

ESTATE PLANNING INFORMATION FORM

Personal and Confidential

* **Work with me conveniently: Most people work with me remotely via their phone and computer to save time and money. If you live in the surrounding Austin area, when available I can meet with you at my office or any other convenient place for an additional fee.**
* **Take control: A Texas will lets you decide where your assets will go after your death instead of letting the court system decide for you.**
* **Save money: Avoid unnecessary legal fees and court costs for your family members and your estate.**
* **Help your children: If you have minor children, make sure that they are taken care of by someone you trust.**
* **Reduce stress: Prevent your assets from getting unnecessarily tied up in the court system. This saves your family from additional financial and emotional distress.**

**PLEASE CONTACT ME WITH ANY QUESTIONS:** **keith@texaswillattorney.com** **[To best protect your confidential information, please send messages via a secure MyCase online account. To get a MyCase account, please email me to request one. I can then send you an email to give you an account that is free and easy to use.] Or call me at 512-294-5719. If you would like to schedule a time for a call, please email me to request a time.**

**On your computer please fill out the sections below as needed (if you need to add more notes, please attach a separate document with this form). The gray-colored boxes below the questions will expand as you type your answers. At any time you can save your changes and come back to finish it later. When you are done, save your final changes and forward the completed form to me. Although it is possible to email the completed form to me, to best protect your confidential information please forward it to me via a secure MyCase online account [please see above].**

**PRICING AND PURCHASING CONDITIONS:**

**I charge reasonable fees for my services, and you will know up front exactly how much money my services will cost you before I actually do the work. The fees listed below are for estate documents that do not need trust provisions or complex tax planning. Simple testamentary trusts cost an additional $250 for each trust. The fees for creating documents also assume no office visits are required, i.e. all communications will be done by phone and/or online. Each office visit or any other in-person meeting costs an additional $300.**

**After receiving your completed Estate Planning Information Form and assessing your estate planning needs I will forward you an Agreement For Legal Services (“Agreement”) that will include a final quote for my fees. For most of my clients the fees fit within the pricing below. However, if I determine that your circumstances will require additional work and fees beyond those shown below, the Agreement I forward you will reflect those additions. You are not obligated to use or pay for my services by merely filling out this form and receiving a quote from me.**

**If you decide that you want me to create the documents for you under the terms listed in the Agreement that I send you, then pay the advance fee that will be quoted in the Agreement. You will be able to securely pay this advance fee online with a credit card or your bank account information. Per the guidelines of the Texas Disciplinary Rules of Professional Conduct, this advance fee will be kept in a trust account until the various stages of work are completed. I will not begin working on your legal documents until and unless I receive the advance fee that will be quoted in the Agreement I send to you.**

**After payment of the advance fee, I am usually able to create and share first drafts of the documents for you to look over within 3 business days. After making any requested changes I will deliver the final documents along with advice and instructions on how to sign and use the documents per your chosen method of delivery (email/mail/in person when I am available). You will have thirty (30) days from receipt of your legal documents to ask questions about them at no additional charge. I will stay in contact with you throughout the whole process.**

**Are you interested in an** [**Estate Planning Package**](https://texaswillattorney.com/estate-planning-basics/) **for you that includes a** [**Simple Will**](https://texaswillattorney.com/wills/)**,** [**Power of Attorney**](https://texaswillattorney.com/power-of-attorney/)**,** [**Medical Power of Attorney**](https://texaswillattorney.com/medical-power-of-attorney/)**,** [**Living Will**](https://texaswillattorney.com/living-wills/)**, and** [**HIPAA Authorization**](http://texaswillattorney.com/hipaa-authorization/)**? [subject to PRICING AND PURCHASING CONDITIONS on page 1]**

**[ ]  Yes for an individual - $750 [+$250 to add a testamentary trust]**

**[ ]  Yes for a married couple - $1150 [+$250 to add a testamentary trust] [two sets of documents] [each person must fill out their own individual form]**

**[ ]  No**

**If you answered 'No' above, which particular legal document or documents are you looking for?**

**[ ]  Simple Will - $500 [two Simple Wills for a married couple - $750] [+$250 to add a testamentary trust] [subject to PRICING AND PURCHASING CONDITIONS on page 1]**

**[ ]  Power of Attorney - $225**

**[ ]  Medical Power of Attorney - $150**

**[ ]  Living Will - $100**

**[ ]  HIPAA Authorization - $100**

**How do you want me to deliver the documents and instructions to you?**

**[ ]  Email – FREE [you must get the documents notarized on your own - most of my clients do this]**

**[ ]  Priority Mail - $95**

**[ ]  Delivery in person with notary services provided (only in the Austin area and you must supply 2 witnesses for wills) $350**

**\* ALL LISTED FEES SUBJECT TO CHANGE WITHOUT NOTICE AND ARE NOT GUARANTEED \***

**I will not begin working on your legal documents until you have received a final quote from me and you have paid the advance fee listed in that final quote. If you are interested in an Estate Planning Package for you that includes a Will, Power of Attorney, Medical Power of Attorney, Living Will and HIPAA Authorization, then you will need to complete every section below. If you are only looking for certain documents then only fill out the sections needed. Please be as accurate and as complete as possible. You can attach an extra document with notes to this form if needed. If you want to learn more about a particular document (eg. Power of Attorney), then please visit** [**TexasWillAttorney.com**](http://texaswillattorney.com/)**. If you need additional information or have other questions, please feel free to** [**contact me**](http://texaswillattorney.com/contact/)**.**

**SECTION A - YOUR PERSONAL INFORMATION**

**SECTION B - WILL**

**SECTION C - POWER OF ATTORNEY (authorizes someone to make financial decisions for you)**

**SECTION D - MEDICAL POWER OF ATTORNEY (authorizes someone to make medical decisions for you if you become incapacitated)**

**SECTION E - LIVING WILL (instructs doctors what to do if you have an irreversible or terminal condition and you are not able to communicate)**

**SECTION F – HIPAA (authorizes doctors and insurance companies to share your private healthcare information)**

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**SECTION A - YOUR PERSONAL INFORMATION [MUST BE FILLED OUT NO MATTER WHICH DOCUMENTS YOU ARE INTERESTED IN]**

1. Your Full Legal Name (first middle last):

2. Your Address:

(a) Street, City, State, Zip Code

(b) County

3. Your Email Address:

4. Your Phone Number Including Area Code:

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**SECTION B - WILL [MUST BE FILLED OUT IF YOU ARE INTERESTED IN GETTING A WILL]**

1. If you are married, what is the full legal name (first middle last) of your spouse? If you are not married, please say so.

2. If you have any, please list the full names and ages of all of your biological and/or adopted children:

(a) Full Name (first middle last)

Age

(b) Full Name (first middle last)

Age

(c) Full Name (first middle last)

Age

(d) Full Name (first middle last)

Age

3. If you are married and have any stepchildren whom you have not legally adopted, do you wish to treat them as your children for the purposes of your Will?

[ ]  Yes [ ]  No [ ]  Not applicable

4. If you answered 'Yes' in #3 above, please list their full names and ages:

(a) Full Name (first middle last)

Age

(b) Full Name (first middle last)

Age

If you have additional stepchildren, please list them in #14 further below (place for additional notes).

5. Is your estate valued in excess of $10 million?

[ ]  Yes [ ]  No

6. Do you own any real estate outside of Texas?

[ ]  Yes [ ]  No

7. Do you own any tax deferred assets like IRA’s or a 401(k)?

[ ]  Yes [ ]  No

8. **Distribution of your estate if you are married.** **[Please complete #8 out if you are married, leave blank if you are single]**

(a) Do you wish to leave all of your property to your surviving spouse?

[ ]  Yes [ ]  No

(b) If you answered “Yes” to (a), then if your spouse dies before you do:

(1) How do you want your personal and household effects divided?

 (2) If you want to name backup beneficiaries to (1), please name them here:

(3) How do you want your residuary estate (the rest of your estate) divided?

 (4) If you want to name backup beneficiaries to (3), please name them here:

(c) If you answered "No" to (a), then:

(1)(a) How do you want your personal and household effects divided? [examples: 1) half to my spouse, the rest equally to my children, 2) none to my spouse, all equally between my children, 3) half to my spouse, the other half to my sister]

 (1)(b) If you want to name backup beneficiaries to (1)(a), please name them here:

(2)(a) How do you want your residuary estate (the rest of your estate) divided?

(2)(b) If you want to name backup beneficiaries to (2)(a), please name them here:

(d) Do you have any specific requests or additional notes?

9. **Distribution of your estate if you are single.** **[Please complete #9 out if you are single, leave blank if you are married]**

(a) How do you want your personal and household effects divided? [examples: 1) all equally to my children, 2) half equally to my children, the other half to my mother, 3) all to my sister]

(b) If you want to name backup beneficiaries to (a), please name them here:

(c) How do you want your residuary estate (the rest of your estate) divided?

(d) If you want to name backup beneficiaries to (c), please name them here:

(e) Do you have any specific requests or additional notes? You can send me a separate document if you prefer.

10. Executor [The person who will be in charge of carrying out the terms of your Will] [usually your spouse if you are married, but it doesn’t have to be]

(a) Do you want your executor to have the power to access your digital assets? Digital assets include things like mobile phones, storage devices, email/social media/file sharing accounts, digital music/photos/videos, online accounts, etc. If you do not answer, then I will assume that you do not want your executor to have access.

(b) What is the full name of the person you choose to be the executor of your Will? (first middle last)

(c) If you want to have an alternate or backup executor (you do not have to have one, but it is recommended) what is their full name? (first middle last)

(d) If you want to have a second alternate or backup executor (you do not have to have one) what is their full name? (first middle last)

11. Trusts & Guardianships For Young Children **[SKIP IF YOU DO NOT HAVE ANY MINOR OR YOUNG ADULT CHILDREN]**

(a) It is recommended to create trusts upon your death for any minor children who will inherit assets from you, because they cannot have direct access to those assets until they turn 18. This could also be for young adult children if you think it would be best for them to not have control of larger financial assets until they are more financially and emotionally mature.

 (1) At what age would you like your children’s inheritance to be distributed to them? (examples: 18, 25, 35, etc.)

 (2) What is the full name of the person you choose to be the Trustee for these Trusts? (first middle last)

(3) What is the full name of the person you choose to be the alternate or backup Trustee for these Trusts? (first middle last)

(b) You should also appoint a guardian for your minor children in case you were to die at a time when the other parent is also already

deceased.

 (1) Do you want the guardian(s) to be the same person(s) you appointed as the Trustee(s) of their trust? (often is the same person, but does not have to be)

 [ ]  Yes [ ]  No

 (2) If you answered “No” to (1) above, what is the full name of the person you want to be named as the Guardian?

 (3) If you answered “No” to (1) above, what is the full name of the person you choose to be the alternate or backup Guardian?

12. “Special needs” Situations

(a) Do any of your beneficiaries have "special needs"? [These would include medical, psychological or other physical needs that may expose them to significant future medical expenses and entitle them to governmental assistance (Medicaid and/or Supplementary Security Income (SSI)) based on that need.]

[ ]  Yes [ ]  No

(b) If you answered "Yes" in (a) above, please describe the situation.

13. If you want to include any specific funeral or burial instructions (not required), please include them here.

14. Do you have any additional notes? [You can send an extra document with this form if you prefer.]

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**SECTION C - POWER OF ATTORNEY (authorizes someone to make financial decisions for you) [MUST BE FILLED OUT IF YOU ARE INTERESTED IN GETTING A POWER OF ATTORNEY]**

1. When do you want the Power of Attorney to become effective?

[ ]  Effective Immediately [ ]  Effective Only Upon My Incapacity (most common, but depends on your situation)

2. Your Agent will be entitled to reimbursement for reasonable expenses. Do you also want your Agent to be entitled to reasonable compensation?

[ ]  Yes [ ]  No (most common if the agent is a family member or friend, but it’s totally up to you)

3. Information about your Agent. [The person whom you want to have Power of Attorney for you] [usually your spouse if you are married, but it doesn’t have to be]

(a) What is the full name of your Agent? (first middle last)

(b) What is the Agent’s address? (street, city, state, zip code)

(c) What is the Agent’s phone number including area code?

4. If you want to have an alternate or backup Agent (you do not have to have one, but it is a good idea), please include the information below.

(a) What is the full name of your alternate or backup Agent? (first middle last)

(b) What is the Agent’s address? (street, city, state, zip code)

(c) What is the Agent’s phone number including area code?

(d) Do you want this Agent to be a back-up to the first Agent you named or a co-agent with the first Agent you named?

[ ]  Back-up [ ]  Co-agent

(e) If you answered “Co-agent” in (d) above, do you want your co-agents to be able to act independently from each other or do you want them to be able to act only if they act jointly together?

[ ]  Independently [ ]  Jointly

5. If you want to have an additional alternate or backup Agent (you do not have to have one), please include the information below.

(a) What is the full name of your additional alternate or backup Agent? (first middle last)

(b) What is the Agent’s address? (street, city, state, zip code)

(c) What is the Agent’s phone number including area code?

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**SECTION D - MEDICAL POWER OF ATTORNEY (authorizes someone to make medical decisions for you if you become incapacitated) [MUST BE FILLED OUT IF YOU ARE INTERESTED IN GETTING A MEDICAL POWER OF ATTORNEY]**

1. Do you want to use the same Agent(s) for your Medical Power of Attorney that you used for your Power of Attorney in SECTION C? [If you answer ‘Yes’, there is no need to fill out questions 2-4]

[ ]  Yes [ ]  No

2. Information about your Agent. [The person whom you want to have Medical Power of Attorney for you] [usually your spouse if you are married, but it doesn’t have to be]

(a) What is the full name of your Agent? (first middle last)

(b) What is the Agent’s address? (street, city, state, zip code)

(c) What is the Agent’s phone number including area code?

3. If you want to have an alternate or backup Agent (you do not have to have one, but it is a good idea), please include the information below.

(a) What is the full name of your alternate or backup Agent? (first middle last)

(b) What is the alternate or backup Agent’s address? (street, city, state, zip code)

(c) What is the alternate or backup Agent’s phone number including area code?

4. If you want to have a second alternate or backup Agent (you do not have to have one), please include the information below.

(a) What is the full name of your second alternate or backup Agent? (first middle last)

(b) What is the second alternate or backup Agent’s address? (street, city, state, zip code)

(c) What is the second alternate or backup Agent’s phone number including area code?

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**SECTION E - LIVING WILL (instructs doctors what to do if you have an irreversible or terminal condition and you are not able to communicate) [MUST BE FILLED OUT IF YOU ARE INTERESTED IN GETTING A LIVING WILL]**

1. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

[ ]  Comfort Treatment Only [ ]  All Life-Sustaining Treatments

2. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

[ ]  Comfort Treatment Only [ ]  All Life-Sustaining Treatments

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**SECTION F - HIPAA AUTHORIZATION (authorizes doctors and insurance companies to share your private healthcare information) [MUST BE FILLED OUT IF YOU ARE INTERESTED IN GETTING A HIPAA AUTHORIZATION]**

1. Do you want to use the same Agent(s) for your HIPAA Authorization that you used for your Medical Power of Attorney in SECTION D? [If you answer ‘Yes’, there is no need to fill out questions 2-4]

[ ]  Yes [ ]  No

2. Information about your Representative. [The person whom you want to have access to your private health care information]

(a) What is the full name of your Representative? (first middle last)

(b) What is the Representative’s address? (street, city, state, zip code)

(c) What is the Representative’s phone number including area code?

3. If you want to have a second Representative (you do not have to have one, but it is a good idea), please include the information below.

(a) What is the full name of your second Representative? (first middle last)

(b) What is the second Representative’s address? (street, city, state, zip code)

(c) What is the second Representative’s phone number including area code?

4. If you want to have a third Representative (you do not have to have one), please include the information below.

(a) What is the full name of your third Representative? (first middle last)

(b) What is the third Representative’s address? (street, city, state, zip code)

(c) What is the third Representative’s phone number including area code?

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**THIS IS THE LAST PAGE OF THE ESTATE PLANNING INFORMATION FORM. PLEASE REMEMBER TO SAVE YOUR CHANGES. THEN PLEASE SEE THE FIRST PARAGRAPH ON PAGE 1 OF THIS FORM FOR INSTRUCTIONS ON HOW TO FORWARD THE COMPLETED FORM TO ME.**