

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: PE	RSONAL INFORMATION		
Full name:	t	Middle	Last	
Address:				
•		County:		
-				
•	,			
HOW WERE YOU	J REFERRED TO OUR (OFFICE?		
Internet:	Newspaper/Magazine:	Insurance:	Yellow Pages:	
☐ Google	☐ Dallas Morning News	☐ Prepaid Legal/Legal Shield	☐ AT&T Yellow Pages	
☐ Law.com	☐ Plano Profile	☐ Hyatt Legal	☐ Your town Yellow Page	
☐ Find Law	☐ Frisco Style			
	☐ McKinney/Prosper	☐ Law Point	Other:	
☐ Avvo	☐ D Magazine/D CEO		☐ Previous client	
Other:				
MARITAL HISTO	ORY:			
☐ Married ☐ Si	ingle \square Divorced \square	Widowed Separated	☐ Common Law Marriage	
If married now, nam	ne of current spouse:			
Phone number:				
ESTIMATED VAI	LUE OF ASSETS:			
Depending on the va would reduce or elin be subject to any est	alue of your assets, it may be s ninate estate taxes when you	necessary to include certain providue. In order for us to determine entire value of all of your assets policy or 401(k).	e whether your estate would	
	hat you currently own, as wel you estimate the value of you	l as other proceeds that may be p ur estate to be?	ayable to someone else upon	
☐ Less than	n \$1.0 million	□ \$1.0 million to \$7 million		
□ \$7 million	n to \$15 million	☐ Greater than \$15 million		
	5665 DALLAS PARKWAY	, Suite 200, Frisco, Texas 75	034	

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 m	nany children do you hav	e with your spouse?
How m	nany other children do yo	ou have?
How m	nany 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:
	SI	E CTION 2: DISTRIBUTION OF ASSETS
Genera	illy speaking how would	you like your property distributed?
Examp	. 1	you like your property distributed.
(Note that these are just examples. You can divide your estate in any manner you choose).		
Married with Children only of Husband & Wife:		
☐ ½ to	to your spouse, then diving your spouse and ½ to your spouse and nothinger:	ng to your children; or
Marrie	ed with Children of Hu	sband & Wife (i.e. children from another relationship):
before 1/2 to All t	you; or o your spouse and ½ to y to your spouse and nothi	de equally among your children and your spouse's children if your spouse dies your children and your spouse's children; or ng to your children; or
☐ Oth	er:	

Marı	ried with No Children:				
\square A	all to your spouse; or				
1/2	2 to your spouse and ½ to			; or	
	Other:				
Chile	dren but No Spouse:				
	all to your children in equal shares; or	•			
	2 to your children and ½ to			; or	
	Other:				
<u>Othe</u>	er:				
	CIAL BEQUESTS: w, please list any special bequests (i.e.	:. 'I want	to leave my truck to	my oldest son, John.")	
		SECTI	ON 3: TRUST	S	
in yo	ou have minors who are entitled to re- our will where the funds will be man- ted for any person entitled to receive is disabled or may waste the money,	naged and e your es	d distributed by a state, regardless o	trustee until a cer of age. Therefore, if	tain age. A trust can be f you have a beneficiary
1.	Do you want to create a trust for	any of y	our beneficiaries	Yes 🗆 No	
2.	If "Yes", for whom do you want (Check all that apply.)	to create	e a trust?		
	☐ Any minor beneficiary ☐ Any person under the age of ☐ Disabled person(s) Name: ☐ Other person(s) Name:				
3.	The trust can terminate and full lifetime. It can also be distribute. When do you want the trust to to	ly distrib d over tii	oute whenever yo me (i.e. 25% at ag	u choose or can la	
	☐ At age	_			
	□% at age	_, then	% at age	, then _	_% at age
	☐ Lifetime, then to next generat				
	☐ Other:				

4. Who do you want to name as tr	ustee (the person who will manage and c	listribute the assets)?
1st Choice: Name:		
First	Middle	Last
·	State:	· ·
Phone #:	Relationship:	
2 nd Choice: Name:		
First	Middle	Last
Address:		
City:	State:	Zip:
Phone #:	Relationship:	
V 1 C 1 C C1 T		
Your beneficiary can be Co or Sole Trus	*	
Co-Trustee age:	Sole Trustee age:	
	E CTION 4: GUARDIANS	
 Do you want to name a guardian Who do you want to name as gu 		□ No
1st Choice: Name:	· ·	
First	Middle	Last
Address:		
City:	State:	Zip:
Phone #:	Relationship:	
2 nd Choice: Name:		
First	Middle	Last
Address:		
City:	State:	Zip:
Phone #:	Relationship:	
Г		
SECTION 5: EXE	ECUTOR (The Person in charge of ye	our Estate)
1. Who do you want to serve as Ex Note: It is recommended that your exec	•	
Spouse: ☐ Yes ☐ No		
5665 Dallas P 290 S. Preston Ro	ARKWAY, SUITE 200, FRISCO, TEXAS 7 AD, SUITE 190, PROSPER, TEXAS 75078 CSIMILE 214.423.5111 WWW.ALBINOLDN	3

Alte	ernate: Name:				
	First	Middle	Last		
	Address:				
		State: Zip			
	Phone #:	Relationship:			
Alte	ernate: Name:				
	First	Middle	Last		
	Address:				
	City:	State:Zip	:		
	Phone #:	Relationship:			
	SECTION 6: 1	POWER OF ATTORNEYS (PO	A)		
POz cone and	suggested that you have a Power of A A for financial matters ("Financial PC cerning your health care needs and allow writing checks. These documents are o sions yourself. A POA is not like a will?"	DA"). These instruments allow for w someone to carry on your day-to-d only effective if you become incapacit	someone to make decisions lay affairs, such as paying bills		
1.	Do you want a medical POA?	Yes \square No			
2.	Who do you want to be your agen least two).	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 mana ☐ Other:	· .			
(If s	omeone other than the executor, need r	name, address and telephone.)			
3.	Do you want a financial POA? □	Yes \square No			
4.	Who do you want to be your agent least two).	t under the financial POA (i.e. to ma	ke your decisions)? (Prefer at		
	☐ The same people who will mana ☐ Other:	0 ,			
(If s	omeone other than the executor, need r	name, address and telephone.)			
	SECTION 7: LIV	ING WILL (aka Directive to Phy	sician)		
	iving Will specifies the types of medical determined that you do not have the me				
1.	Do you want a Living Will? 🗆 Yes	s 🗆 No			

If "Yes",	please indica	te what type of care you would like to receive under each of the following conditions:
I am expe	ected to die v	If, in the judgment of my physician, I am suffering with a terminal condition from which within six months, even with available life-sustaining treatment provided in accordance rds of medical care:
Α.		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
В.		I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)
that I can	nnot care for	on: If, in the judgment of my physician, I am suffering with an irreversible condition so myself or make decisions for myself and am expected to die without life-sustaining 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 No	otes or Instr	uctions:

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