Estate Worksheet - Williams Law Office, PC

Full Name (as it is to appear on your documents)					
Spouse's full name (as it is to appear on yo	ur documents):				
Address:	Phone:				
	T				
County:					
Referred by:	Date of birth:				
Who does your taxes?					
Spouse's phone:	Spouse's email:				
Spouse's employer:	Spouse's date of birth:				
Previous spouse(s)'s full name(s):					
How and when did the previous ma	rriage end?				
Number of children in this marriage:					
Number of children from previous marriage	e:				
Children's name(s) and birthdates (list all):					
What estate documents do you want prepar	red for you?				
will durable power of attorney	health care representative living trust	guardianship other			
What are the primary goals of your estate p simplicity avoid probate					

(The following pages apply to each set of documents you wish to be prepared for you. You need only answer the pages that apply to you.)

WILL

Name of executor (after spouse)					
Execu	tor's address				
2 nd Executor's address					
Who v	will inherit your esta	ate and how will it be d	ivided after yo	ur death?	
	u want a trust estab	lished in your will?	YES	NO	
If	so, name of trustee				
Ad	ddress of trustee				
Ве	eneficiaries of trust	(list all names and relat	ionship)		
Te	erms for distribution	of trust property			
		give to a particular pe		S NO	
If so:	property	person		relationship	
Any s	pecial circumstance	s to be handled in your	will?		

Living Trust/Asset Protection Trust (if applicable) What is the purpose of establishing a trust?				
Will the trust be: REVOCABLE IRREVOCABLE				
What will be the name of the trust?				
Will the trust be put into place now or at some time in the future? If in the future, what event				
would trigger the trust being put into place?				
Name of trustee				
Address of trustee				
If Asset Protection Trust, SSN of Trustee				
Name of 2 nd trustee				
Address of 2 nd trustee				
Property to be included in trust (be as detailed as possible)				
Terms for distribution of trust property to beneficiaries				
Are there any special circumstances which need to be considered in your trust planning?				

POWER OF ATTORNEY

✓Communicate with medical staff

Who would you have serve as your Power of Attorney (including spouse)?								
Address of Power of Attorney								
Do you wish to name an Alternate Power of Attorney?								
Is the Power of Attorney to be effective: (circl immediately on	e one) date upon incompetence							
Do you have any previous Powers of Attorney If so, are they: (circle one)	? YES NO revoked superceded							
HEALTH CARE REPRESENTATIVE Who would you have serve as your H	Tealth Care Representative (including spouse)?							
Who would be the alternate Health Care Representation	esentative?							
Do you have any previous Health Care appoin	tments? YES NO							
If so, are they: revoked	superseded							
Do you wish to grant all of these powers to yo Yes No (mark through t	<u> </u>							
✓ Life sustaining measures ✓ Access to medical records ✓ Admission/discharge to medical facilities ✓ Contract with health care facilities ✓ Hire/discharge care services ✓ Authorize medication & procedures ✓ Authorize comfort care	✓ Make funeral arrangements ✓ Authorize machines to prolong life ✓ Authorize assisted feedings (dementia) ✓ Withdraw health care ✓ Withhold health care ✓ Discontinue health care							

GUARDIAN (if needed)
Name of Guardian (if you and spouse are not living)
Address of Guardian
Phone of Guardian Relationship of Guardian
SPECIAL CIRCUMSTANCES Are there any special circumstances which need to be considered in your estate planning? If so, what?