

**WILL PREPARATION
Client Information
DATE**

1. Complete Legal Name and all other names you are known by:

Address: _____

2. Do you own property in states other than Texas? If so, give details (what and where?) _____

3. Phone Number(s)

a. Home:(____)_____; b. Office:(____)_____

c. Fax:(____)_____; d. Cell:(____)_____

4. Marital History

a. Currently married? Yes _____; No _____. If yes, complete the following: (1) Name of spouse: ____

(2) Date of marriage: ____

b. Ever Widowed? Yes _____; No _____. If yes, complete the following:

(1) Deceased spouse's name: _____

(2) Date of death: _____

(3) Residence at date of death: _____

(4) Did spouse leave a will? Yes _____; No _____. If yes, bring a copy of the will, if possible.

c. Ever Divorced? Yes _____; No _____. If yes, complete the following:

(1) Name of ex-spouse: _____

(2) Date of divorce: _____

(3) Place of divorce: _____

5. Children

List all children born to or adopted by you:

<u>Name</u>	<u>Birth date</u>	<u>Address</u>	<u>Alive?</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

If any of the above children resulted from different marriages? Please state which children resulted from which marriage.

6. Do you financially support anyone other than a spouse and children (for example, a grandchild or parent)? If so, give details. _____

7. Will Provisions

a. Executor (is the person who will be in charge of your estate and distribute it to the named parties in your will)

(1) Primary

Name: _____

Address: _____

Relationship to client: _____

(2) First Alternate

Name: _____

Address: _____

Relationship to client: _____

(3) Second Alternate

Name: _____

Address: _____

Relationship to client: _____

b. Guardian (person who will care for minor children) (co-guardians must be married)

(1) Primary

Name: _____

Address: _____

Relationship to client: _____

(2) First Alternate

Name: _____

Address: _____

Relationship to client: _____

c. Beneficiaries of Estate (Give alternates)

(1) Personal Property (including vehicles). Give name of beneficiary and what item(s) each person is to receive. I suggest that you keep this list to a minimum because the personal property that you own may change often. I can include a reference in your will of a memorandum that you can write yourself listing who is being given what personal property. This is not a part of your will, however it is referenced in your will and allows you more flexibility because you can change the memorandum anytime you wish without having to change your will. If you acquire new property and want to designate who is receive that property, all you do is change your memorandum. Do not list specific items if all such property is to be given to a single person or to a class of persons (for example, "all to my children who survive me in equal shares").

Do you desire to write a memorandum stating who is receive what personal property? No _____, _____ Yes

List name of person(s) who is to receive a personal asset of yours and description of that asset. If one person is to receive all personal assets just state the name of this person and state all personal assets. If the person that is to receive all of your assets predeceases you, list the next person or persons who are to receive your personal assets. _____

2) State the name of the person/s who is/are to receive some other asset/s (such as real property, specific amount of cash, stock etc).

(3) State the name of the person/s who is/are to receive the Remainder of your Estate.

8. Other Estate Planning Documents that I encourage you to consider completing at the time you do your Will:

a. **Statutory Durable Power of Attorney:** This document allows your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, bank account transactions, etc. This document can be made effective at the time you sign it or become effective only when you are determined to be mentally and/or physically incompetent.

(1) Primary

Name: _____

Address: _____

Relationship to client: _____

(2) First Alternate

Name: _____

Address: _____
Relationship to client: _____

(3) Second Alternate

Name: _____
Address: _____
Relationship to client: _____

b. **Health Care Power of Attorney:** This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them. It becomes effective only upon your incapacity as certified by your physician.

(1) Primary

Name: _____
Address: _____
Relationship to client: _____
All Telephone Numbers: Home: Work: _____

(2) First Alternate

Name: _____
Address: _____
Relationship to client: _____
All Telephone Numbers: Home: Work: _____

(3) Second Alternate

Name: _____
Address: _____
Relationship to Client: _____
All Telephone Numbers: Home: Work: _____

c. **Directive to Physicians:** This document is also referred to as a "living will." It instructs physician(s) and hospitals not to use any artificial life support in the event you are diagnosed with a terminal illness or condition and your death is imminent. This document allows you to appoint an agent to make those decisions if you are not able, however,

appointing an agent is optional. We can discuss this more fully when we meet.

d. **Appointment of Agent to Control Disposition of Remains:** This document allows your agent to have control over your remains after your death. The person to whom you give control will be held financially responsible for the costs associated with the disposition of your remains so you will want to make sure that this person also has access to funds to handle the disposition as you have requested.

(1) Primary

Name: _____

Address: _____

Relationship to client: _____

(2) First Alternate

Name: _____

Address: _____

Relationship to client: _____

(3) Second Alternate

Name: _____

Address: _____

Relationship to client: _____

e. **Declaration of Guardian in the Event Need Arises:** This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship, however, if one is instituted, the durable power of attorney is automatically revoked. The best part of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons you exclude as your guardian. Under law, if you have not completed this document, a guardian will be appointed under the following order: (1) spouse, (2) parent, (3) adult child, (4) adult sibling, or (5) other qualified

person.

(1) Names of persons you would want to serve as a guardian for you (in order of choice):

(a) _____

(b) _____

(c) _____

(2) Names of all persons you would NOT want to serve as a guardian for you:

(a) _____

(b) _____

(c) _____

9. Your Assets:

The following information requested may be information that you feel is very personal and you may be reluctant to provide. The main reason this information is requested is to determine whether your estate, when you die, will be valued at \$675,000 or greater. If the estate is valued at \$675,000 or more on the date of your death, then your estate will be subject to estate taxes, which can be as high as 50% or greater. There are estate planning methods by which to reduce the size of your estate for estate tax purposes and you will want to implement estate planning to eliminate and/or reduce the amount of estate taxes to be paid. I don't know of anyone who wants to give Uncle Sam half of what has taken a whole lifetime to acquire.

The other reason that this information is requested is to be a reminder to us of all of your assets and to make sure that we have disposed of those assets as you wish.

Please do not allow the request of this information to prevent you from going forward with the preparation of your will. If your estate is no where near \$675,000, then you may not need to fill out this information. If you are unsure whether you need to provide this information, please give me a call so that I can discuss it with you.

a. Real Property

(1) Residence

(a) Address: _____

(b) Date acquired: _____

(c) Mortgage? If so, what is balance owing? _____

(2) Other

(a) Address: _____

(b) Date acquired: _____

(c) Mortgage? If so, what is balance owing? _____

b. Cash

(1) On Hand? Amount: _____

(2) Savings/Bank Accounts

(a) Institution: _____

Amount: _____

Name on account: _____

(b) Institution: _____

Amount: _____

Name on account: _____

c. Business Interests

Describe any such interest: _____

d. Life Insurance

List all policies owned by client or spouse of client:

<u>Company</u>	<u>Policy No.</u>	<u>Date Acquired</u>	<u>Insured</u>	<u>Face Value</u>
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(1)	_____	_____	_____	_____
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(2)	_____	_____	_____	_____
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e. Retirement Plans (Including IRAs)

(1) Institution: _____

Amount: _____

Name on Account: _____

Beneficiary: _____

(2) Institution: _____

Amount: _____

Name on Account: _____

Beneficiary: _____

f. Automobiles and Vehicles (Including boats and trailers)

Make	ID No.	Date	Owner	Amount Owing
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

g. Furniture, Household goods, and Personal Effects

Describe any items of particular sentimental or economic value:

h. Other

