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Estate Planning Information

Thank you for contacting us about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Either mail the completed form to us at the above address or bring it with you to your estate planning appointment.

Personal Information		
	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Work Telephone:		
Work Fax:		
Cell Number:		
Email Address:		
Home Address (Include County):		
Home Telephone:		
Date and Place of Marriage:		
If you have lived outside Texas during this marriage, please list the states and dates of residence:		
If either of you were previously married, list the dates of prior marriage, name or prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:	You	Your Spouse
Burial Wishes:		

Personal Information

Description	Current Fair Market Value	How Is Title Held?*
Bank Accounts <i>(not IRAs and Retirement Plans)</i>		
Stocks, Bonds and Mutual Funds <i>(not IRAs and Retirement Plans)</i>		
Closely Held Businesses, Partnerships, Etc.		
Real Estate		
Automobiles, Boats, Etc.		
Other Property		
Total		

* If you know if the property is your separate property, your wife=s separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

Liabilities	
Description	Amount
Mortgages	
Other Liabilities	
Total	

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit
Total				

Dispositive Plan:

{Describe in general terms how you wish to leave your property at death. Including any trusts (minor, special needs, etc.) and trust provisions, specific bequests of individual items, compensation to fiduciaries, desire of a no contest clause, etc.}

Other Beneficiaries
(Information about persons other than your spouse and descendants who you wish to benefit.)

Full Name	Age	Address	Relationship to You

Fiduciaries
List name, address, home telephone and relationship to you for each person)

	You	Your Spouse
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries. This person cannot be a convicted felon)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		

Durable Power of Attorney Agent: (This agent is the person who will handle your financial affairs if you become incapacitated.)		
First Alternate Property Agent:		
Second Alternate Property Agent:		
Guardian of You as an Adult - Person: (The guardian is the person who will take physical care of you as an adult if you become incapacitated.)		
First Alternate Guardian of the Person:		
Second Alternate Guardian of the Person:		
Guardian of You as an Adult - Estate: (The guardian is the person who will take care of your estate as an adult if you become incapacitated.)		
First Alternate Guardian of the Estate:		
Second Alternate Guardian of the Estate:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		

Living Will (Directive to Physicians): _____ Yes _____ No

Trust Provisions:

_____ Age of Termination

Bond: Waive _____ Do Not Waive _____

Compensation: _____ Yes _____ No

Executor Provisions:

Bond: Waive _____ Do Not Waive _____

Compensation: _____ Yes _____ No

No Contest Clause Included: _____ Yes _____ No