3309 Slaughter Lane West, Austin, Texas 78748 | 512-553-9095 | melissa@stonemyers.com

**Estate Planning Form**

**Personal Information**

|  |  |
| --- | --- |
| Full Legal Name |  |
| Birthdate/Location |  |
| Permanent Address  |  |
| Preferred Phone |  |
| Preferred Email Address |  |
| Name, Address and Main Phone Number for College if applicable |  |

**Fiduciaries (Persons to Be Named on Documents)**

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

|  |  |
| --- | --- |
| Fiduciary Role |  |
| **Financial 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 willmake medical decisions for you if you become incapacitated) |  |
| **First Alternate Medical Power of Attorney** |  |
| Second Alternate Medical Power of Attorney |  |