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Phone: (512) 930-0529

ESTATE PLANNING WORKSHEET FOR ONE PERSON / INDIVIDUAL

Appointment Date: _____

Full Legal Name: _____

Please use Full Legal Names for all People.

Address: _____

City/State/Zip: _____

Do you own this home? _____ County of Home: _____

Home Telephone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____ Sex: M F

Birthdate: _____ Age: _____

Social Security #: _____ Driver's Lic No. _____ State: _____

Marital Status: _____ U.S. Citizen? Y N

If widowed, name of prior spouse: _____ Date of Death: _____

Living Children: **Full Legal** Name Date of Birth

_____	M	F	_____
_____	M	F	_____
_____	M	F	_____
_____	M	F	_____
_____	M	F	_____
_____	M	F	_____

Deceased Children:

_____	M	F	Descendants? Y	N
_____	M	F	Descendants? Y	N
_____	M	F	Descendants? Y	N

Are any of your children to be disinherited? _____ yes _____ no

If yes, who ? _____

What age should your future beneficiaries receive / handle funds on their own? _____ (think also grandchildren / future generations)

GUARDIANS FOR MINOR CHILDREN (if Applicable to You)

Please list the individuals or couples you would like to have as guardians for your minor children, and their relationship to you. Please list alternates.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

EXECUTOR OF WILL *(you do not need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to be the Executor of your Will. Please list alternates.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

MEDICAL POWER OF ATTORNEY *(no need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to make medical decisions for you if you are unable to make such decisions yourself. Please list alternates.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

DURABLE POWER OF ATTORNEY *(no need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to make financial and business decisions for you if you are unable to do so. Please list alternates.

1st Choice: .Name_____ Address _____

Relationship:_____ Phone:_____

1st Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

2nd Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

DECLARATION OF GUARDIAN FOR ESTATE AND PERSON

Please list the individuals you would like to be the guardians of your person if you are incapacitated *but still alive*. Please list alternates.

1st Choice: .Name_____ Address _____

Relationship:_____ Phone:_____

1st Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

2nd Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

Please list the individuals you would like to be the guardians of your estate if you are incapacitated.

1st Choice: .Name_____ Address _____

Relationship:_____ Phone:_____

1st Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

2nd Alternate: Name_____ Address _____

Relationship:_____ Phone:_____

What is your general plan of distribution for your property, upon your death?

Primary Beneficiaries:

Alternate Beneficiaries:

GENERAL INFORMATION ABOUT YOURSELF:

How did you hear about us?: _____

**OTHER CONCERNS OR COMMENTS WHICH YOU FEEL WILL BE HELPFUL IN
AIDING THE ATTORNEY IN PLANNING YOUR ESTATE:**

Real Estate Owned:

I am interested in discussing:

1. Trusts
2. Probate Avoidance
3. Other: _____