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**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. Please return the form to me or bring it with you to our meeting.

**Personal Information**

|  |  |  |
| --- | --- | --- |
|  | You | Spouse/Partner |
| 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 (Persons of Interest)** (List full name, address, phone & relationship to you)

|  |  |  |
| --- | --- | --- |
| Fiduciary Role | You | Spouse/Partner  |
| **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 thebenefit of beneficiaries) |  |  |
| **First Alternate Trustee:** |  |  |
| **Second Alternate Trustee:** |  |  |
| **Guardian of Minor Children** (a guardian is theperson who will take physical care of minor children should both parents die) |  |  |
| **First Alternate Guardian** |  |  |
| **Second Alternate Guardian** |  |  |
| **Power of Attorney** (a Power of Attorney is 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** (a health care powerof attorney is 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** |  |  |
| **Guardian of Self** (a guardian is the person whowill take care of you when you can no longer care for yourself) |  |  |
| **First Alternate Guardian** |  |  |
| **Second Alternate Guardian** |  |  |
| **Agent for Appointment of Disposition** **of Remains**(person who will ensure yourInstructions or wishes are followed) |  |  |
| **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 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 Spouse/Partner survives you.

(b) If your children (if any) survive you, but your Spouse/Partner does not.

(c) If neither your Spouse/Partner nor children survive you (i.e. gift to another relative or person)

(d) (Optional) Favorite charity or other beneficiary:

**Spouse/Partner's Wishes**

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

 Name of Person Relationship Property to be Given

*Alternate*:

**B. Residuary Estate.**

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 Spouse/Partner survives you.

(b) If your children survive you, but your Spouse/Partner does not.

(c) If neither your Spouse/Partner nor children survive you.

(d) (Optional) Favorite charity or other beneficiary:

**Beneficiaries**

|  |  |  |
| --- | --- | --- |
| Full Name | Address and phone | Relationship to You |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Extra Space For Notes:**