



# ROBERTS & ROBERTS, LLP

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## ESTATE PLAN INFORMATION SHEET

This form is designed to collect the information that we normally need to complete estate planning documents, and to be flexible enough to accommodate the most common choices that people make. However, you should not feel constrained by the form. If you wish to set up your plan in a way that doesn't logically fit on this form, simply make your own notes in whatever format you like and we will follow up with you if we need clarification. The form will still be useful for organizing your thought process.

The form is divided into sections. Part 1 (General Information) should be completed in every case. Among the other parts, fill out only those sections that relate to the documents you wish to have prepared. For a general explanation of the various available options, please see: <https://www.robertslegalfirm.com/estateplan.html>.

### PART 1: GENERAL INFORMATION

Who referred you to this office? \_\_\_\_\_

Please supply the following information about yourself:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please supply the following information about your spouse:

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Please supply the following information about each of your children. (*Attach additional pages if necessary.*)

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Do any of your children have any special needs or disabilities that require special planning in order to ensure they qualify for governmental assistance, such as Supplemental Security Income (SSI) or Social Security Disability Benefits (SSDI)?

No  Yes (specify): \_\_\_\_\_

Please supply the following information about each of the people who will be named as your agent or representative in some capacity, such as agents under powers of attorney, or an executor or trustee. *(Attach additional pages if necessary.)*

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Full name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART 2: INFORMATION FOR A LAST WILL & TESTAMENT OR TRUST**

**General.** Please supply the following information about your estate:

Is the gross (total) value of everything that you and your spouse own (including insurance) close to or more than \$12,920,000.00? If so, please call us to discuss possible estate tax planning issues before proceeding.

Do you currently have a Will or Trust? \_\_\_\_\_ If so, please provide a copy.

Do you have an accountant, CPA, or other professional who assists you with your tax-related matters? If so, please provide the following:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Is any of your property subject to the terms of a court order such as a divorce decree or bankruptcy plan, a prenuptial or antenuptial agreement, trust, or other legal instrument? \_\_\_\_\_ If so, please provide a copy.

Please describe any nonprobate assets you own. Nonprobate assets are those that will be paid to a beneficiary you designate. Typical examples include: life insurance; annuities; retirement plans; and accounts, deposits and investments held as joint tenants with right of survivorship or having a "pay on death" designation. (*Attach additional pages if necessary.*)

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Please describe anything that you own located outside Texas.

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

**Guardian.** If you have a minor child, who do you wish to care for that child?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

**Specific Gifts.** If you wish to leave a particular item to a specific person, indicate your wishes here. (*Attach additional pages if necessary.*)

Item: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

If you no longer own the item at your death, do you wish to make an alternate gift to the person named above?  
 No  Yes (*specify*): \_\_\_\_\_

If the person named above predeceases you, this gift should (*check one*):

be included with your "remainder" (*see below*)

be divided among the children of the person named above

pass to someone else (*specify*): \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

If you no longer own the item at your death, do you wish to make an alternate gift to the person named above?  
 No  Yes (*specify*): \_\_\_\_\_

If the person named above predeceases you, this gift should (*check one*):

be included with your "remainder" (*see below*)

be divided among the children of the person named above

pass to someone else (*specify*): \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

If you no longer own the item at your death, do you wish to make an alternate gift to the person named above?  
 No  Yes (*specify*): \_\_\_\_\_

If the person named above predeceases you, this gift should (*check one*):

be included with your "remainder" (*see below*)

be divided among the children of the person named above

pass to someone else (*specify*): \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

If you no longer own the item at your death, do you wish to make an alternate gift to the person named above?  
 No  Yes (*specify*): \_\_\_\_\_

If the person named above predeceases you, this gift should (*check one*):

be included with your "remainder" (*see below*)

be divided among the children of the person named above

pass to someone else (*specify*): \_\_\_\_\_

**Remainder:** To whom do you wish to leave the rest of your estate? (*Choose one.*)

Option 1: All to one person (*specify*): \_\_\_\_\_

If the person named above predeceases you, this gift should (*check one*):

be divided among the children of the person named above

pass to the following persons / entities in the order named:

1. \_\_\_\_\_

2. If #1 is dead then to: \_\_\_\_\_

3. If #2 is dead then to: \_\_\_\_\_

Option 2: All to the following persons in the percentages indicated:

\_\_\_\_\_ % to \_\_\_\_\_

If any person named above predeceases you, his or her share should (*check one*):

be divided among his or her children

be divided in equal shares among the other people listed above

**Special Provisions.**

Do you have an agreement with another person not to change any of the foregoing gifts? (For example, spouses sometimes agree that they will each leave each other everything in their respective Wills, and that those provisions cannot be changed during their lifetimes unless they both agree.) If so, please describe.

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

**Other.** If there are any items you would like to include in your Will or Trust not covered elsewhere in this form, please make a note here.

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

**Provide the following information if you prefer to have a Will rather than a Living Trust.**

**Executor.** Who do you wish to act as executor of your estate?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**Testamentary Trust.** If any beneficiary of your will is a minor or otherwise not yet mature enough to responsibly manage the gift, you should consider leaving the gift in trust. The trustee can provide funds to the beneficiary as needed, but the beneficiary cannot control the funds until the trust terminates.

At what age should the trust terminate and remaining funds be distributed? \_\_\_\_\_

Who would you like to act as the trustee?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Do you wish to include a “no-contest” clause in your will? The clause will provide that if any beneficiary under your will unsuccessfully attempts to challenge your will, any gift you have made to that person will be revoked. (\_\_\_\_)  
Yes (\_\_\_\_) No

**Provide the following information if you prefer to have a Living Trust**

**NOTE:** Even if you have a Trust you need a special kind of Will called a Pour-Over Will. A Pour-Over Will is a “safety net” that catches any assets you may have neglected to add to your Trust and sweeps them into the Trust. However, if all your assets are correctly titled in the Trust at your death there will be no need to probate the Pour-Over Will.

**Trustee.** Who do you wish to act as Trustee of your Trust?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Do you wish for your Trust to be revocable? (\_\_\_\_) Yes (\_\_\_\_) No

At what age should the trust terminate and remaining funds be distributed free of trust? \_\_\_\_\_

**PART 3: INFORMATION FOR A POWER OF ATTORNEY**

Who would you like to act as your agent for handling your financial affairs?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

If your agent is to have full authority, including the power to handle transactions involving your real estate, please furnish copies of the deeds to each of your properties. (We require the full legal description from a deed, survey or other similar instrument. **THE DESCRIPTION ON YOUR TAX STATEMENT IS NOT SUFFICIENT.**)

If you have any special instructions or limits on your agent's authority, specify here.

\_\_\_\_\_

\_\_\_\_\_

**PART 4: INFORMATION FOR A MEDICAL POWER OF ATTORNEY / DIRECTIVE TO PHYSICIANS**

Who would you like to act as your agent for making health care treatment decisions for you?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

If you have any special instructions or limits on your agent's authority, specify here.

\_\_\_\_\_

\_\_\_\_\_

Do you want to authorize your medical agent to make end of life decisions for you? (\_\_\_\_) Yes (\_\_\_\_) No