

# ESTATE PLANNING WORKSHEET

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**Referred by:** (unless an existing client) \_\_\_\_\_

## Information Requested

## WIFE

## HUSBAND

Full Legal Name: \_\_\_\_\_

Name Normally Used: \_\_\_\_\_

Texas County of Residence: \_\_\_\_\_ County Same

Residence Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

Telephone: Home: \_\_\_\_\_ Same  
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: \_\_\_\_\_ U.S./Other: \_\_\_\_\_

## 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**

Date of Your Marriage: \_\_\_\_\_  
Month, Day, and Year

Premarital or Marital Agreement? \_\_\_\_\_ (Yes) **[Please Check One]** \_\_\_\_\_ (No)  
[If Yes, please furnish me a Copy]

**Wife** Previously Married? \_\_\_\_\_ (Yes) **[Please Check One]** \_\_\_\_\_ (No)

Full Legal Name of Former Spouse: \_\_\_\_\_

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

Date of Death or Divorce: \_\_\_\_\_

**Husband** Previously Married? \_\_\_\_\_ (Yes) **[Please Check One]** \_\_\_\_\_ (No)

Full Legal Name of Former Spouse: \_\_\_\_\_

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

Date of Death or Divorce: \_\_\_\_\_

**LAST WILLS AND TESTAMENTS: INDEPENDENT EXECUTOR**

**Name of First Choice:**

Other Spouse

**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 WILLS AND TESTAMENTS: TRUSTEE OF 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 WILLS AND TESTAMENTS:**  
**GUARDIAN OF THE PERSON(S) OF YOUR MINOR CHILD(REN)\***

**\* Persons Other Than Your Spouse as Guardian**

***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**

(This is very important to fill out; it is how you want your Estate distributed after your death.)

### **WIFE**

All to Husband; and if Husband Predeceases, All to Child (ren) (In Equal Shares) (subject to Contingent Trust, if applicable)

**OR**

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**HUSBAND**

All to Wife; and if Wife Predeceases, All to Child (ren) (In Equal Shares) (subject to Contingent Trust, if applicable)

**OR**

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**DISPOSITION IN THE EVENT OF A COMMON DISASTER**

**WIFE**

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**HUSBAND**

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**WILL CONTEST PROVISIONS**

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

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

**Wife:** \_\_\_\_\_ Yes **[Please Check One]** \_\_\_\_\_ No  
**Husband:** \_\_\_\_\_ Yes **[Please Check One]** \_\_\_\_\_ No



Residence Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State & Zip Code

Telephone:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address:

\_\_\_\_\_

**HUSBAND**

**Name of First Choice:**

Wife

**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: \_\_\_\_\_

**DIRECTIVES TO PHYSICIANS AND FAMILY OR SURROGATES,  
MEDICAL POWERS OF ATTORNEY, AND HIPPA AUTHORIZATIONS**

**WIFE**

**Name of First Choice:** Husband

**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:

\_\_\_\_\_

**HUSBAND**

**Name of First Choice:**

Wife

**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: \_\_\_\_\_