

Melinda Watts Smith

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WILL INFORMATION INTAKE FORM

Please print!

Full Name: _____ Married Single Divorced

Spouse's Full Name: _____

Address: _____

Telephone: (W) _____ (H) _____

	Your child by current spouse	Your child by previous spouse	Spouse's child by previous spouse
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Child: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you have no children, list your desired beneficiaries and the percentage of your estate you wish them to inherit:

1. _____ Relationship: _____ Percentage: _____

2. _____ Relationship: _____ Percentage: _____

3. _____ Relationship: _____ Percentage: _____

VALUE OF ESTATE

Approximate value of your estate, including home, automobiles, cash, IRAs, pension plans, savings accounts, life insurance policies, etc.: \$ _____

APPOINTMENTS

EXECUTOR

The **Executor** is the person who gathers together the assets and distributes them in accordance with the terms of your will. If you are married, the first choice for Executor is normally your spouse, or another close family member or friend. I also strongly recommend the appointment of an alternate Executor. Your Executor or Alternate does not have to live in Texas or be related to you.

EXECUTOR: _____ Relationship: _____

ALTERNATE EXECUTOR: _____ Relationship: _____

FOR PARENTS WITH MINOR CHILDREN (under 18)—If no minor children, skip to “Powers of Attorney”

TRUSTEE AND SUCCESSOR TRUSTEE OF TRUST

The **Trustee** handles the money for the minor children and makes distributions for the benefit of the minor children in the Trustee’s sole discretion. The trust for the minor children is not effective until both parents are deceased. This person may be, but is not required to be, the Guardian for Minor Children you choose below:

TRUSTEE: _____ Relationship: _____

ALTERNATE TRUSTEE: _____ Relationship: _____

At what age/ages do you want outright distributions to your children? At what age do you want the trust to terminate? Usually, you want the children to have the opportunity to complete college BEFORE they receive any outright distributions. Common distributions are: 1/2 at 25 and balance at 30; 1/3 at 25, 1/3 at 30, balance at 35; or, all at 25. The size of the trust and the number of children could influence this decision. The primary purpose of the trust is to pay for education and major health problems, which is done before any outright distributions.

Distributions: _____ Termination: _____

GUARDIAN FOR MINOR CHILDREN (under 18)

The **Guardian** is the person who will take care of your children until they reach 18. This is a very important decision. Please do not list couples, as it raises a question, in the event of divorce, of which spouse you intended to have your children.

GUARDIAN: _____ Relationship: _____

ALTERNATE GUARDIAN: _____ Relationship: _____

POWERS OF ATTORNEY

Statutory Durable Power of Attorney (Financial)

Please list below the people (“Agents”) you want to grant authority to act on your behalf in business and financial matters. This power of attorney granted to such persons can be made effective upon your execution of the document, or later upon your incapacity as determined by a physician.

FIRST AGENT: _____ Relationship: _____

Address: _____

_____ Telephone: _____

ALTERNATE AGENT: _____ Relationship: _____

Address: _____

_____ Telephone: _____

Medical Power of Attorney

Please list below the people (“Agents”) you want to grant authority to act on your behalf as it relates to health care decisions. **THIS IS NOT A “DO NOT RESUSCITATE” ORDER OR A DIRECTIVE TO PHYSICIANS.** This power of attorney only becomes effective upon your incapacity as determined by a physician.

FIRST AGENT: _____ Relationship: _____

Address: _____

_____ Telephone: _____

ALTERNATE AGENT: _____ Relationship: _____

Address: _____

_____ Telephone: _____

Directive to Physicians (“Living Will”)

No additional information is required for the preparation of this form.