



Date: _____

Client Name: _____

ESTATE PLANNING INFORMATION FORM

The information requested in this checklist will enable us to prepare a Will and other estate planning documents for you and your spouse (if applicable). Please fill out the form *completely*. If you need additional space for any of the responses, please use the back of this document or attach additional pages.

ABOUT YOU:

1. **Please give your *full* name, address, and contact information.**

Full legal name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Email: _____

How do you prefer that we contact you? Mail Phone Email Fax

How were you referred to our office?

Personal referral by _____ to _____

Church referral from _____ to _____

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

Radio:

- 94.9 KLTU
- 100.7 KWRD
- 660 KSKY

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client
- Prepaid Legal or CLC

Other: _____

2. **Please provide the estimated value of your assets.**

Depending on the value of your assets, it may be necessary to include certain provisions in your estate plan that would reduce or eliminate estate taxes when you die. In order for us to determine whether your estate would be subject to any estate tax, we need to know the entire value of all your assets, including assets where you have named a beneficiary, such as a life insurance policy or 401(k).

Including all assets that you currently own, as well as other proceeds that may be payable to someone else upon your death, what do you estimate the value of your estate to be?

- Less than \$1.0 million \$1.0 million to \$3.25 million
 \$3.25 million to \$5 million Greater than \$5 million

If you are married, what do you estimate the value of your combined estates to be?

- Less than \$1.0 million \$1.0 million to \$3.25 million
 \$3.25 million to \$5 million Greater than \$5 million

3. Please provide the following information regarding your marital history.

- Married Single Divorced Widowed Separated Common law marriage

If married now, name of current spouse: _____

Date of marriage: _____ Social Security number: _____

Previous spouses (if any): _____

Date ended: _____

How did relationship end:

- Divorce Widowed Separated N/A Other: _____

4. Please provide the following information regarding your children.

Please provide information on each and every child that have been born to you during your life, even if you do not want to leave them anything in your will. The term “your children” includes any natural born child (blood) and any legally adopted children. If you have raised a child and treated them as your own, please provide that information as well. If your spouse has children from another relationship and you would like to include them in your will, be sure and list them and state that they are your spouse’s children.

How many children do you have with your spouse? _____

How many other children do you have? _____

How many other children does your spouse have? _____

Name: _____

Over 18? Yes No Age: _____ Male Female

Natural (blood) Adopted Other: _____
 Name: _____
 Over 18? Yes No Age: _____ Male Female
 Natural (blood) Adopted Other: _____
 Name: _____
 Over 18? Yes No Age: _____ Male Female
 Natural (blood) Adopted Other: _____
 Name: _____
 Over 18? Yes No Age: _____ Male Female
 Natural (blood) Adopted Other: _____
 Name: _____
 Over 18? Yes No Age: _____ Male Female
 Natural (blood) Adopted Other: _____
 Name: _____
 Over 18? Yes No Age: _____ Male Female
 Natural (blood) Adopted Other: _____
 Name: _____

DISTRIBUTION OF ASSETS

Generally speaking, how would you like your property distributed?

Examples

(Note that these are just examples. You can divide your estate in any manner you choose.)

5. **Married with children only of Husband & Wife:**

- All to your spouse, then divide equally among your children if your spouse dies before you; or
- 1/2 to your spouse and 1/2 to your children; or
- All to your spouse and nothing to your children; or
- Other: _____

6. **Married with children of Husband & Wife (i.e. children from another relationship):**

- All to your spouse, then divide equally among your children and your spouse's children if your spouse dies before you; or

- 1/2 to your spouse and 1/2 to your children and your spouse's children; or
- All to your spouse and nothing to your children; or
- Other: _____

7. **Married with no children:**

- All to your spouse; or
- 1/2 to your spouse and 1/2 to _____; or
- Other: _____

8. **Children, but no spouse:**

- All to your children in equal shares; or
- 1/2 to your children and 1/2 to _____; or
- Other: _____

9. **Other:**

Specific Bequests:

Below, please list any special bequests (i.e. "I want to leave my truck to my oldest son, John.").

TRUSTS

If you have minors who are entitled to receive all or part of your estate, I strongly recommend creating a trust in your will where the funds will be managed and distributed by a trustee until a certain age. A trust can be created for any person entitled to receive your estate, regardless of age. Therefore, if you have a beneficiary who is disabled or may waste the money, you may want to consider a trust for that person as well.

10. **Do you want to create a trust for any of your beneficiaries?** Yes No
11. **If yes, for whom do you want to create a trust?**

(Check all that apply.)

- Any minor beneficiary
- Any person under the age of _____

Disabled person(s) – Name: _____

Other person(s) – Name: _____

12. **The trust can terminate and fully distribute whenever you choose. It can also be distributed over time (i.e. 25% at age 18, 25% at age 25, remainder at age 30). When do you want the trust to terminate?**

At age 18

At age _____

____% at age _____, then ____% at age _____, then ____% at age _____

Other: _____

13. **Who do you want to name as trustee (the person who will manage and distribute the assets)?**

Please designate your first and second choices.

1. Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

2. Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

GUARDIANS

If you have minor children who are alive at the time of your death, you can indicate who you want to be the guardian of their person and estate. Typically, this is only effective if the child’s other parent is not living.

14. **Do you want to name a guardian(s) for your minor children?** Yes No

15. **Who do you want to name as guardian(s)?**

Please designate your first and second choices.

1. Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

2. Full legal name: _____

Address: _____



City: _____ State: _____ Zip: _____

EXECUTOR

An executor is the person in charge of your estate. It is recommended that your executor live in Texas, but is not required. Please designate your top choices.

16. **Do you want your spouse as Executor of your estate?** Yes No

If no, please designate your first choice.

1. Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

2. Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

POWER OF ATTORNEYS (POA)

It is suggested that you have a Power of Attorney (“POA”) for Health Care and Statutory Durable POA. These instruments allow for someone to make decisions concerning your health care needs and allow someone to carry on your day to day affairs, such as paying bills and writing checks. These documents are only effective if you become incapacitated or unable to make these decisions yourself. A POA is not like a Will because it expires when you die.

17. **Do you want a POA?** Yes No

18. **Who do you want to be your agent (i.e. to make your decisions)?** Please designate at least two.

The same people who will manage your estate;

Other – Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security no.: _____

LIVING WILL A.K.A. DIRECTIVE TO PHYSICIAN

It is also suggested that you have a Living Will, which is also known as a Directive to Physician. It is a legal document that states that you do not wish to be kept alive by artificial life support systems if you are



terminally ill. This allows you to make this decision without forcing a family member or court to make the decision.

19. **Do you want a Living Will?** Yes No

Special notes or instructions: _____

