

THE BORGER LAW FIRM PLLC

Estate Planning and Probate

www.borgerlaw.com

david.borger@borgerlaw.com

BASIC ESTATE PLAN INSTRUCTIONS

I. Group Will Preparation Program

Participation in the Group Will Preparation Program provides covered individuals and their spouses with the following basic estate planning documents:

- Last Will and Testament
- Living Will (Advanced Directive)
- Statutory Durable (Financial) Power of Attorney
- Medical Power of Attorney

Documents are drafted using the client information provided to me on Estate Planning Worksheet (EPW).

II. Procedure

A. The Form

The Estate Planning Worksheet should be completed from your keyboard on your computer desktop. Once completed, be sure to save your completed form, “[LAST NAME] Estate Planning Worksheet.pdf” on your computer desktop, and attach it to an email to david.borger@borgerlaw.com.

Your completed, saved form should retain the characteristics of the blank form, a single-document PDF. Worksheets that are hand-written or worksheets that are returned to me as multiple JPEGs are difficult to work with and will be rejected.

If you have complicated plans of distribution, for example, multiple and specialized trusts, detailed succession plans for back-up executors and agents, or multi-tiered distribution patterns, the Basic Plan probably won't meet your needs. We will have to schedule a more robust Intermediate Planning session at my regular hourly rates.

B. First Drafts

First drafts of your estate planning documents will be sent out to you, typically, 10-14 days after I receive your completed form. First drafts sometimes take longer depending on my litigation workload. If you need your documents sooner, for example, if you're going out of town, I may or may not be able to accommodate you. Please be prepared to make other arrangements.

If 14 days have passed and you have not received your drafts, please email me at david.borger@borgerlaw.com.

C. Review

Document review of first drafts is conducted via teleconference, only. Clients should call my office at 832-263-2100 and my staff will schedule an appointment to review documents, make

changes and corrections. Review time is limited by your plan to one hour and is usually confined to edits, corrections and revisions. If you would like to review and discuss each document and document provision separately, or if you need to make significant changes to the documents as drafted, I'm happy to schedule that, but that time is not covered by the Basic Plan. This Intermediate Review and Revision will be the subject of a separate legal services contract.

D. Signing Day

I schedule plan signings in my office at specific weekdays and times, typically T/Th/Friday afternoons, availability subject to my litigation schedule and notary availability. I schedule these appointments myself, so your signing is not calendared by my staff and should not be considered set until it is confirmed by me. Plan signings are not scheduled until the client approves each document as final. It is my goal to end every client review session with a calendar date for signing.

Witnesses - The Last Will and Testaments must be witnessed by two disinterested witnesses, who must both be over 14 years of age. I will provide the witnesses. If I am unable to locate witnesses for your plan signing, I'll let you know as soon as practicable and you can bring your own witnesses, or we can reschedule.

Notary – I use an independent notary from the community. The notary is not an employee of my firm and notary fees are not covered by your plan. The notary will charge \$6/stamp as authorized by the Texas Government Code. You should be prepared to make a payment to the notary at the conclusion of the signing ceremony, cash or check.

Procedure -- Signing day schedules do not provide us with time to review or make any edits or corrections, which should all be done prior to your arrival on signing day. *The day you come in to sign your estate planning documents should not be the first time you've read them.* If you haven't read your documents prior to signing, and you have questions, we will cancel the signing and schedule a teleconference for another review.



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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____