



www.heritagelawtx.com

1625 Williams Drive, Bldg 1

Georgetown, Texas 78628

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: _____

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

Children w/

| Current Spouse: | Name | | | Date of Birth |
|-----------------|-------|---|---|---------------|
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |

Your Children from prior marriages:

| | | | |
|-------|---|---|-------|
| _____ | M | F | _____ |
| _____ | M | F | _____ |
| _____ | M | F | _____ |
| _____ | M | F | _____ |

Deceased Children:

_____ Descendants? Y N

_____ 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)

GUARDIANS FOR MINOR CHILDREN

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

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.

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.

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.

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*.

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

| Children w/ Current Spouse: | Name | | | Date of Birth |
|--------------------------------|-------|---|---|---------------|
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |
| | _____ | M | F | _____ |

Your Children from prior marriages:

| | | | |
|-------|---|---|-------|
| _____ | M | F | _____ |
| _____ | M | F | _____ |
| _____ | M | F | _____ |
| _____ | M | F | _____ |

Deceased Children: _____ Descendants? Y N

_____ 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)

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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')*

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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*.

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:

GENERAL INFORMATION ABOUT COUPLE:

How Were You Referred to our office?: _____

Who Will Be Responsible for Your Account With Us?: _____

Have you seen another attorney about this matter? _____ If yes, who? _____

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