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### **ESTATE PLANNING WORKSHEET**

This estate planning worksheet asks some very specific questions. The reason for that is that as your attorney, we need to have certain information in order to assist you at minimizing your tax liability, protecting your children, and looking out for your needs should you become incapacitated. Accordingly, we are explaining the goals and the process of the estate planning process in each section to assist you in understanding the process.

**Estate planning** is the process of anticipating and arranging, during a person's life, for the management and disposal of that person's [estate](#) during the person's life and after death, while minimizing gift, estate, generation skipping transfer, and income tax. Estate planning includes planning for incapacity as well as a process of reducing or eliminating uncertainties over the administration of a [probate](#) and maximizing the value of the estate by reducing [taxes](#) and other expenses. The ultimate goal of estate planning can be determined by the specific goals of the client, and may be as simple or complex as the client's needs dictate. Guardians are often designated for minor children in some estates.

### **LAST WILL & TESTAMENT**

Wills are a common estate planning tool, and are usually the simplest device for planning the distribution of an estate upon the Testator's death. If you a person dies intestate (without a will), their heirs will inherit your property, according to

Texas statutes for intestate distribution. For example, surviving spouses inherit their deceased spouses' community property. But what if your deceased spouse owned separate property? Well, under Texas law, the distribution may be different than that of community property, depending on the makeup of the family.

Wills typically, list for the following:

1. Spouse and Children and Beneficiaries of your estate;
2. Making provisions for specific and general bequests upon your death; and
3. Describing who will be your executor, the person handling your affairs.

A will is witnessed by two witnesses and a notary republic for the witnesses and the testator.

**Identity of Testator (The person making the will):**

1. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:	Home:		Work:	
DOB:	Age:	County:		

2. Current marital status: \_\_\_\_\_

a. If currently married, what is your spouse's current legal name:

Name of Spouse: \_\_\_\_\_

b. If you have ever been divorced, please list the full legal name of each ex-spouse and the date the divorce was finalized.

\_\_\_\_\_

c. If any former spouse is deceased, please list their full legal name and the date of death.

\_\_\_\_\_

3. Do you have any children? \_\_\_\_\_

Please list full current legal names of **all** of your children. Please indicate whether child is a biological, step, or adopted son or daughter. If a child is married, please indicate and include birth and married name. (\*Listing your child here does not mean you must leave anything to him/her.)

a. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

b. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

c. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

d. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

More children? Please attach extra pages if necessary.

4. If your children are under 18, who do you want appointed as **Guardian** for your child(ren) you may have at the time of your death if your spouse does not survive you? (Name only one person, not married couples.)

a. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

5. Who do you want to appoint as **Executor or Executrix** of your Last Will and Testament? (This is the person(s) that will probate the Will.) You may appoint Co-Executors.

a. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	
Co-Executor?				

6. If any Executor named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following as **Successor Executor**:

a. Name: \_\_\_\_\_

Address:		City:	State:	Zip:
Cell:		Home:		Work:
DOB:	Age:		Relationship to You:	

7. Do you own **property**? \_\_\_\_\_

If yes, please list each property separately on a separate sheet and attach if you need more space. **If you have a copy of the deed(s) or current lease(s) please attach.** Attach additional pages as needed.

Name(s) on Deed: \_\_\_\_\_

- a. Legal Description of property (usually on deed) if not, please provide below:

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- b. Physical address of property: \_\_\_\_\_

- c. Estimated Value of property: \_\_\_\_\_  
d. Is property considered to be a ranch? \_\_\_\_\_  
e. Is there any oil & gas, etc.? \_\_\_\_\_  
f. Is the property homesteaded? \_\_\_\_\_

8. In your will, who would you like to leave your **real property** (land) and improvements (house, barns, etc. on the property) to?

Property	Beneficiary

9. To whom are you leaving your **personal household items** (jewelry, cars, cash in accounts, stock, etc.)? If you have several specific bequests, please make a list on a separate sheet and attach it.

Name of Personal Item/Cash/Account	Beneficiary


10. Do you have any certain wishes regarding your funeral that you would like to advise your Executor to handle? Do you have any information regarding pre-purchased burial plots or plans that you need to inform your Executor about? If yes, please explain:

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11. If you are going to execute your will remotely, you will need to have two witnesses. (You cannot have a beneficiary of your will as a witness.) If so:

Witness Number One Name: \_\_\_\_\_

Address:	City:	State:	Zip:
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Witness Number Two Name: \_\_\_\_\_

Address:	City:	State:	Zip:
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12. Who will retain **your original will** for safekeeping? At the firm, we can retain your original will if you would like in our safe. I would like Reese & Escobar, L.L.P. to retain the original will: \_\_\_\_ If not, the following:

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

Address:	City:	State:	Zip:
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Who will retain a **copy of your will**?

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

Address:	City:	State:	Zip:
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### **DURABLE POWER OF ATTORNEY:**

A **power of attorney (POA)** or **letter of attorney** is a written authorization to represent or act on another's behalf in private affairs, business, or some other legal matter. The person authorizing the other to act is the *principal, grantor, or donor* (of the power). The one authorized to act is the *agent*, attorney, or in some **common law** jurisdictions, the **attorney-in-fact**. The power of attorney can be effective immediately after signing or only if you become incapacitated.

1. Who do you want to appoint as Primary Agent of your **Statutory Durable Power of Attorney**?

a. Name: \_\_\_\_\_

Address:	City:	State:	Zip:
Cell:	Home:	Work:	
DOB:	Age:	Relationship to You:	

- b. Should this Power of Attorney be effective immediately\_\_\_\_\_, or only after you are incapacitated\_\_\_\_\_?

2. If any named **Statutory Durable Power of Attorney** dies, becomes legally disabled, resigns, or refuses to act, who do you name as **successors**: (each to act alone and in the order named) ?

a. Alternate One Name: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

b. Alternate Two Name: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

### POWER OF ATTORNEY FOR HEALTH CARE:

In the field of medicine, a **healthcare proxy** (commonly referred to as A Power of Attorney for Health Care) is a document (legal instrument) with which a patient (primary individual) appoints an **agent** to legally make healthcare decisions on behalf of the patient, when the patient is incapable of making and executing the healthcare decisions stipulated in the proxy. Many individuals prepare these prior to having surgery, but one can be prepared in case the situation arrives without prior planning.

1. Who do you want to appoint as Primary Agent of your **Medical Power of Attorney**?

a. Name:

\_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

b. Should this Power of Attorney be effective immediately\_\_\_\_\_,  
or only after you are incapacitated\_\_\_\_\_?

2.. In the case that the named **Medical Power of Attorney** dies, becomes legally disabled, resigns, or refuses to act, who do you name as successors: (each to act alone and successively, in order named)?

a. Alternative One Name: \_\_\_\_\_



Address:	City:	State:	Zip:
Phone:	Relationship to You:		

a. Alternative Two Name: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

## **DIRECTIVE TO PHYSICIANS/LIVING WILL**

A living will (Directive to Physicians) usually provides specific directives about the course of treatment healthcare providers and caregivers are to follow. In some cases a living will may forbid the use of various kinds of burdensome medical treatment. It may also be used to express wishes about the use or foregoing of food and water, if supplied via tubes or other medical devices. The living will is used only if the individual has become unable to give informed consent or refusal due to incapacity. A living will can be very specific or very general. An example of a statement sometimes found in a living will is: "If I suffer an incurable, irreversible illness, disease, or condition and my attending physician determines that my condition is terminal, I direct that life-sustaining measures that would serve only to prolong my dying be withheld or discontinued."

A Directive to Physicians will be prepared as a party of your estate package. You will be allowed to make your decision about whether or not you wish to be sustained by life support if you suffer from a terminable illness or injury that is most likely to result in death at the time you sign the directive.

## **HIPPA RELEASE**

This document allows family members and/or friends to access a patient's medical care information. Medical privacy is a right that's protected by law. This privacy can be opened by a patient signing a **HIPAA release** form that authorizes loved ones to receive information about a patient's health.

1. Who would you like to have **access to your private medical records (HIPPA RELEASE)**?

Name:	
Name:	
Name:	
Name:	
Name:	

## **DECLARATION OF GUARDIAN**

A Declaration of Guardian is a legal document where a client tells the court who they want to serve as their guardian if there is ever a guardianship proceeding for them. There are two types of guardians: Guardian of your estate, and guardian of your person.

**Guardian of the Estate:** The Guardian of a person's estate is entitled to possess and manage your property including all of the assets in the client's estate. The Guardian of the Estate will also enforce any obligation in favor of the client and bring and defend lawsuits by or against the client.

**Guardian of the Person:** The Guardian of the person has the duty to provide care, supervision, and protection of the client. This includes providing clothing, food, medical care (i.e., decisions regarding operations, medications, and medical procedures and treatments) and shelter.

Ordinarily, a guardian of the estate will not be needed if a client has named an agent under a power of attorney for financial matters and a guardian of your person will not be needed if you have named an agent under a healthcare power of attorney. However, it is important to know that a Guardianship trumps a Power of Attorney. Therefore, if a Guardianship of the Estate is granted by a Court, the named Guardian of the Estate shall replace the agent named in the Durable Power of Attorney. Likewise, if a Guardianship of the Person is granted by a Court, the named Guardian of the Person will supersede the agent named in the Medical

Power of Attorney. The person(s) named will only serve if the client becomes incapacitated.

1. If a **Guardian** would need to be appointed for your person, who would you like to appoint to be in charge/take care of you?

Guardian of Person First Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Guardian of Person Second Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Guardian of Person Third Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Who would you **not** want to be Guardian of your person?

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2. If a **Guardian** would need to be appointed for your estate, who would you like to appoint to be in charge/take care of your finances?

Guardian of Estate First Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Guardian of Estate Second Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Guardian of Estate Third Choice: \_\_\_\_\_

Address:	City:	State:	Zip:
Phone:	Relationship to You:		

Who would you **not** want to be Guardian of your estate?

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**Date of Completion:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Reviewed by attorney: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_

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