



STONEMYERS LAW PLLC
estate & business planning

Client Information Sheet & Planning Form

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 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 beneficiaries)	
First Alternate Trustee:	
Second Alternate Trustee:	
Guardian of Minor (a guardian is the person who will take physical care of your minor child(ren))	
First Alternate Guardian	
Second Alternate Guardian	
Guardian of Self (a guardian is the person who will take physical care of you should you 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 will make 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 <input type="checkbox"/> No <input type="checkbox"/>

Contact Info:

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

Full Name	Address/phone	Relationship to You

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: