**Client Information Sheet & Planning Form**

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| --- | --- | --- |
|  | Your Info | Spouse/Partner Info |
| Full Legal Name/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) |  |  |
| Date of Marriage |  |  |
| Previously Married? Y/N  (Divorce/Widow)? |  |  |
| Children (name, address/birthdate/  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? |  |
| Do you own a business? If so, what is the business name? |  |

**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 | For You-  Full Name of each person you choose | For Your partner/spouse-  Full Name of each person for each person he/she chooses |
| **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 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)**

**Your Wishes for Your Will**

**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?

**Your Wishes for Your Spouse/Partner’s Will**

**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: