



THE BORGER LAW FIRM
A PROFESSIONAL CORPORATION

BASIC ESTATE PLANNING WORKSHEET

I. CLIENT

NAME: _____ **DOB:** _____

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** TX **ZIP:** _____

HOME #: _____ **SSN#:** _____

EMPLOYER: _____ **WORK #:** _____

E-MAIL: _____ **CELL #:** _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING ANY FORMER MARRIAGES

NAME OF FORMER SPOUSE	LIVING?	DATE OF DEATH OR DIVORCE
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____

DO YOU PRESENTLY HAVE A WILL? YES: ___ NO: ___ IF SO, WHAT IS THE DATE ON THE WILL? ___

WAS IT SIGNED IN TEXAS? YES: ___ NO: ___ IF NOT, WHERE? _____

AMENDED WILL OR CODICIL? YES: ___ NO: ___ DATE: _____

DO YOU OWN ANY INTEREST IN ANY OF THE FOLLOWING?

REAL ESTATE NOT IN TEXAS? IF, YES DESCRIBE: _____

MINERAL INTERESTS? IF YES, DESCRIBE: _____

PATENTS OR OTHER INTELLECTUAL PROPERTY? IF YES, DESCRIBE: _____

BUSINESS INTERESTS: IF YES, DESCRIBE: _____

YOUR DISPOSITIVE PLAN

DESCRIBE IN GENERAL TERMS HOW YOU WISH TO DISTRIBUTE YOUR PROPERTY UNDER YOUR WILL: _____

WOULD YOU LIKE TO INCLUDE A BURIAL OR CREMATION REQUEST IN YOUR WILL? IF YES, PLEASE DESCRIBE:

DO YOU WANT TO INCLUDE ESTATE PLANNING PLAN FOR ANY PETS? _____

PART II - CLIENT DESIGNEES

EXECUTOR (I.E., THE PERSON WHO WILL BE RESPONSIBLE FOR PROBATING YOUR WILL, FILING THE ESTATE TAX RETURN, IF NECESSARY, AND DISTRIBUTING ASSETS TO THE BENEFICIARIES)

NAME OF EXECUTOR: _____

1ST ALTERNATE EXECUTOR: _____

2ND ALTERNATE EXECUTOR: _____

3RD ALTERNATE EXECUTOR: _____

GUARDIAN OF MINOR CHILDREN (I.E. THE PERSON WHO WILL TAKE PHYSICAL CUSTODY OF YOUR MINOR CHILDREN SHOULD BOTH PARENTS DIE.)

NAME OF GUARDIAN: _____

1ST ALTERNATE GUARDIAN: _____

2ND ALTERNATE GUARDIAN: _____

3RD ALTERNATE GUARDIAN: _____

GUARDIAN OF MY PERSON IN THE EVENT OF MY INCAPACITY (I.E. THE PERSON WHO WILL BE CHARGED WITH YOUR PERSONAL PHYSICAL WELL-BEING, ACTING IN CONCERT WITH YOUR POWER OF ATTORNEY, WHO WILL HANDLE YOUR FINANCIAL AFFAIRS.)

NAME OF GUARDIAN: _____

1ST ALTERNATE GUARDIAN: _____

2ND ALTERNATE GUARDIAN: _____

3RD ALTERNATE GUARDIAN: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS (I.E., THE PERSON WHO WILL BE RESPONSIBLE FOR HANDLING YOUR FINANCIAL AFFAIRS IN THE EVENT YOU BECOME INCAPACITATED. THE POWER OF ATTORNEY CAN BE A POWERFUL TOOL IN LONG-TERM CARE PLANNING. THE STATUTORY POWER CAN BE AMENDED TO INCLUDE THE GRANTING OF POWERS FOR LONG-TERM CARE DECISIONS, TRUST CREATION, THE POWER TO ADMINISTER DIGITAL ASSETS AND SOCIAL MEDIA, HIRE HOME HEALTH CARE WORKERS, ETC.)

NAME OF AGENT FOR POWER OF ATTORNEY: _____

ADDRESS: _____

H.M. PHONE NO.: _____ **WK. PHONE NO.:** _____

ALTERNATE POWER OF ATTORNEY: _____

ADDRESS: _____

H.M. PHONE NO.: _____ **WK. PHONE NO.:** _____

MEDICAL POWER OF ATTORNEY (I.E., THE PERSON WHO WILL MAKE MEDICAL DECISIONS FOR YOU IN THE EVENT YOU ARE UNABLE TO MAKE THEM FOR YOURSELF.)

NAME OF AGENT: _____

ADDRESS: _____

H.M. PHONE NO.: _____ **WK. PHONE NO.:** _____

NAME OF SUCCESSOR AGENT: _____

ADDRESS: _____

Hm. PHONE NO.: _____ Wk. PHONE NO.: _____

PART III - CLIENT SPOUSE

NAME: _____ DOB: _____

SSN#: _____ CELL #: _____

EMPLOYER: _____ WORK #: _____

E-MAIL: _____

LEASE PROVIDE THE FOLLOWING INFORMATION REGARDING ANY FORMER MARRIAGES.

NAME OF FORMER SPOUSE	LIVING?	DATE OF DEATH OR DIVORCE
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

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BUSINESS INTERESTS: IF YES, DESCRIBE: _____

YOUR DISPOSITIVE PLAN

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3RD ALTERNATE EXECUTOR: _____

GUARDIAN OF MINOR CHILDREN (I.E. THE PERSON WHO WILL TAKE PHYSICAL CUSTODY OF YOUR MINOR CHILDREN SHOULD BOTH PARENTS DIE.)

NAME OF GUARDIAN: _____

1ST ALTERNATE GUARDIAN: _____

2ND ALTERNATE GUARDIAN: _____

3RD ALTERNATE GUARDIAN: _____

_____ Y / N _____
 _____ Y / N _____
 _____ Y / N _____
 _____ Y / N _____
 _____ Y / N _____

DO YOU INTEND TO DISINHERIT ANY CHILDREN? Y / N

IF YES, EXPLAIN: _____

CHILDREN FROM PREVIOUS MARRIAGES / RELATIONSHIPS

NAME GENDER BIRTHDATE MARRIED CITY / STATE (RESIDENCE)
 _____ Y / N _____

NAME OF OTHER PARENT: _____

NAME GENDER BIRTHDATE MARRIED CITY / STATE (RESIDENCE)
 _____ Y / N _____

NAME OF OTHER PARENT: _____

NAME GENDER BIRTHDATE MARRIED CITY / STATE (RESIDENCE)
 _____ Y / N _____

NAME OF OTHER PARENT: _____

NAME GENDER BIRTHDATE MARRIED CITY / STATE (RESIDENCE)
 _____ Y / N _____

NAME OF OTHER PARENT: _____

DO YOU INTEND TO DISINHERIT ANY OF THESE CHILDREN? Y / N

IF YES, EXPLAIN: _____

VI. LIVING WILL

ADVANCED DIRECTIVE TO PHYSICIANS (LIVING WILL) – THIS DOCUMENT WILL COMMUNICATE YOUR CHOICE OF LIFE-SUSTAINING TREATMENT IN THE EVENT OF TERMINAL ILLNESS OR IRREVERSIBLE CONDITION SHOULD YOU BE UNABLE TO COMMUNICATE THOSE WISHES. WE WILL DRAFT AN ADVANCED DIRECTIVE FOR EACH PERSON.