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WILL INFORMATION SHEET

WILL

The information set forth below is for the preparation of a basic Will in which the Beneficiary (ies) designated by you receive(s) all of your property. In the event your children are listed as beneficiaries and they are minors, the property will be held in trust for their benefit.

1. Full legal name: _____
Home address: _____
County of residence: _____
Home telephone: _____
Mobile telephone: _____
Email Address: _____
2. Spouse's full legal name: _____
Home address: _____
County of residence: _____
Home telephone: _____
Mobile telephone: _____
3. Have you executed a pre- or post-nuptial agreement? _____
4. Have you been previously married? If so, please furnish:
Name of former spouse: _____
Marriage terminated by: _____
Approximate date: _____

5. Names and birth dates of children (indicate if by a prior marriage): _____

6. Person whom you would like to manage your estate in the event of your death (executor or executrix): _____

7. Alternate person whom you would like to manage your estate if the person named in No. 6 above predeceases you: _____

8. Name of person whom you would like to be Trustee of your children's trust in the event of your death (note this should be someone other than your spouse as your children will only inherit if your spouse predeceases you): _____

9. Name of person or persons whom you would like to be successor Trustee if the person named in No. 9 above should predecease you: _____

10. Name of person or persons whom you would like to be appointed Guardian of your minor children in the event of your death (note should be someone other than your child's other parent): _____

11. Name of person whom you would like to be appointed alternate Guardian of your minor children in the event of your death: _____

1. Name, address and telephone number of person you wish to be your agent (attorney-in-fact) to transact business for you in the event of your incapacity: _____

2. Name and address and telephone number of person you wish to be your successor agent (attorney-in-fact) to transact business for you in the event of your incapacity if your agent named above should become unable to serve: _____

MEDICAL POWER OF ATTORNEY

1. Name, address and telephone number of person you wish to be your agent to make medical decisions for you in the event of your incapacity: _____

2. Name, address and telephone number of person you wish to be your alternate agent to make medical decisions for you in the event of your incapacity if your agent named above should become unable to serve. (You are not required to name an alternate agent, but you may do so.) __

3. Name, address and telephone number of person you wish to be your second alternate agent to make medical decisions for you in the event of your incapacity if both your agents named above should become unable to serve. (You are not required to name a second alternate agent, but you may do so.) _____

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES (LIVING WILL)

1. Name of person you wish to make medical and/or life support decisions for you if you do not have a Medical Power of Attorney in place. _____

HIPAA RELEASE

1. Name of person you wish to have access to your medical records (generally the same as the person appointed according to your Medical Power of Attorney):
