ESTATE PLANNING

Client Information Worksheet

Thank you for contacting us about estate planning. This worksheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Complete as much as you can; leave blank anything that does not apply or that you would prefer to discuss in person. Fields expand as you type, and the form may be saved and returned electronically.

Chris M. Dillon, Attorney
908 Chestnut
P.O. Box 446
Bastrop, Texas 78602
512-303-2889
866-375-1815 (facsimile)
dillonlaw@yahoo.com

PART I — PERSONAL DATA *You*

Full Legal Name | Date of Birth

Street Address

City | State | Zip | Home Phone

Employer | Work Phone

E-mail | Cell Phone

Alias / Other Names Used (if any)

Are you a U.S. citizen? ○ Yes ○ No

PART I — PERSONAL DATA *Spouse*

Spouse's Full Legal Name | Date of Birth

Street Address

City | State | Zip | Home Phone

Employer | Work Phone

E-mail | Cell Phone

Alias / Other Names Used (if any)

Is your spouse a U.S. citizen? ○ Yes ○ No

CHILDREN'S INFORMATION

NAME	LIVING?	AGE	BIRTHDATE	MARRIED?	CITY / STATE OF RESIDENCE

For each child, state the name of the child's other parent if that parent is not your present spouse.

Child _____ Other Parent _____

Child _____ Other Parent _____

Child _____ Other Parent _____

OTHER DEPENDENTS, IF ANY

NAME	AGE	RESIDENCE

Please list your parents, brothers, and sisters, indicate whether each is living, and if so, give the city and state of residence.

YOUR PARENTS AND SIBLINGS

NAME	RELATIONSHIP	LIVING?	CITY / STATE OF RESIDENCE

Please provide the same information for your spouse's parents and siblings.

SPOUSE'S PARENTS AND SIBLINGS

NAME	RELATIONSHIP	LIVING?	CITY / STATE OF RESIDENCE

YOUR FORMER MARRIAGES

NAME OF FORMER SPOUSE	LIVING?	DATE OF DEATH OR DIVORCE

SPOUSE'S FORMER MARRIAGES

NAME OF FORMER SPOUSE	LIVING?	DATE OF DEATH OR DIVORCE

EXISTING WILLS

Do you presently have a Will? Yes No Date of Will

Was it signed in Texas? Yes No If not, where?

Amended Will or Codicil? Yes No Date

Does your spouse presently have a Will? Yes No Date of Will

Was it signed in Texas? Yes No If not, where?

Amended Will or Codicil? Yes No Date

PART II-A — DISPOSITIVE PLAN

Your Plan

Describe in general terms how you wish your property distributed under your will (for example: all to my spouse, and if my spouse does not survive me, to my children in equal shares).

IF YOUR SPOUSE IS A BENEFICIARY

○ Outright ○ In trust until:

IF YOUR CHILDREN ARE BENEFICIARIES

○ Outright ○ In trust until each child reaches age , then outright.

SPECIFIC GIFTS, CHARITABLE BEQUESTS, OR SPECIAL INSTRUCTIONS (OPTIONAL)

PART II-B — DISPOSITIVE PLAN

Spouse's Plan

Describe in general terms how you wish your property distributed under your will (for example: all to my spouse, and if my spouse does not survive me, to my children in equal shares).

IF YOUR SPOUSE IS A BENEFICIARY

○ Outright ○ In trust until:

IF YOUR CHILDREN ARE BENEFICIARIES

○ Outright ○ In trust until each child reaches age , then outright.

SPECIFIC GIFTS, CHARITABLE BEQUESTS, OR SPECIAL INSTRUCTIONS (OPTIONAL)

PART III-A — YOUR DESIGNEES

You

Executor — the person who will be responsible for probating your will, filing the estate tax return if necessary, and distributing assets to the beneficiaries.

EXECUTOR

Name

1st Alternate

2nd Alternate

Trustee — the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

TRUSTEE

Name

1st Alternate

2nd Alternate

Guardian of minor children — the person who will take physical care of your minor children should both parents die.

GUARDIAN OF MINOR CHILDREN

Name

1st Alternate

2nd Alternate

PART III-A — YOUR DESIGNEES, CONTINUED

You

POWER OF ATTORNEY

The person who will be responsible for handling your financial affairs in the event you become incapacitated

Name

Address

Home Phone Work Phone

Alternate Name

Address

Home Phone Work Phone

HEALTH CARE AGENT

The person who will make medical decisions for you in the event you are unable to make them for yourself

Name

Address

Home Phone Work Phone

Alternate Name

Address

Home Phone Work Phone

PART III-B — YOUR DESIGNEES

Spouse

Executor — the person who will be responsible for probating your will, filing the estate tax return if necessary, and distributing assets to the beneficiaries.

EXECUTOR

Name

1st Alternate

2nd Alternate

Trustee — the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

TRUSTEE

Name

1st Alternate

2nd Alternate

Guardian of minor children — the person who will take physical care of your minor children should both parents die.

GUARDIAN OF MINOR CHILDREN

Name

1st Alternate

2nd Alternate

PART III-B — YOUR DESIGNEES, CONTINUED

Spouse

POWER OF ATTORNEY

The person who will be responsible for handling your financial affairs in the event you become incapacitated

Name

Address

Home Phone Work Phone

Alternate Name

Address

Home Phone Work Phone

HEALTH CARE AGENT

The person who will make medical decisions for you in the event you are unable to make them for yourself

Name

Address

Home Phone Work Phone

Alternate Name

Address

Home Phone Work Phone

ADDITIONAL INFORMATION OR QUESTIONS

Completed by Date

This worksheet is for information-gathering only. It is not a will and does not create an attorney-client relationship. Please do not include account numbers, Social Security numbers, or passwords.