



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.		

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

Fiduciaries (Persons of Interest) (List full name, address, phone & relationship to you)

Fiduciary Role	You	Spouse/Partner
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 benefit of beneficiaries)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children (a guardian is the person 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 power of 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 who will 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 your Instructions 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 <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 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: _____

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(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: