



THE BORGER LAW FIRM
A PROFESSIONAL CORPORATION

ESTATE PLANNING WORKSHEET

NAME: _____ **DOB:** _____

STREET ADDRESS: _____

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

HOME #: _____ **LAST FOUR DIGITS OF SSN#:** _____

HYATT LEGAL / MET LAW CASE NUMBER (S): _____

EMPLOYER: _____ **WORK #:** _____

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

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING ANY FORMER MARRIAGES

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

PART II - 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 /RELATIONSHIP: _____

1ST ALTERNATE EXECUTOR / RELATIONSHIP: _____

2ND ALTERNATE EXECUTOR / RELATIONSHIP: _____

3RD ALTERNATE EXECUTOR / RELATIONSHIP: _____

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

NAME OF GUARDIAN /RELATIONSHIP: _____

1ST ALTERNATE GUARDIAN/RELATIONSHIP: _____

2ND ALTERNATE GUARDIAN / RELATIONSHIP: _____

3RD ALTERNATE GUARDIAN / RELATIONSHIP: _____

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 /RELATIONSHIP: _____

1ST ALTERNATE GUARDIAN/RELATIONSHIP: _____

2ND ALTERNATE GUARDIAN / RELATIONSHIP: _____

3RD ALTERNATE GUARDIAN / RELATIONSHIP: _____

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 / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ **WK. PHONE NO.:** _____

ALTERNATE POWER OF ATTORNEY / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ **WK. PHONE NO.:** _____

MEDICAL POWER OF ATTORNEY (I.E., THE PERSON WHO CAN PROVIDE CONSENT TO MEDICAL TREATMENT WHEN YOU YOURSELF CANNOT.)

NAME OF AGENT: _____

ADDRESS: _____

HM. PHONE NO.: _____ **WK. PHONE NO.:** _____

NAME OF SUCCESSOR AGENT: _____

ADDRESS: _____

HM. PHONE NO.: _____ **WK. PHONE NO.:** _____

PART III - SPOUSE

NAME: _____ **DOB:** _____

LAST FOUR OF 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	_____

SPOUSE'S 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:

PART IV - SPOUSE'S DESIGNEES

EXECUTOR

NAME OF EXECUTOR /RELATIONSHIP: _____

1ST ALTERNATE EXECUTOR / RELATIONSHIP: _____

2ND ALTERNATE EXECUTOR / RELATIONSHIP: _____

3RD ALTERNATE EXECUTOR / RELATIONSHIP: _____

GUARDIAN OF MINOR CHILDREN

NAME OF GUARDIAN /RELATIONSHIP: _____

1ST ALTERNATE GUARDIAN/RELATIONSHIP: _____

2ND ALTERNATE GUARDIAN / RELATIONSHIP: _____

3RD ALTERNATE GUARDIAN / RELATIONSHIP: _____

GUARDIAN OF MY PERSON IN THE EVENT OF MY INCAPACITY

NAME OF GUARDIAN /RELATIONSHIP: _____

1ST ALTERNATE GUARDIAN/RELATIONSHIP: _____

2ND ALTERNATE GUARDIAN / RELATIONSHIP: _____

3RD ALTERNATE GUARDIAN / RELATIONSHIP: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS

AGENT FOR POWER OF ATTORNEY / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ WK. PHONE NO.: _____

ALTERNATE POWER OF ATTORNEY / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ WK. PHONE NO.: _____

MEDICAL POWER OF ATTORNEY

NAME OF AGENT / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ WK. PHONE NO.: _____

NAME OF SUCCESSOR AGENT / RELATIONSHIP: _____

ADDRESS: _____

HM. PHONE NO.: _____ WK. PHONE NO.: _____

PART V - CHILDREN

INFORMATION ABOUT YOUR CHILDREN WITH CURRENT SPOUSE

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