



Estate Planning Form

Thank you for contacting me about planning your estate. The information sheet may be helpful for organizing your thoughts about estate planning as well as providing me information about your family and your estate.

Personal Information

Full Name (and maiden name)	
Birthdate/Location*	
Current Address*	
Preferred Phone and Email*	
If previously married list:*	
<ul style="list-style-type: none"> 1) Date(s) of prior marriage 2) Name of prior spouse 3) Name of children 4) Marriage terminated by death or divorce? 	
Children (name, date of birth, and address if not with you)*	

Assets

Description	Address	Name on Deed/Interest
Texas Real Estate		
Real Estate (other than Texas)		
Mineral Interests		
Businesses, Partnerships, etc.		

*Can skip these sections if you completed and submitted the Client Information sheet

Fiduciaries (List full name, address, phone and relationship to you for each)

Fiduciary Role	You
Executor (an executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to the beneficiaries)	
First Alternate Executor:	
Second Alternate Executor:	
Trustee (a trustee is the person responsible for long-term management of property for the beneficiaries)	
First Alternate Trustee:	
Second Alternate Trustee:	
Guardian of Minor (a guardian is the person who will take physical care of your minor child(ren))	
First Alternate Guardian	
Second Alternate Guardian	
Guardian of Self (a guardian is the person who will take physical care of you should you become unable to do so yourself)	
First Alternate Guardian	
Second Alternate Guardian	
Power of Attorney (the person who will handle your financial affairs if you become incapacitated)	
First Alternate Power of Attorney	
Second Alternate Power of Attorney	
Medical Power of Attorney (the person who will make medical decisions for you if you become incapacitated)	
First Alternate Medical Power of Attorney	
Second Alternate Medical Power of Attorney	

Appointment re: Agent for Disposition of Remains	
First Alternate Agent	
Second Alternate Agent	
Medical Directive (Also known as Living Will)	Is this something you would like to sign? Yes <input type="checkbox"/> No <input type="checkbox"/>

Dispositive Plan

(Explain how you would like to leave your property in the event of your death)

Client's Wishes

A. Special Bequests of personal property, cash or real estate *(keep this minimal)*

Name of Person

Relationship

Property to be Given

Alternate: _____

B. Residuary Estate (everything left after other gifts are given)

In your own words, describe the way you want the balance of your property to pass under your will in each of the following applicable circumstances. Use back of sheet if necessary:

(a) If your children (if any) survive you:

(b) If your children (if any) do not survive you (i.e. gift to another relative or person)

(c) If none of the above survive you:

Beneficiaries

Full Name	Address and phone	Relationship to You

Additional Writing Space/Notes: