



THE BORGER LAW FIRM
A PROFESSIONAL CORPORATION

ESTATE PLANNING WORKSHEET

I. METLAW / ARAG MEMBER

NAME: _____ DOB: _____

STREET ADDRESS: _____

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

HOME #: _____ LAST FOUR OF SSN#: _____

EMPLOYER: _____ WORK #: _____

E-MAIL: _____ CELL #: _____

METLAW MEMBERSHIP NUMBER: _____

METLAW CASE NUMBER (S): _____

MEMBER 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:

EMAIL THE COMPLETED FORM TO DAVID.BORGER@BORGERLAW.COM

MEMBER'S CHILDREN FROM A PRIOR RELATIONSHIP

NAME	GENDER	AGE	CITY / STATE (RESIDENCE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBER DESIGNEES

EXECUTOR

NAME OF EXECUTOR: _____

1ST ALTERNATE EXECUTOR: _____

2ND ALTERNATE EXECUTOR: _____

GUARDIAN OF MINOR CHILDREN

NAME OF GUARDIAN: _____

1ST ALTERNATE GUARDIAN: _____

2ND ALTERNATE GUARDIAN: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS

NAME OF AGENT FOR POWER OF ATTORNEY: _____

ADDRESS: _____

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

ALTERNATE POWER OF ATTORNEY: _____

ADDRESS: _____

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

MEDICAL POWER OF ATTORNEY

NAME OF AGENT: _____

ADDRESS: _____

Hm. PHONE No.: _____ Wk. PHONE No.: _____

NAME OF ALTERNATE AGENT: _____

ADDRESS: _____

Hm. PHONE No.: _____ Wk. PHONE No.: _____

PART II - MEMBER SPOUSE

NAME: _____ DOB: _____

CELL #: _____ EMPLOYER: _____

E-MAIL: _____

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:

SPOUSE'S CHILDREN FROM PRIOR RELATIONSHIPS

NAME	GENDER	AGE	CITY / STATE (RESIDENCE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPOUSE'S DESIGNEES

EXECUTOR

NAME OF EXECUTOR: _____

1ST ALTERNATE EXECUTOR: _____

2ND ALTERNATE EXECUTOR: _____

GUARDIAN OF MINOR CHILDREN

NAME OF GUARDIAN: _____

1ST ALTERNATE GUARDIAN: _____

2ND ALTERNATE GUARDIAN: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS

NAME OF AGENT FOR POWER OF ATTORNEY: _____

ADDRESS: _____

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

ALTERNATE POWER OF ATTORNEY: _____

ADDRESS: _____

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

MEDICAL POWER OF ATTORNEY

NAME OF AGENT: _____

ADDRESS: _____

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

NAME OF SUCCESSOR AGENT: _____

ADDRESS: _____

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

PART III – CHILDREN FROM CURRENT MARRIAGE

INFORMATION ABOUT YOUR CHILDREN WITH **CURRENT** SPOUSE

NAME	GENDER	AGE	CITY / STATE (RESIDENCE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____