



WILL PACKAGE FACT SHEET

Date: _____

Your Name _____ (as shown on your Driver's License)
(First) (Middle) (Last)

Email: _____

Home Address _____ County _____
(Street) (City) (State) (Zip)

Is this your homestead _____
(Yes) (No)

Home Phone _____ Mobile Phone _____

Employer _____ Position _____

Business Address _____ Business Phone _____
(Street) (City) (State) (Zip)

Spouse's Name _____ Mobile Phone _____

Email: _____

CHILDREN

Name _____ (M/F) ___ Date of Birth _____ Phone _____
(First) (Middle) (Last)

If married, name of spouse _____
(First) (Middle) (Last)

Present Address, if different from yours _____
(Street) (City) (State) (County) (Zip)

Special needs, if any _____

Name _____ (M/F) ___ Date of Birth _____ Phone _____
(First) (Middle) (Last)

If married, name of spouse _____
(First) (Middle) (Last)

Present Address, if different from yours _____
(Street) (City) (State) (County) (Zip)

Special needs, if any _____

Name _____ (M/F) ___ Date of Birth _____ Phone _____
(First) (Middle) (Last)
If married, name of spouse _____
(First) (Middle) (Last)
Present Address, if different from yours _____
(Street) (City) (State) (County) (Zip)
Special needs, if any _____

If you have minor children, who do you designate as their **guardian**?

Name _____ Address _____
Alternate Guardian _____ Address _____
2nd Alternate Guardian _____ Address _____

If you have minor children, is there anyone you specifically **do not** want to be named as **Guardian** for your minor children?

Name _____

PROPERTY

Do you own any property outside of Texas? _____
Have either you or your spouse inherited or do you expect to inherit any property? _____
What is the estimated value of your estate, including all assets? _____
Are you the beneficiary of any trusts? _____
Do you have a pre-nuptial or post-nuptial agreement? _____
Do you own or rent your home? _____
To whom do you wish to leave your property?

To whom do you wish to leave your property if the individual(s) above predecease you? (Specify whether all property will be left to the person/people listed or itemize specific property and who it will be left to)

Do you want to specifically direct that any person NOT inherit any portion of your estate? If so, please specify.

Provide the address of ALL real property owned by you.

Who do you designate as the **Executor** and **Alternate Executors** of your Will?

Executor _____

Alternate Executor _____

2nd Alternate Executor _____

Do you want a Testamentary Trust for Minor Children in your Will? _____

If a Trust for Minor Children or Grandchildren or other Minor Beneficiary is created, who do you designate as **Trustee** and **Alternate Trustees** of the Trust?

Trustee _____

Alternate Trustee _____

2nd Alternate Trustee _____

If a trust is created for **any** minor beneficiary, how old do you want the beneficiary to be when they can inherit outright? Alternatively, you can choose a percentage of the trust to be distributed at one age and the rest at a later age. For example, 50% can be distributed at age 25 and the other 50% at age 35.

If any beneficiary contests your Will, do you want a provision that disinherits them? _____

If there is any other information relevant to the drafting of your Will, please include it here.

POWER OF ATTORNEY

Would you like us to draft this document for you? Yes _____ No _____

Name of Designee _____ Phone # _____

Designee's address _____ County _____

Alternate Designee _____ Phone # _____

Designee's address _____ County _____

MEDICAL POWER OF ATTORNEY

Would you like us to draft this document for you? Yes _____ No _____

Name of Designee _____ Phone # _____

Designee's address _____ County _____

Alternate Designee _____ Phone # _____

Designee's address _____ County _____

PHYSICIAN'S DIRECTIVE

Would you like us to draft this document for you? Yes _____ No _____

HIPPA

Would you like us to draft this document for you? Yes _____ No _____

Name of Designee _____ Phone # _____

Designee's address _____ County _____

Name of Designee _____ Phone # _____

Designee's address _____ County _____

Name of Designee _____ Phone # _____

Designee's address _____ County _____