

ESTATE PLANNING WORKBOOK  
*Private and Confidential*



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# PERSONAL INFORMATION FORM

## YOU AND YOUR FAMILY:

**CLIENT 1:** Full Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Married? \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Signature Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Income/Per: \_\_\_\_\_

Retired? \_\_\_\_\_ Date: \_\_\_\_\_ Hobbies: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Pets: \_\_\_\_\_

**CLIENT 2:** Full Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Signature Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Income/Per: \_\_\_\_\_

Retired? \_\_\_\_\_ Date: \_\_\_\_\_ Hobbies: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*Have either Client 1 or Client 2 given up a child for adoption?\*\*\*

Client 1: \_\_\_\_\_ Where? \_\_\_\_\_ Client 2: \_\_\_\_\_ Where? \_\_\_\_\_

## YOUR CHILDREN

Child's Name	Born to: Client 1 (C1) Client 2 (C2) Both (B) Single (S)	Sex	Date of Birth	Number of Grandchildren

## HISTORICAL DATA AND INFORMATION

Are either Client 1 or Client 2 widowed?      Client 1: \_\_\_\_\_      Client 2: \_\_\_\_\_

If yes, then:

- (1) Deceased spouse/partner's name: \_\_\_\_\_
- (2) Date of Death: \_\_\_\_\_
- (3) Residence at Date of Death: \_\_\_\_\_
- (4) Did spouse/partner leave will? \_\_\_\_\_
- (5) Was there a probate of spouse/partner's estate? \_\_\_\_\_

County/State of Probate: \_\_\_\_\_

Are either Client 1 or Client 2 divorced?      Client 1: \_\_\_\_\_      Client 2: \_\_\_\_\_

If yes, then:

- (1) Name of ex-spouse/partner: \_\_\_\_\_
- (2) Date of Divorce: \_\_\_\_\_
- (3) City and State of Divorce: \_\_\_\_\_

# **DISTRIBUTIONS AFTER DEATH**

## **SPECIFIC BEQUESTS – CLIENT 1**

Please identify any items to be specifically left to individuals. Specific bequests can include a certain amount of money or other financial assets, or tangible property (such as jewelry, property, vehicles, etc.)

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## **SPECIFIC BEQUESTS – CLIENT 2**

Please identify any items to be specifically left to individuals. Specific bequests can include a certain amount of money or other financial assets, or tangible property (such as jewelry, property, vehicles, etc.)

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## **REMAINDER BEQUEST – CLIENT 1**

Please note the general disposition of your estate after the specific bequests are distributed. For example, note whether you want your estate to pass to the remaining spouse and then to all children equally. Please note whether you would like to include step children.

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## REMAINDER BEQUEST – CLIENT 2

Please note the general disposition of your estate after the specific bequests are distributed. For example, note whether you want your estate to pass to the remaining spouse and then to all children equally. Please note whether you would like to include step children.

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Do you wish to include an afterborn children clause in your will, meaning that any child born after the execution of your Will shall be entitled to inherit a share of your estate?

Client 1: \_\_\_\_\_ (Yes/No)

Client 2: \_\_\_\_\_ (Yes/No)

## IDENTITY OF EXECUTOR

Please identify the legal name of the persons to serve as executor of your will. If you are married, usually your spouse/partner is the “Primary.”

### Client 1:

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

### Client 2:

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

**IDENTITY OF OTHER BENEFICIARY(S) (not your children if previously named)**

Please include separate page with the following information:

Name/ Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Bequest: \_\_\_\_\_

Name/ Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Bequest: \_\_\_\_\_

**CONTINGENCY TRUST FOR MINOR CHILDREN**

Please note if you wish to set up a contingent trust for minor children and the age the children are to receive the distribution (100% upon turning 25, graduating college, etc.). Please identify the age(s) upon which the children are to receive the distribution and any specific instructions you wish to include as a part of the contingent trust.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDENTITY OF TRUSTEE**

Please identify the legal name of the persons to serve as trustee for a contingent trust for minor children. The trustee should be someone other than your spouse since it is created if neither spouse is alive to care for such minor children.

**Client 1:**

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

**Client 2:**

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

**ASSET MANAGERS** FINANCIAL DECISION-MAKERS: (TRUSTEE / EXECUTOR / AGENT)

Please provide the legal names of the people that you trust to make financial decisions for you in the event that you are unable to communicate your own decisions. Please also indicate if you wish for there to be any limit on their statutory powers (example: tax matters, bank accounts, etc.). If you are married, usually your spouse/partner is the “Primary.”

**Client 1:**

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Client 2:**

Primary: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Alternates should be listed on additional pages**

## **HEALTH CARE DECISION MAKERS**

Please provide the legal names of the people that you trust to make health care decisions for you in the event that you are unable to communicate your own decisions. If you are married, usually your spouse/partner is the “Primary.”

### **Client 1:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Client 2:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_



**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Alternates should be listed on additional pages**

Please provide any specific instructions you wish to leave to your health care agent concerning your medical treatment (i.e. specific medical treatment you do or do not wish to receive.)

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**GUARDIANS (MINOR CHILDREN)**

Please provide the full legal names of the people you trust to care for your minor children (under age 18) or incapacitated children (handicapped, etc.), if any. Please also indicate if you wish for the same person to serve as both guardian of the person and the estate. If you are married, usually your spouse/partner is the “Primary.

**Client 1:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Client 2:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Alternates should be listed on additional pages**

**Exclusion from Service:** Is there anyone that you **specifically** want to exclude from serving as Agent for Financial or Medical or Guardian? (Please provide name, address, and relationship).  
\_\_\_\_\_  
\_\_\_\_\_

**AGENT TO CONTROL REMAINS**

Please provide the full legal names for the people that you trust to execute your last and final requests. Please also provide any specific instructions for your agent (type of service, location of service, etc.). If you are married, usually your spouse/partner is the "Primary."

**Client 1:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Client 2:**

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Special Disposition Instructions:** (Would you like to be cremated? Buried? Do you already have a plot or prepaid plan?):

Client 1:

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Client 2:

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## GUARDIANS (ADULTS)

Please provide the full legal names for the persons you trust to care for you in the event you become incapacitated and unable to care for either yourself or your property. Please also indicate if you wish for the same person to serve as both guardian of the person and the estate.

### Client 1:

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Client 2:

**Primary:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **HIPAA INFORMATION**

Please provide the names, addresses, and phone numbers of any persons that should be listed on your HIPAA release form.

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