



## CHECKLIST FOR WILLS

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 the form out *completely*. If you need additional space for any of the responses, please use the back of this document or attach additional pages.

### SECTION 1: PERSONAL INFORMATION

Full name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

#### HOW WERE YOU REFERRED TO OUR OFFICE?

**Internet:**

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

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

**Insurance:**

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client

**Other:** \_\_\_\_\_

#### MARITAL HISTORY:

- Married    Single    Divorced    Widowed    Separated    Common Law Marriage

If married now, name of current spouse: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### ESTIMATED VALUE OF 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 of 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 \$7 million
- \$7 million to \$15 million
- Greater than \$15 million

**CHILDREN:**

I must know each and *every child* that you have had born to you during your life, even if you do not want to leave them anything in your will. Your “children” includes any natural born child (blood) and any legally adopted children. If you have raised a child and have treated them as your own, I need to know that 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? \_\_\_\_\_

- 1. Name: \_\_\_\_\_ Over 18?  Yes  No Age: \_\_\_\_\_  
 Male  Female  Natural (Blood)  Adopted  Other: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Over 18?  Yes  No Age: \_\_\_\_\_  
 Male  Female  Natural (Blood)  Adopted  Other: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Over 18?  Yes  No Age: \_\_\_\_\_  
 Male  Female  Natural (Blood)  Adopted  Other: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Over 18?  Yes  No Age: \_\_\_\_\_  
 Male  Female  Natural (Blood)  Adopted  Other: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Over 18?  Yes  No Age: \_\_\_\_\_  
 Male  Female  Natural (Blood)  Adopted  Other: \_\_\_\_\_

**SECTION 2: 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).*

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**Married with No Children:**

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

**Children but No Spouse:**

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

**Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL BEQUESTS:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: 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.

1. Do you want to create a trust for any of your beneficiaries?  Yes  No
2. 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: \_\_\_\_\_
3. The trust can terminate and fully distribute whenever you choose or can last for the beneficiaries' lifetime. It can also be distributed over time (i.e. 25% at age 22, 25% at age 25, remainder at age 30). When do you want the trust to terminate?
  - At age \_\_\_\_\_
  - \_\_\_\_\_% at age \_\_\_\_\_, then \_\_\_\_\_% at age \_\_\_\_\_, then \_\_\_\_\_% at age \_\_\_\_\_
  - Lifetime, then to next generation at age \_\_\_\_\_
  - Other: \_\_\_\_\_

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

**1st Choice:** Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2nd Choice:** Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your beneficiary can be Co or Sole Trustee of their trust at some point.

Co-Trustee age: \_\_\_\_\_ Sole Trustee age: \_\_\_\_\_

**SECTION 4: GUARDIANS**

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

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

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

**1st Choice:** Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2nd Choice:** Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION 5: EXECUTOR (The Person in charge of your Estate)**

1. Who do you want to serve as Executor of your estate?

**Note:** It is recommended that your executor live in Texas, but it is not required.

Spouse:  Yes  No

**Alternate:** Name: \_\_\_\_\_  
  First                                     Middle                                     Last  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Alternate:** Name: \_\_\_\_\_  
  First                                     Middle                                     Last  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION 6: POWER OF ATTORNEYS (POA)**

It is suggested that you have a Power of Attorney for health care (“medical POA”) and a Statutory Durable POA for financial matters (“Financial 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.

1. Do you want a medical POA?  Yes  No
2. Who do you want to be your agent under the medical POA (i.e. to make your decisions)? (Prefer at least two).  
 The same people who will manage your estate  
 Other: \_\_\_\_\_

(If someone other than the executor, need name, address and telephone.)

3. Do you want a financial POA?  Yes  No
4. Who do you want to be your agent under the financial POA (i.e. to make your decisions)? (Prefer at least two).  
 The same people who will manage your estate  
 Other: \_\_\_\_\_

(If someone other than the executor, need name, address and telephone.)

**SECTION 7: LIVING WILL (aka Directive to Physician)**

A Living Will specifies the types of medical treatment you authorize under certain conditions when a doctor has determined that you do not have the mental capacity to make an informed medical decision.

1. Do you want a Living Will?  Yes  No

If "Yes", please indicate what type of care you would like to receive under each of the following conditions:

**Terminal Condition:** If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

- A.        \_\_\_\_\_        I request that all treatments other than those needed to keep me as comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR
  
- B.        \_\_\_\_\_        I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

**Irreversible Condition:** If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

- C.        \_\_\_\_\_        I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR
  
- D.        \_\_\_\_\_        I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Special Notes or Instructions:

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If you have any questions, please do not hesitate to call us at 214.423.5101.