



www.heritagelawtx.com

Phone: (512) 930-0529

ESTATE PLANNING WORKSHEET - COUPLE

Appointment Date: _____

To complete this questionnaire, one spouse should be designated as CLIENT ONE, the other as CLIENT TWO – Please answer each section as it pertains to the individual CLIENT, not as a couple.

INFORMATION ABOUT CLIENT ONE

Full Legal Name: _____

Address: _____

City/State/Zip: _____

Do you own this home? _____

Home Telephone: _____ County of Home: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Birthdate: _____ Age: _____

Social Security #: _____ Sex: • M F

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

Is this your first marriage? Y N Driver's License No. _____ State: _____

Children from

Current Relationship:	<u>Full Legal</u> Name	Circle	Date of Birth
	_____	M F	_____
	_____	M F	_____
	_____	M F	_____
	_____	M F	_____

Your Children from Prior Relationships:

_____	M F	_____

Deceased Children:

_____ Descendants? Y N
_____ 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 / contingent beneficiaries)

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. **Your spouse is not automatically first, please list spouse as #1 if applicable.** 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 to make medical decisions for you if you are unable to make such decisions yourself. **Your spouse is not automatically first, please list spouse as #1 if applicable.** 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. **Your spouse is not automatically first, please list spouse as #1 if applicable.** 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*. **Your spouse is not automatically first, please list spouse as #1 if applicable.** 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?

Death of First Spouse:

When we have both died:



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INFORMATION ABOUT CLIENT TWO

Please answer each section as it pertains to CLIENT TWO, not as a couple.

Full Legal Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ County of Home: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Birthdate: _____ Age: _____

Social Security #: _____ Sex: M F

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

Is this your first marriage? Y N Driver's License No. _____ State: _____

Children from Current Relationship:	<u>Full Legal</u> Name			Date of Birth
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____

Your Children from Prior Relationships:

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

Deceased Children:

_____	Descendants? Y	N
_____	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 / contingent beneficiaries)

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1st Alternate: Name _____ Address _____

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Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

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Death of First Spouse:

When we have both died:

GENERAL INFORMATION ABOUT COUPLE:

How Were You Referred to our office?: _____

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 Concerns:** _____