

PERSONAL DATA WORKSHEET

Please Print Clearly

PERSONAL DATA

YOU

YOUR SPOUSE

Full Name:	_____	_____
Name on TX DL:	_____	_____
County of Residence:	_____	_____
Home Address:	_____	_____
City, State Zip	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Citizenship:	_____	_____

Circle One:	Burial or Cremation	Burial or Cremation
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FAMILY MEMBERS

YOU

YOUR SPOUSE

<u>FATHER</u>	Living: [] Yes [] No	<u>FATHER</u>	Living: [] Yes [] No
Name: _____		_____	
Phone: _____		_____	
Address: _____		_____	
City/ State/ Zip _____		_____	

<u>MOTHER</u>	Living: [] Yes [] No	<u>MOTHER</u>	Living: [] Yes [] No
Name: _____		_____	
Phone: _____		_____	
Address: _____		_____	
City/ State/ Zip _____		_____	

BROTHERS AND SISTERS

YOU

YOUR SPOUSE

1. Name: _____	_____
Phone: _____	_____
Address: _____	_____
City/ State/ Zip _____	_____

2. Name: _____
Phone: _____
Address: _____
City/ State/ Zip _____

3. Name: _____
Phone: _____
Address: _____
City/ State/ Zip _____

CHILDREN: List all children of you and your spouse.

1. Name: _____ Age: _____ Date of Birth: _____
Adopted or from a Previous Marriage: _____
Address: _____
Names of Your Son/Daughter's Children (grandchildren):

2. Name: _____ Age: _____ Date of Birth: _____
Adopted or from a Previous Marriage: _____
Address: _____
Names of Your Son/Daughter's Children (grandchildren):

3. Name: _____ Age: _____ Date of Birth: _____
Adopted or from a Previous Marriage: _____
Address: _____
Names of Your Son/Daughter's Children (grandchildren):

4. Name: _____ Age: _____ Date of Birth: _____
Adopted or from a Previous Marriage: _____
Address: _____
Names of Your Son/Daughter's Children (grandchildren):

MARITAL HISTORY

Date of Current Marriage: _____

What State were you married in: _____

MARITAL HISTORY Continued

YOU

Previously Married: [] Yes [] No

Ended by Divorced: [] Yes [] No

When: _____ Where _____

Ended by Death: [] Yes [] No

When: _____ Where _____

YOUR SPOUSE

Previously Married: [] Yes [] No

Ended by Divorced: [] Yes [] No

When: _____ Where _____

Ended by Death: [] Yes [] No

When: _____ Where _____

Obligations To or From Former Spouse:

YOU

1. Child Support: _____

2. Alimony: _____

3. Other: _____

YOUR SPOUSE

1. Child Support: _____

2. Alimony _____

3. Other _____

PREVIOUS ESTATE PLANNING DOCUMENTS IN EXISTENCE:

Are wills currently in existence for you or your spouse?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Are Living or Revocable Trusts currently in existence for you or your spouse?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Are Powers of Attorney in existence for you or your spouse?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Are Medical Powers of Attorney in existence for you or your spouse?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Are Directives to Physicians, living wills, do not resuscitate orders, or any other documents requesting your physician not to artificially prolong your life when death is imminent, in existence?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Are Durable Powers of Attorney in existence for you or your spouse?

YOU: [] Yes [] No Dated: _____ Location: _____

YOUR SPOUSE: [] Yes [] No Dated: _____ Location: _____

Additional Documents:

- ____ Family Partnership Agreements ____ Irrevocable Trusts for Grandchildren
- ____ Partition Agreements ____ Family Foundation
- ____ Irrevocable Trusts for Children ____ Insurance Trusts

Do you, your spouse, or your children have any expectation of receiving by gift or inheritance any substantial amount of property from persons?

YOU: [] Yes [] No

If yes, specify: _____

YOUR SPOUSE: [] Yes [] No

If yes, specify: _____

Do you, your Spouse, or your children have any interest in or receive income from any trust or estate?

YOU: [] Yes [] No If yes, furnish copies of legal instrument or applicable will if available.

YOUR SPOUSE: [] Yes [] No If yes, furnish copies of legal instrument or applicable will if available.

FIDUCIARY APPOINTMENTS

EXECUTOR:

The Executor is the person or entity appointed in your will to represent and administer your estate.

Please list in the order of preference, the person(s) who you would like to serve as your executor.

Who would you want to serve as your agent, including your spouse?

YOU

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

YOUR SPOUSE If list is the same as Spouse please write SAME

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____
3. Name: _____
Address: _____
Phone: _____

TRUSTEE:

The Trustee is the person or entity appointed in your will or trust instrument to manage the assets transferred to a trust for the benefit of its beneficiaries. If a trust is appropriate to your estate plan, who would you want to serve as the Trustee of any trusts? Please list in order of preference.

YOU

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____
3. Name: _____
Address: _____
Phone: _____

YOUR SPOUSE If list is the same as Spouse please write SAME

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____
3. Name: _____
Address: _____
Phone: _____

GUARDIAN:

The Guardian is the person appointed in your will to take care of your child(ren) in the event your spouse dies without naming a Guardian or predeceases you. If a Guardian is appropriate to your estate plan, who would you want to serve as the Guardian of your child(ren)? Please list in order of preference:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

MEDICAL POWER OF ATTORNEY:

A Medical Power of Attorney is a written instrument appointing an agent to make health care decisions when you are incapable of making or communicating such decisions. Who would you want to serve as your agent, including your spouse? Please list in order of preference.

YOU

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

YOUR SPOUSE If list is same as Spouse please write SAME

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____
Address: _____
Phone: _____

DIRECTIVE TO PHYSICIANS (LIVING WILL)

A Directive to Physicians, also known as a living will or a do not resuscitate order (“DNR”), is a written instrument directing your physician as to whether or not you want to artificially prolong your life when death is imminent. I will draft that basic document and you will decide these issues at the signing of the wills.

DURABLE POWER OF ATTORNEY:

A Durable Power of Attorney is a written instrument designating an individual to serve as an agent to make various legal decisions when you are incapable of making or communicating such decisions yourself. Who would you want to serve as your agent, including your spouse? Please list in order of preference.

YOU

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

YOUR SPOUSE If list is the same as Spouse please write SAME

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

HIPAA:

Congress passed a law entitled the Health Insurance Portability and Accountability Act (“HIPAA”) that limits disclosure of protected medical information. This authorization is necessary so that medical providers will readily give protected medical information to any family and/or friends designated by this authorization. Please list in order of preference the persons that you would like to have the ability to receive this information.

YOU

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____
3. Name: _____
Address: _____
Phone: _____

YOUR SPOUSE If list is the same as Spouse please write SAME

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____
3. Name: _____
Address: _____
Phone: _____

DISTRIBUTION OF ESTATE

Please outline the distribution of your estate in the space below. Be as specific as possible. You must tell me if you want someone to receive a particular item, please list that item and the individual who should be the beneficiary.

ITEM

BENEFICIARY