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ESTATE PLANNING WORKSHEET FOR SINGLE PERSON

Appointment Date: _____

Full Legal Name: _____

Name As You Sign on Documents: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ County of Home: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Birthdate: _____ Age: _____

Social Security #: _____ Sex: M F

Marital Status: _____ U.S. Citizen? Y N

Living Children	Name			Date of Birth
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____
	_____	M	F	_____

Deceased Children:

_____	M	F	Descendants? Y	N
_____	M	F	Descendants? Y	N
_____	M	F	Descendants? Y	N

Are any of your children to be disinherited? _____ yes _____ no

If yes, who? _____

What age should your future beneficiaries receive / handle funds on their own? _____ (think also grandchildren / future generations)

GUARDIANS FOR MINOR CHILDREN

Please list the individuals or couples you would like to have as guardians for your minor children, and their relationship to you.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

EXECUTOR OF WILL *(you do not need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to be the Executor of your Will.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

MEDICAL POWER OF ATTORNEY *(no need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to make medical decisions for you if you are unable to make such decisions yourself.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

DURABLE POWER OF ATTORNEY *(no need to repeat addresses if same as above, write 'same')*

Please list the individuals you would like to make financial and business decisions for you if you are unable to do so.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

DECLARATION OF GUARDIAN FOR ESTATE AND PERSON

Please list the individuals you would like to be the guardians of your person if you are incapacitated *but still alive*.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

Please list the individuals you would like to be the guardians of your estate if you are incapacitated.

1st Choice: .Name _____ Address _____

Relationship: _____ Phone: _____

1st Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

2nd Alternate: Name _____ Address _____

Relationship: _____ Phone: _____

What is your general plan of distribution for your property, upon your death?

Primary Beneficiaries:

Alternate Beneficiaries:

GENERAL INFORMATION ABOUT YOURSELF:

How did you hear about us? _____

OTHER CONCERNS OR COMMENTS WHICH YOU FEEL WILL BE HELPFUL IN AIDING THE ATTORNEY IN PLANNING YOUR ESTATE: