

WILL FACT SHEET

Date: _____

General Information:

Name: _____

Social Security #: _____

Home address: _____

Home phone: _____

Date established residence in Texas: _____

Date of birth: _____

U.S. Citizen? _____

Place of birth: _____

Employer: _____ Business phone: _____

Business address: _____

Email address: _____

Marital status: _____ Year married: _____ Place (state) married: _____

Do you have a Will? _____ *(if you answered "yes" please attach copy)*

Are you the trustee of any trusts? _____

Wife

Wife's name: _____

Social Security #: _____

Date of birth: _____

U.S. Citizen? _____ Place of birth: _____

Employer: _____ Business phone: _____

Business address: _____

Email address: _____

Children of this marriage

Name (print full name)

Birth Date

PRIOR MARRIAGE(S)

Your prior marriages:

To whom: _____ Date terminated: _____

Residence at date of termination: _____

Children of your prior marriage(s):

Name (print full name)

Birth Date

Have you adopted your wife's children by her prior marriage(s)? _____

Wife's prior marriages:

To whom: _____ Date terminated: _____

Residence at date of termination: _____

Children of Wife's prior marriage(s):

Name (print full name)

Birth Date

Has wife adopted your children by your prior marriage(s): _____

FIDUCIARIES

Your appointments:

WILL AND TESTAMENT

Executor: _____ **Relationship:** _____

Address: _____

Second choice: _____ *Relationship:* _____

Address: _____

Third choice: _____ *Relationship:* _____

Address: _____

Guardian of Minors: _____ **Relationship:** _____

Address: _____

Second choice: _____ *Relationship:* _____

Address: _____

Third choice: _____ *Relationship:* _____

Address: _____

Have you inherited property in the last ten years? _____

Amount Inherited	Person from whom inherited	Date
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Attach copy of estate tax return (if available)

STATUTORY DURABLE POWER OF ATTORNEY

Gives the person named broad power and authority to deal with your property in the event you become incapacitated.

First choice: _____ Relationship: _____

Address: _____

Phone: _____

Second choice: _____ *Relationship:* _____

Address: _____

Phone: _____

Third choice: _____ *Relationship:* _____

Address: _____

Phone: _____

MEDICAL DURABLE POWER OF ATTORNEY

Gives the person named the authority to make health care decisions for you if you are incapacitated and unable to make the decisions yourself.

First choice: _____ Relationship: _____

Address: _____

Phone: _____

Second choice: _____ *Relationship:* _____

Address: _____

Phone: _____

Third choice: _____ *Relationship:* _____

Address: _____

Phone: _____

DIRECTIVE TO PHYSICIANS

Indicates your wishes regarding medical treatment in the event of a terminable illness (also known as a “living will”); gives the person named the authority to make treatment decisions for you if you are unable to do so yourself.

First choice: _____ Relationship: _____

Address: _____

Phone: _____

Second choice: _____ *Relationship:* _____

Address: _____

Phone: _____

Third choice: _____ *Relationship:* _____

Address: _____

Phone: _____

DISPOSITION OF PROPERTY

Your Desires

A. Special Bequests

Special Gifts you desire to make in your will:

Name of person	Relationship	Property to be given
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1 _____

Alternate Person: _____

2 _____

Alternate Person: _____

3 _____

Alternate Person: _____

4 _____

Alternate Person: _____

Residuary Estate.

In your own words, describe the way you want the balance of your property to pass under your will in each of the following circumstances. (Use back of sheet if necessary):

(a) If your spouse and children survive you.

(b) If your children survive you, but your spouse does not survive you.

(c) If neither your spouse nor children survive you.

(d) If your spouse survives you, but your children do not survive you.

(e) Favorite charity:

Your Remarks:

DESCRIBE SPECIAL FUNERAL OR OTHER ARRANGEMENTS
