

ESTATE PLANNING DOCUMENT CHECKLISTS

GENERAL INFORMATION

1. Client's Full Current Name: _____
2. Other Names: _____
3. Current Residence: _____

4. Phone: _____
5. E-mail: _____
6. Family Information:
 - a. Spouse's Name: _____
Wedding date: _____
Information about prior marriages: _____

 - b. Children's Names and Birthdates:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____

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c. Mother: _____

d. Father: _____

e. Other relevant family information, e.g., live-in partner, grandchildren, siblings:

WILL

1. Specific gifts of property (heirlooms), if any:

<u>Item</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>

2. Remainder of estate (or entire estate if no specific gifts):

a. Primary: _____

b. Contingent: _____

3. Survival Period for beneficiaries is statutorily set at 120 hours (5 days). Does client want to change this? If yes, survival period desired (normally 30-60 days): _____.

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4. Is there any potential heir whom client does **not** want to inherit anything from the estate under any circumstance? If yes, list: _____
5. If client is married, does s/he want any divorce proceedings ongoing at the time of death to impact the will? Yes; or No.
6. If client is making specific gifts, does client want gifts in the will to pass subject to the debts (i.e., mortgage)? Yes; or No.
7. If any of the beneficiaries are minors or disabled, discuss with client whether the property should be left in trust, rather than outright, to the beneficiary. If yes,
- a. Beneficiaries: _____

- b. Trustees (with alternates): _____

- c. How will the trust property be distributed (normally, for health, education, and support in the discretion of the trustee)? _____

- d. Events that terminate the trust (typically earlier of death of all beneficiaries or all beneficiaries reaching a specified age such as 25): _____

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e. Who gets property when trust ends? (typically surviving beneficiaries or, if none, a contingent beneficiary) _____

f. Bond requirement (normally “no” due to cost)? Yes; or No

g. Trustee compensated (normally “no” due to cost)? Yes; or No

8. Independent Executor (list alternatives):

a. Bond Requirement (normally “no” due to cost)? Yes; or No.

b. Executor Compensated (normally “no” due to cost)? Yes; or No.

9. Guardians for Minor Children (list alternatives):

Person: _____

Bond Requirement (usually “no” due to cost)? Yes; or No.

Estate (often the same): _____

Checklist for Drafting & Execution:

- o Include testimonium
- o Include self proving affidavit
- o Two witnesses not mentioned in the will, and over 14 years old

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- Initial lines on each page for testator and two witnesses
- No precatory language
- Ex toto pagination
- Clause revoking prior wills and codicils

**DURABLE POWER OF ATTORNEY
(PROPERTY)**

1. Limitations on powers? Normally, all statutory powers are granted. Nonetheless, ask if there is any property-related matter the client does not want the agent to have authority to do. _____

2. Special Instructions (e.g., not sell items specifically gifted in the will): _____

3. Choose One (if neither option is chosen, assumption is for first option)

a. PoA **NOT** affected by subsequent disability or incapacity (effective immediately).

b. PoA effective upon disability or incapacity.

**MEDICAL POWER OF
ATTORNEY**

1. Agent: _____
Last Name First Name Middle Name

Address

Phone Number

1st Alternate Agent:

Last Name First Name Middle Name

Address

Phone Number

2nd Alternate Agent:

Last Name First Name Middle Name

Address

Phone Number

2. Limitations on Power: _____

3. Location of Original: _____

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4. Individuals or Institutions with Signed Copies (names and addresses):

Caveat:

- Client reads and signs “Information Concerning the Medical Power of Attorney” *before* signing the medical power of attorney.

<p>GUARDIAN SELF- DESIGNATION</p>
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In the normal case, the guardians of the person will be the same as the medical care agents and the guardians of the estate will be the same as the property management agents.

1. Guardian of the Person:

_____	_____	_____
Last Name	First Name	Middle Name

Address		

Phone Number		

1st Alternate Guardian:

_____	_____	_____
Last Name	First Name	Middle Name

Address		

Phone Number		

2nd Alternate Guardian:

_____	_____	_____
Last Name	First Name	Middle Name

Address		

Phone Number		

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3rd Alternate Guardian:

Last Name	First Name	Middle Name
Address		
Phone Number		

2. Guardian of the Estate (may be the same as Guardian of the Person):

Last Name	First Name	Middle Name
Address		
Phone Number		

1st Alternate Guardian:

Last Name	First Name	Middle Name
Address		
Phone Number		

2nd Alternate Guardian:

Last Name	First Name	Middle Name
Address		
Phone Number		

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3rd Alternate Guardian:

Last Name	First Name	Middle Name
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Address

Phone Number

3. Express Disqualifications: _____

HIPAA AUTHORIZATION

In the normal case, the individuals named are the same as the medical care agents.

#1: _____
Last Name First Name Middle Name

Address

Phone Number

#2 _____
Last Name First Name Middle Name

Address

Phone Number

#3 _____
Last Name First Name Middle Name

Address

Phone Number

**DIRECTIVE TO
PHYSICIANS**

1. If client is in a terminal condition and would die within six months, would client rather:

- a. Be kept comfortable, but no life saving measures; or
- b. Be kept alive in the terminal condition

2. If the client is in an irreversible condition, would client rather:

- a. Be kept comfortable, but no life saving measures; or
- b. Be kept alive in the terminal condition

3. Any specific treatments wanted or not wanted: _____

<p style="text-align: center;">BODY DISPOSITION AGENT</p>
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1. Agent: _____
Last Name First Name Middle Name

Address

Phone Number

1st Successor Agent:

Last Name First Name Middle Name

Address

Phone Number

2nd Successor Agent:

Last Name First Name Middle Name

Address

Phone Number

2. Special Directions: _____

ANATOMICAL GIFTS

If client wishes to make anatomical gifts, have client go to <https://www.donatelifetexas.org/> and register.