.
- Draw a diagram of your home. Include the location of emergency items and escape routes.

3. Prepare and prevent

- Post emergency phone numbers by phones.
- Teach children to dial 911, or other emergency numbers.
- Show each family member how to turn off the utilities (water, gas, electric) at the main switches.
- Check to see if your insurance coverage is adequate.
- Obtain fire extinguishers and teach family members to use them.
- Install smoke detectors on each level of your home, especially near bedrooms.
- Teach fire safety to family members.
- Conduct a home hazard hunt.
- Stock emergency supplies (see www.redcross.org)

Worksheet 4.2 (cont')

- ❑ Take a first aid and CPR class.
- ❑ Assure that immunizations are up-to-date.
- ❑ Determine the best escape routes from your home. Find 2 ways out of each room.
- ❑ Find the safe places in your home for each type of disaster.
- ❑ Learn to swim.
- ❑ Get to know your neighbors. You can look out for each other in a crisis.
- ❑ Keep child identification info on hand (current photo, etc.).
- ❑ Teach children about personal safety.
- ❑ Keep the gas tank of your car at least one half full at all times.
- ❑ Label all spare keys, and record lock combinations.
- ❑ Have some cash on hand for an immediate emergency (include change).
- ❑ Have savings of 3 months' salary as a cushion for extended crises.
- ❑ Wear med-alert bracelet, tag, or wallet card, if appropriate.
- ❑ Check expiration dates on all medications and discard/replace those that have expired.
- ❑ Have computer security procedures in place. (e.g. test regularly for viruses, back up files regularly, etc.)
- ❑ Keep small supply of vital medications at work for an emergency (if doctor says it's okay).
- ❑ Have a family code word.
- ❑ If you don't drive, plan for transportation in the event of an emergency.
- ❑ Register electric life support equipment with the power company and have an alternate source of power. Plan for relocating in a power outage.
- ❑ Evaluate home security and make changes where needed.

4. Practice and maintain your Plan

- ❑ Quiz your kids every 6 months or so.
- ❑ Conduct fire and emergency evacuations.
- ❑ Replace stored water and food every 6 months. Put dates on containers.
- ❑ Test and recharge fire extinguishers according to manufacturers instructions.
- ❑ Test smoke detectors monthly and change batteries at least once a year.

Appendix A: Powers of Attorney

General Instructions

You are the best person to determine what should happen to you, your family, and your property. If, however, you are unable to act on your behalf, through illness, absence, etc., the best way you can ensure that your wishes are carried out is to have designated, in advance, someone who can act for you as you would wish. The more specific you are about what you want, the better. You may wish to grant a Power of Attorney to someone you trust to make decisions in your place. Please discuss in advance what you would want that person to do.

A general, or **unlimited**, power of attorney is a powerful thing, so choose your attorney-in-fact with care, as he or she can do just about anything you can do in your name. A general form for Power of Attorney is included in this appendix. You can modify it- for example, to limit it to a certain period of time. This form calls for the attorney-in-fact (the person who is being granted power of attorney) to sign as well. You should have this form notarized.

If you wish, you can instead grant a **limited** power of attorney, that is tailored for specific limited purposes, or designed to end after a certain specified period of time. For example, you might wish to grant a long term child care provider a limited power of attorney that would authorize that person to take the child to the doctor, or maybe enroll her in school, but not give him the right to handle your finances. Or you might want to allow someone to sell your car, but nothing else. For these purposes, a limited power of attorney for is provided. All you have to do is spell out exactly what you authorize your attorney-in-fact to do on your behalf, e.g. "sign any forms necessary for the closing of the sale of my condominium at 43 Gardenia St, Silver Spring, Maryland" or "take whatever steps are necessary to enroll my daughter, Goldilocks Brown, in preschool." As long as you spell out your intentions clearly, and you and your attorney-in-fact sign and notarize the document, there is no need for the clauses to be written in any special "legalese".

Please consult an attorney if you have questions or concerns regarding the phrasing of your individual documents.

Unlimited Power of Attorney

I, _____, of _____, City of _____, State of _____, being of sound mind and under no restraint, hereby grant an unlimited power of attorney to _____, _____, of _____, City of _____, State of _____, to act as my attorney-in-fact.

I give my attorney-in-fact the maximum power under law generally to perform or to contract for the performance of any acts of any nature whatsoever that ought to be done or in the opinion of my attorney-in-fact ought to be done, in any circumstances as fully and effectively as I could do if acting personally.

This power of attorney shall not terminate in the event of my disability.

My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable.

This power of attorney may be revoked by me at any time and is automatically revoked on my death.

WITNESS my signature and seal this _____ day of _____, 20__.

Signature of person granting power of attorney
State of _____ County of _____

On _____, 20__, _____
came before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence.

notary signature

Notary Public, In and for the County of _____
State of _____
My commission expires: _____

I accept my appointment as attorney-in-fact.

Signature of person granted power of attorney Date

Limited Power of Attorney

I, _____, of _____, City of _____, State of _____, being of sound mind and under no restraint, hereby grant a limited power of attorney to _____, of _____, City of _____, State of _____, to act as my attorney-in-fact in the specific matters that I have set forth below. My intention is to limit the power of my attorney-in-fact only to those matters that I hereby specify.

I give my attorney-in-fact the maximum power under the law to perform the following specific acts on my behalf:

[Tailor your own limited power of attorney as needed. Spell out in detail exactly what you authorize the other person to do, to avoid confusion.]

My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers it advisable.

This power of attorney shall expire on _____, 20___. This power of attorney may be revoked by me at any time prior to its expiration and is automatically revoked on my death.

WITNESS my signature and seal this _____ day of _____, 20__.

Signature of person granting power of attorney
State of _____ County of _____

On _____, 20___, _____ came before me personally and, under oath, stated that he/she is the person described above document and he/she signed the above document in my presence.

Notary signature

Notary Public, In and for the County of _____,
State of _____
My commission expires: _____

I accept my appointment as attorney-in-fact.

Signature of person granted power of attorney _____ date _____

Appendix B: General Instructions for Preparation of a Will

A will is an important document to have, to ensure that *you* are the one who decides how your property and affairs are handled after your death. There are laws in every state that set out the disposition of property of people who die without a will, but it is a good bet that the state government's priorities and your own for the handling of your affairs are not the same. Almost any will, no matter how simple or imperfect, is better than no will. Therefore, a few general forms have been provided that can get you started. One is meant for a single person without children, another for a married person without children, and a third for a married person with children. These are at _____, _____, and _____, respectively.

As you can see, with each will form there is some space devoted to specific gifts you may wish to make, and space for naming the executor of the estate. There are parts of the form that will have to be customized for your particular circumstances (for example, whether you have a previous spouse, or grandchildren, or whether you wish to set up a trust for your minor children, as one form allows you to do.)

The choice of executor is an important decision, as this person will be responsible to see that your wishes are carried out. If you have minor children, you must provide the name of the person who will become the guardian of your children should the need arise. Although the forms are relatively simple, sometimes compiling the information, making the decisions, and choosing the proper executor, guardian, and/or trustee are not simple at all. The checklists on the previous pages are an excellent start.

It is a good idea to prepare specific instructions for your executor, such as the location of your accounts, any insurance policies, people to notify, the disposition of your remains. A list of information that might be useful for you to gather for your executor is at ____, below. Instructions to your executor may be kept with your will or provided to your executor in advance.

You may have property holdings or family relationships that make a simple will, such as the ones provided, unsuitable for you. In that case, you should have an attorney help you prepare your will. You are the best one to determine this.

The basic will form is bare-bones and is made to be modified. Fill in what is needed and cross out what is not, numbering each paragraph. Type up a clean copy. Staple all the pages together, and initial each one. Once completed, the will should be signed in the presence of three witnesses, who must then sign and provide their addresses. The witnesses should not be beneficiaries of the will.

(Will Suitable for Single Person With No Children)

Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

1. I have never been married and I have no children or grandchildren.

2. I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

3. I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____, 20____.

Signature of Testator

Name of Testator
ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

(Will Suitable for Married Person with No Children)

Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

I am married to _____.

[I was previously married to _____ . That marriage ended on _____, _____, by _____.]

I have no living children or grandchildren.

I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, except for children born to or legally adopted by me after the date of this instrument, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____, 20____.

Signature of Testator

Name of Testator

ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

(Will Suitable for Married Person with Children)

Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

I am married to _____.

[I was previously married to _____. That marriage ended on _____, _____, by _____.]

I have _____ living children, whose names, addresses, and dates of birth are as follows:

[I have _____ living grandchildren, whose names, addresses, and dates of birth are as follows:]

I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

If a Guardian is needed for any of my minor children, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as Guardian of the person(s) and property of my minor children, to serve without bond. . If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing _____.

at _____, City of _____, State of _____, as alternate Guardian, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Guardian or Alternate Guardian any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of the property of my minor children and for their care.

[If any of my children are under _____ years of age on my death, I direct that any property that I give them under this will be held in an individual trust for each child, under the following terms, until each shall reach _____ years of age.

1. I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as trustee of any and all required trusts, to serve without bond. If s/he does not survive me or is otherwise unable to serve, then I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Trustee, also to serve without bond. In addition to all powers, authority, and discretion granted by law, I grant such trustee or alternate trustee full power to perform any act, in his or her sole discretion and without court approval, to distribute and manage the assets of any such trust.

2. In the trustee's sole discretion, the trustee may distribute any or all of the principal, income, or both as deemed necessary for the beneficiary's health, support, welfare, and education. Any income not distributed shall be added to the trust principal.

3. Any such trust shall terminate when the beneficiary reaches the required age, when the beneficiary dies prior to reaching the required age, or when all trust funds have been distributed. Upon termination, any remaining undistributed principal and income shall pass to the beneficiary; or if not surviving, to the beneficiary's heirs; or if none, to the residue of my estate.]

If, after the execution of this, my Last Will and Testament, there shall be an additional child or additional children born to or legally adopted by me, such child or children shall share in the benefits of my estate to the same extent as he or she would have shared if I had died without a will, and the provisions of this will shall be modified to the extent necessary to see that this is done.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, except for children born to or legally adopted by me after the date of this instrument, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____, 20____.

Signature of Testator

Name of Testator

ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

Executor Information List

This information should be provided to your selected executor.

Beneficiaries

Spouse's Name, Maiden Name, Date of Marriage, Date of Birth, Address, Income Amount, specific items, or share of estate that you desire to leave
Alternate Beneficiary

Dates of Birth, Addresses, Spouse's Names (if any), Income Amount, specific items, or share of estate that you desire to leave
Alternate Beneficiary *for the following:*

- Children
- Grandchildren
- Parents
- Siblings
- Other Dependents
- Other friends, relatives, organizations to which you want to leave gifts

Anybody you want to leave *out* of your will and why

Location of records

Original will, Original of codicil, Trust documents, safe deposit box and key, Bank book and savings passbook, T-bills and certificates of deposit, Social Security records, real estate deeds and mortgage documents, veteran's information, stock certificates and bonds, promissory notes and loan documents, business records, partnership records, corporation records, automobile titles, income tax records, credit card records, birth certificate, warranties, other important documents

Funeral/cremation arrangements

Name of mortuary, funeral service, or crematorium, name of contact, telephone, address, arrangements made

Name of cemetery, name of contact, telephone, address, arrangements made

Location of memorial or church service, name of contact, telephone, address, arrangements made

Persons to contact

Addresses and telephone numbers of:

Clergyman, Lawyer, Accountant, Life Insurance Agent, General Insurance Agent, Employer, Military Unit, Relatives, Friends

Obituary information (for newspaper)

Name, date of birth, place of birth, current residence, former residence, occupation, education, military service, club, union, civic, or fraternal organizations, special achievements, survivors, date of death, place, date and time of service, memorial contribution preference

Sources

Emergency Preparedness Workbook by the Family Action Board

PCS-TDY Deployment Guide 2003 by Ameriforce Publishing, LLC

Mission: Readiness- A Personal and Family Guide- Channing L. Bete Co, Inc.

Resources

www.familyactionboard.org

www.deploymentguide.com