**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:\*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. |  |  |

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

|  |  |
| --- | --- |
| Fiduciary Role | You |
| **Executor** (an executor is the person responsiblefor 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 thebeneficiaries) |  |
| **First Alternate Trustee:** |  |
| **Second Alternate Trustee:** |  |
| **Guardian of Minor**(a guardian is the personwho will take physical care of your minor child(ren)) |  |
| **First Alternate Guardian** |  |
| **Second Alternate Guardian** |  |
| **Guardian of Self** (a guardian is the personwho will take physical care of you shouldyou 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 willmake 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 No  |

**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: