



NOTE: THIS INFORMATION IS LEGALLY PRIVILEGED

## ESTATE PLANNING INFORMATION FORM

### *Personal and Confidential*

Please complete the form below to the best of your ability. Our firm relies upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

#### Client Information

Full name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ U.S. citizen  Yes  No

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone number \_\_\_ ( ) \_\_\_\_\_ Cell phone number \_\_\_ ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Business telephone number \_\_\_ ( ) \_\_\_\_\_

#### Spouse Information (if applicable)

Full name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ U.S. citizen  Yes  No

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone number \_\_\_ ( ) \_\_\_\_\_ Cell phone number \_\_\_ ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Business telephone number \_\_\_ ( ) \_\_\_\_\_

DALE A. BURROWS\*

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ADAM BURROWS

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Burrows Law Group is a OBA of Law Office of Dale A. Burrows, P.C.

**Marriage**

Have you and your spouse signed a Premarital Agreement?  Yes  No

Have you or your spouse been divorced?  Yes  No

**Children (if applicable)**

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Identify any child who is not a natural or adopted child of both you and your spouse. Identify which, if any, of your children are deceased.

Name of child	Date of birth	Marital status	Child of
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both
_____	____/____/____	_____	<input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Both

For any child who is not a natural or adopted child of both you and your spouse, please indicate whether the child was born out of a previous:  Marriage  Relationship

Have any children received an advance on their inheritance or are any children financially indebted to you?  
 Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason NOT to treat your children equally?

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of the children under a disability?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special concerns or objectives regarding your children?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guardian(s)**

Who do you wish to appoint as Guardian(s) should you pass away leaving a minor child? A guardian has physical and legal control over your children until they reach the age of 18.

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Alternate Guardian(s)**

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Executor**

Who should be Executor of your estate? An Executor is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**First Alternate/Successor Executor**

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Second Alternate/Successor Executor**

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Trusts**

Do you see a need for trusts for your spouse or children to restrict access to assets?  Yes  No

If so, for whom?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age(s) should the trust terminate, and the beneficiary(ies) receive the assets outright? \_\_\_\_\_ If a trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person or entity who is responsible for managing the assets placed into the trust. A Trustee manages the assets for your children or other beneficiaries until they reach specified ages. *If you do not establish a trust, children inherit at age 18.* You may name an individual, bank or trust company, or both to act as your Trustee.

Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**First Alternate/Successor Trustee:**

Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Existing Wills and Trusts:**

Have you and/or your spouse, if applicable, ever previously executed a Will?

<b>Client</b>	<b>Client's spouse (if applicable)</b>
<input type="radio"/> Yes <input type="radio"/> No    Date of Will ___/___/___	<input type="radio"/> Yes <input type="radio"/> No    Date of Will ___/___/___

Are there existing Trusts which you have established, or under which you, your spouse, or your children are a beneficiary?  
 Yes  No

If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Distribution of Estate:**

**If you are married:**

Do you wish to leave all of your property to your spouse?  Yes  No

If your spouse dies before you, do you want to leave all of your property to your children equally?

Yes  No

If any of your children die before you, do you want to leave his/her "share" of your estate to his/her children (i.e., your grandchildren)?  Yes  No

If your spouse dies before you do **and you have no children**, who would you like to inherit your property? (Name individuals or charities, and what percentage of your property they should receive):

Name	% of your estate
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Other comments/instructions on the disposition of your property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are not married:**

Do you wish to leave all of your property to your children equally?  Yes  No

If any of your children die before you, do you want to leave his/her "share" of your estate to his/her children (i.e., your grandchildren)?  Yes  No

**if you have no children**, who would you like to inherit your property? (Name individuals or charities, and what percentage of your property they should receive):

Name	% of your estate
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Other comments/instructions on the disposition of your property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statutory Durable Power of Attorney -**

Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?  Yes  No

If yes, who would you like to appoint to have Power of Attorney?

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

Alternate/Successor:

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

**Power of Attorney for Health Care -**

Are you interested in preparing a Power of Attorney for Health Care appointing someone to make health care decisions for you if you become incapacitated?  Yes  No

If yes, who would you like to appoint to have power to make health care decisions for you?

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

Alternate/Successor:

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

### Directive to Physicians

Are you interested in preparing a Directive to Physicians (also known as a "Living Will")?

In the event of an irreversible or terminal condition, wherein you have become dependent on artificial life-sustaining measures in order to live, do you wish to have life-support withdrawn?  Yes  No

### Out-Of-Hospital Do-Not-Resuscitate Order

Are you interested in preparing a "Out-Of-Hospital Do-Not-Resuscitate Order"?

A "pre-hospital" or "out-of-hospital" DNR order contains directions for emergency medical personnel who might treat you if you stop breathing, or your heart stops beating, when you haven't been admitted to a hospital. It tells them that you do NOT want them to use cardiopulmonary resuscitation (CPR), artificial breathing tubes, electric heart shocks, or other invasive emergency techniques on you. (If you are admitted to a hospital, you can get another DNR order that becomes part of your medical chart.)  Yes  No

### HIPAA Authorization & Release

HIPAA stands for the "Health Insurance Portability and Accountability Act" which is a Federal statute found at 45 C.F.R. §164.508. The statute protects against unauthorized access to your medical healthcare information. A HIPAA Release is an authorization for disclosure of protected health information to the person or persons that you designate.

Are you interested in preparing a HIPAA Release?  Yes  No

Authorized Persons:

Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
County \_\_\_\_\_ Telephone number \_\_\_\_\_ ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
County \_\_\_\_\_ Telephone number \_\_\_\_\_ ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
County \_\_\_\_\_ Telephone number \_\_\_\_\_ ( ) \_\_\_\_\_

Other Comments or Instructions Regarding Your Estate Plan:

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## HOW DID YOU FIND US?

Our goal is to maintain a competitive business whereby our advertising dollars are spent judiciously. We appreciate your taking a few moments to complete this form that we may know how you came to seek our services. Thank you.

### I. Personal Referrals: Write in name of person who referred you:

1. Family – Name \_\_\_\_\_
2. Friend – Name \_\_\_\_\_
3. Attorney – Name \_\_\_\_\_
4. CPA or Financial Consultant - Name \_\_\_\_\_
5. Other Professional – Name \_\_\_\_\_

### II. Indicate the number that applies:

1. Drive By: \_\_\_\_\_

#### 2. Internet:

- \_\_\_\_\_ [www.burrowsatlaw.com](http://www.burrowsatlaw.com)
- \_\_\_\_\_ lawyer.com
- \_\_\_\_\_ Google
- \_\_\_\_\_ Email Marketing
- \_\_\_\_\_ Facebook
- \_\_\_\_\_ Live Chat
- \_\_\_\_\_ Other (Please state): \_\_\_\_\_

#### 3. Print Ads:

- \_\_\_\_\_ Lewisville Leader
- \_\_\_\_\_ Denton Record Chronicle
- \_\_\_\_\_ Flower Mound Living
- \_\_\_\_\_ Postcard Direct Mail
- \_\_\_\_\_ Lantana Living Magazine
- \_\_\_\_\_ Cross Timbers Gazette