

**Client Information Sheet & Planning Form**

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|  |  |
| Full Legal Name (and preferred name) |  |
| Birthdate/Location |  |
| US Citizen? (yes/no)If Naturalized, Date of Citizenship |  |
| Occupation/Employer |  |
| Preferred Phone and Email |  |
| Home Address (city/state/zip/county) |  |
| If currently married- what is your spouse’s name and date of marriage? |  |
| Previously Married? Y/N(Divorce/Widow)? |  |
| Names of Children (and address/birthdate and phone number) |  |
| Do you own Real Estate in Texas? If so, please list address(es) |  |
| Real Estate located outside of Texas?If so, please list address(es) |  |
| Do you own a business? If so, what is the business name? |  |
| What legal service(s) are you seeking? |  |
| What is your anticipated time frame for completion? |  |
| How did you hear about our office? |  |
| Do you have a financial advisor? If so, who is your advisor? |  |
| Do you have specific questions you would like addressed? |  |

**If you have not had your consultation yet, you may STOP here and complete the rest of the form after the consultation.**

**You are also welcome to write notes or complete the form if you know who you will be choosing in each role and/or know how you want to distribute your assets in your will.**

**List of Executors, Guardians and Powers of Attorney**

|  |  |
| --- | --- |
| Fiduciary Role | Full Name of Chosen Person  |
| **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  |

**Contact Info:**

**Please list the address, phone and relationship to you for each person listed above:**

|  |  |  |
| --- | --- | --- |
| Full Name | Address/phone  | Relationship to You |
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**Plan for your Will**

**(Explain who should receive your estate when you die)**

**Client's Wishes**

**A. Special Bequests of personal property, cash or real estate** *(optional; keep to 1-2 max)*

 Name of Person Relationship Property to be Given

*Alternate*:

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

Following the gifts above, in your own words, describe the way you want the residue (the rest of) of your property to pass under your will. Use back of sheet if necessary:

If the person(s) named above do not survive you, then who should receive your estate?

Additional Writing Space/Notes: