

ESTATE PLANNING WORKBOOK
Private and Confidential



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PERSONAL INFORMATION FORM

YOU AND YOUR FAMILY:

CLIENT 1: Full Legal Name: _____

Also known as: _____

Married? _____ Date of Marriage: _____ Place of Marriage: _____

Signature Name: _____

Date of Birth: _____ Social Security Number: _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Employer: _____ Position: _____ Income/Per: _____

Retired? _____ Date: _____ Hobbies: _____

E-mail Address: _____

Pets: _____

CLIENT 2: Full Legal Name: _____

Also known as: _____

Signature Name: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

Employer: _____ Position: _____ Income/Per: _____

Retired? _____ Date: _____ Hobbies: _____

E-mail Address: _____

Have either Client 1 or Client 2 given up a child for adoption?

Client 1: _____ Where? _____ Client 2: _____ Where? _____

YOUR CHILDREN				
Child's Name	Born to: Client 1 (C1) Client 2 (C2) Both (B) Single (S)	Sex	Date of Birth	Number of Grandchildren

HISTORICAL DATA AND INFORMATION

Are either Client 1 or Client 2 widowed? Client 1: _____ Client 2: _____

If yes, then:

(1) Deceased spouse/partner's name: _____

(2) Date of Death: _____

(3) Residence at Date of Death: _____

(4) Did spouse/partner leave will? _____

(5) Was there a probate of spouse/partner's estate? _____

County/State of Probate: _____

Are either Client 1 or Client 2 divorced? Client 1: _____ Client 2: _____

If yes, then:

(1) Name of ex-spouse/partner: _____

(2) Date of Divorce: _____

(3) City and State of Divorce: _____

DISTRIBUTIONS AFTER DEATH

SPECIFIC BEQUESTS

Please identify any items to be specifically left to individuals.

GENERAL BEQUESTS

Please note the general disposition of your estate. For example, note whether you want your estate to pass to the remaining spouse and then to all children equally. Please note whether you would like to include step children.

IDENTITY OF EXECUTOR

Please identify the legal name of the persons to serve as executor of your will. If you are married, usually your spouse/partner is the "Primary."

Client 1:

Primary: _____ Relationship to You _____

1st Alternate: _____ Relationship to You _____

2nd Alternate: _____ Relationship to You _____

Client 2:

Primary: _____ Relationship to You _____

1st Alternate: _____ Relationship to You _____

2nd Alternate: _____ Relationship to You _____

IDENTITY OF OTHER BENEFICIARY(S) (not your children if previously named)

Please include separate page with the following information:

Name/ Address: _____

Relationship to you: _____

Bequest: _____

Name/ Address: _____

Relationship to you: _____

Bequest: _____

CONTINGENCY TRUST FOR MINOR CHILDREN

Please note if you wish to set up a contingent trust for minor children and the age the children are to receive the distribution (100% upon turning 25, graduating college, etc.).

IDENTITY OF TRUSTEE

Please identify the legal name of the persons to serve as trustee for a contingent trust for minor children. The trustee should be someone other than your spouse since it is created if neither spouse is alive to care for such minor children.

Client 1:

Primary: _____ Relationship to You _____

1st Alternate: _____ Relationship to You _____

2nd Alternate: _____ Relationship to You _____

Client 2:

Primary: _____ Relationship to You _____

1st Alternate: _____ Relationship to You _____

2nd Alternate: _____ Relationship to You _____

ASSET MANAGERS FINANCIAL DECISION-MAKERS: (TRUSTEE / EXECUTOR / AGENT)

Please provide the legal names of the people that you trust to make financial decisions for you in the event that you are unable to communicate your own decisions. Please also indicate if you wish for there to be any limit on their statutory powers (example: tax matters, bank accounts, etc.). If you are married, usually your spouse/partner is the "Primary."

Client 1:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Client 2:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

2nd, 3rd, 4th Alternates should be listed on additional pages

HEALTH CARE DECISION MAKERS

Please provide the legal names of the people that you trust to make health care decisions for you in the event that you are unable to communicate your own decisions. If you are married, usually your spouse/partner is the "Primary."

Client 1:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Client 2:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

2nd, 3rd, 4th Alternates should be listed on additional pages

GUARDIANS (MINOR CHILDREN)

Please provide the full legal names of the people you trust to care for your minor children (under age 18) or incapacitated children (handicapped, etc.), if any. Please also indicate if you wish for the same person to serve as both guardian of the person and the estate. If you are married, usually your spouse/partner is the "Primary."

Client 1:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Client 2:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

2nd, 3rd, 4th Alternates should be listed on additional pages

Exclusion from Service: Is there anyone that you **specifically** want to exclude from serving as Agent for Financial or Medical or Guardian? (Please provide name, address, and relationship).

AGENT TO CONTROL REMAINS

Please provide the full legal names for the people that you trust to execute your last and final requests. Please also provide any specific instructions for your agent (type of service, location of service, etc.). If you are married, usually your spouse/partner is the "Primary."

Client 1:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Client 2:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Special Instructions: (Would you like to be cremated? Buried? Do you already have a plot or prepaid plan?):

GUARDIANS (ADULTS)

Please provide the full legal names for the persons you trust to care for you in the event you become incapacitated and unable to care for either yourself or your property. Please also indicate if you wish for the same person to serve as both guardian of the person and the estate.

Client 1:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

Client 2:

Primary: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

1st Alternate: _____ Relationship to You _____

Home Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____

HIPAA INFORMATION

Please provide the names, addresses, and phone numbers of any persons that should be listed on your HIPAA release form.
