

ESTATE PLANNING WORKSHEET

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Information Requested

Full Legal Name: _____

Name Normally Used: _____

County of Residence: _____ County, Texas

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: Home: _____

Cell: _____

Email Address: * _____

Occupation: _____

Name of Employer: _____

Employer's Address: _____

Street Address

City, State & Zip Code

Business Telephone: _____

Date of Birth: _____

Citizenship: U.S./Other: _____

***Please include email address for every individual named herein if available**

YOUR CHILDREN

(1)

Full Legal Name: _____

Name Normally Used: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____

Cell: _____

Work: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Born or Adopted: _____ (Born) **[Please Check One]** _____ (Adopted)

Names of Parents: _____

(2)

Full Legal Name: _____

Name Normally Used: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____

Cell: _____

Work: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Born or Adopted: _____ (Born) **[Please Check One]** _____ (Adopted)

Names of Parents: _____

(3)

Full Legal Name: _____

Name Normally Used: _____

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: Home: _____

Cell: _____

Work: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Born or Adopted: _____ (Born) **[Please Check One]** _____ (Adopted)

Names of Parents: _____

(4)

Full Legal Name: _____

Name Normally Used: _____

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: Home: _____

Cell: _____

Work: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Born or Adopted: _____ (Born) **[Please Check One]** _____ (Adopted)

Names of Parents: _____

[IF YOU HAVE MORE CHILDREN, PLEASE LIST THEM ON THE REVERSE OF THIS SHEET OF PAPER WITH THE SAME INFORMATION REQUESTED FOR YOUR CHILDREN, ABOVE. THANK YOU!]

MARITAL HISTORY

Previously Married? _____ (Yes) **[Please Check One]** _____ (No)

Date of Your 1st Marriage (If Any): _____
Month, Day, and Year

Full Legal Name of Former Spouse: _____

Terminated by: _____ (Death) **[Please Check One]** _____ (Divorce)

Date of Death or Divorce: _____
Month, Day, and Year

Date of your 2nd Marriage (If Any): _____
Month, Day, and Year

Full Legal Name of Former Spouse: _____

Terminated by: _____ (Death) **[Please Check One]** _____ (Divorce)

Date of Death or Divorce: _____
Month, Day, and Year

LAST WILL AND TESTAMENT: INDEPENDENT EXECUTOR

Name of First Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Second Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Third Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Fourth Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

LAST WILL AND TESTAMENT: TRUSTEE OF ANY CONTINGENT TRUST*

Name of First Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Second Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Third Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: _____
Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Fourth Choice: _____

Relationship to You: _____

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: _____
Home: _____
Cell: _____
Work: _____

Email Address: _____

* A contingent trust for a beneficiary, such as a child or grandchild, is a means by which to set aside probate assets for that beneficiary until he or she attains a certain age, certain ages, or for the beneficiary's lifetime.

For example, you may provide that your Estate passes to any such beneficiary all after attaining a certain age (e.g., all at age 25, 30, 35, etc.), or in fractional shares (e.g., 1/3 at age 21, 1/2 of the balance at age 25, and the remainder at age 30).

What type of contingent trust age or ages of distribution do you wish (i.e., when do you want the Contingent Trust to terminate?)

LAST WILL AND TESTAMENT:
GUARDIAN OF THE PERSON(S) OF YOUR MINOR CHILD (REN)

Name of First Choice: _____

Relationship to You: _____

Residence Address:

Street Address

City, State & Zip Code

Telephone:

Home: _____

Cell: _____

Work: _____

Email Address:

Name of Second Choice:

Relationship to You:

Residence Address:

Street Address

City, State & Zip Code

Telephone:

Home: _____

Cell: _____

Work: _____

Email Address:

Name of Third Choice:

Relationship to You:

Residence Address:

Street Address

City, State & Zip Code

Telephone:

Home: _____

Cell: _____

Work: _____

Email Address:

Name of Fourth Choice:

Relationship to You:

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

DISPOSITION OF YOUR ESTATE

WILL CONTEST PROVISIONS

You should consider adding Will Contest Provisions to your Last Will and Testament if you are contemplating disinheriting a family member who is in the legal line of descent, such as a child (ren), spouse, sibling(s), parent(s), etc., or leaving any family member *less* than an equal share of your Estate.

Do you wish to have a Will Contest Provision in your Last Will and Testament?

_____ Yes **[Please Check One]** _____ No

STATUTORY DURABLE POWER OF ATTORNEY

Name of First Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Second Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Third Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Fourth Choice: _____

Relationship to You: _____

Residence Address: _____
Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

DIRECTIVE TO PHYSICIAN AND FAMILY OR SURROGATES
MEDICAL POWER OF ATTORNEY, AND HIPAA AUTHORIZATION

Name of First Choice: _____

Relationship to You: _____

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Second Choice: _____

Relationship to You: _____

Residence Address: _____

Street Address

City, State & Zip Code

Telephone: Home: _____
Cell: _____
Work: _____

Email Address: _____

Name of Third Choice: _____

Relationship to You: _____

Residence Address:

Street Address

City, State & Zip Code

Telephone:

Home: _____

Cell: _____

Work: _____

Email Address:

Name of Fourth Choice:

Relationship to You:

Residence Address:

Street Address

City, State & Zip Code

Telephone:

Home: _____

Cell: _____

Work: _____

Email Address:
