

Law Office of David L. Leon, PC

www.dallasbusinessattorneys.com

TEXAS ESTATE PLANNING FORM FOR A NON-TAXABLE ESTATE

This form includes information for your Texas estate planning objectives. This includes a Texas will (non-taxable estates only), a Texas durable power of attorney, Texas adult guardianship declaration, a Texas living will (physician's directive) and medical power of attorney. This form, and our initial interview will assist us in determining your estate planning objectives.

Please note that our firm does not accept unsolicited forms. Do not use this form until you have discussed this matter with one of our attorneys and have returned a signed attorney client agreement. Please print and fax the completed form to us at 214.696.0110, do NOT email it.

Instructions: This form may be completed by using the freely available Adobe Acrobat Reader, or by hand. We will need one form per person. If you do not have enough room in one section to complete your answer, there is an additional section at the end of this form for you to include the additional information. You may fax or mail the completed form to us (we recommend against emailing forms to our firm.)

Please call us if you would like for us with any questions or if you would like for us to assist you in completing this form. Once we receive this completed form from you, we will create draft documents which we will review with you either in person or by telephone. We then create new drafts based on our conversations. Once you approve the documents, we will schedule a time for you and your two witnesses to come to our office to execute the documents.

Your name:

Today's date:

Section one: your family history

1. Are you married at this time?

Yes No

If yes, then please provide your spouse's name:

and your spouse's citizenship status:

Have you ever been married before?

Yes No

If yes, please list the names of each spouse, and the date on which such marriages ended and how such marriage ended:
(example: First marriage to Tom Jones ended with his death in 1979)

2. If you are not married, are you in a present long term relationship?

Yes No

If yes, do you share a residence?

Yes No

If yes, do you expect to marry within the next year?

Yes No N/A

3. How many children have you had in your lifetime?

Of those children, how many are still living?

How many are minors?

How many have special needs?

Are you planning to have any more children within a year?
 Yes No

4. If you have minor children or special needs children, please complete the Minors and Special Needs Children form at the end of this document.

Section Two: About your Will

1. Who do you wish to name as the EXECUTOR of your estate? An Executor is the person who shall administer your estate. This includes filing an application with the probate court, collecting the estate assets, paying the estate liabilities, and then distributing the estate funds. This person should be a local resident (although it is not mandatory.) Additionally, your executor should be familiar with your family situation, your finances and someone who is trustworthy and capable of handling the responsibilities of an estate administration. Under Texas law, an executor may not be a convicted felon.

1a. First choice for Executor:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

1b. Second choice for Executor:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

2. Who are the intended BENEFICIARIES of your estate? Beneficiaries are the people who will take from your estate. Please indicate a percentage share of the estate each individual should receive and their relationship to you (if any). If any beneficiary predeceases you after you execute your will, then that deceased beneficiary's share will go to his/her children (if any) unless you designate otherwise. You may use additional sheets, if necessary. Specific gifts will be designated in the next section.

2a. Beneficiary 1:

| Name | street address | city, ST zip | relation to you, if any | % of estate |
|------|----------------|--------------|-------------------------|-------------|
|------|----------------|--------------|-------------------------|-------------|

2b. Beneficiary 2:

| Name | street address | city, ST zip | relation to you, if any | % of estate |
|------|----------------|--------------|-------------------------|-------------|
|------|----------------|--------------|-------------------------|-------------|

2c. Beneficiary 3:

| Name | street address | city, ST zip | relation to you, if any | % of estate |
|------|----------------|--------------|-------------------------|-------------|
|------|----------------|--------------|-------------------------|-------------|

2d. Beneficiary 4:

| Name | street address | city, ST zip | relation to you, if any | % of estate |
|------|----------------|--------------|-------------------------|-------------|
|------|----------------|--------------|-------------------------|-------------|

2e. Beneficiary 5:

| Name | street address | city, ST zip | relation to you, if any | % of estate |
|------|----------------|--------------|-------------------------|-------------|
|------|----------------|--------------|-------------------------|-------------|

3. If any of the above listed people predecease you after you execute your will, then their share will go to their children (if any) unless you designate otherwise. If they do not have any living children at the time of their death, then their share will go to the Alternate Beneficiaries that you list below.

3a. Alternate Beneficiary 1:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

3b. Alternate Beneficiary 2:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

3c. Alternate Beneficiary 3:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

4. Are there any people who you wish to EXCLUDE from taking from your estate? This is typically not recommended, as it may increase the chance of estate litigation. If you have made non-probate provisions for a person you wish to exclude (such as life insurance designations) then please indicate such.

Excluded from your estate:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

Reason for exclusion:

5. A trust is a device by which you may delay either all or a portion of a gift to a beneficiary. This is useful if you have minor children, or your gross estate exceeds the federal exclusion amount available or if you prefer to have a beneficiary of your estate receive his or her share in periodic installments instead of one lump sum. An additional fee is charged for wills with trusts.

Would you like a portion of your will to include a trust? Yes No

If Yes, then please complete the trust section at the end of this form.

6. Specific bequests are gifts of specific objects to people or institutions. These are useful for family heirlooms, valuable collections and the like. Be aware that the object you bequest not be available at the time your estate is administered. If that is the case, then the specific bequest lapses and the person gets nothing, unless you indicate otherwise.) Indicate the beneficiary and describe with specificity the specific bequest.

Would you like your will to include a specific bequest? Yes No

If yes, please describe the specific bequest, who is to receive the bequest and what that person should receive (if anything) should that object not be available at the time of your death.

7. Questions or comments about your will:

Section Three: Durable Power of Attorney

8. A person who has Power of Attorney has the right to sign your name to legal documents and act on your behalf. This power is not affected by a subsequent finding of incompetence. Although this document can be revoked at any time, the powers granted by it are very broad and sweeping, so make this designation carefully. The powers can also be limited by altering the face of the document before you sign it. You can have the power begin either immediately or upon a subsequent declaration of incompetence.

| | |
|--|---|
| 8a. I would like the power to begin upon: (please select on from the panel on the right.) | <input type="checkbox"/> the signing of the power of attorney , OR <input type="checkbox"/> upon a subsequent finding of incompetence |
|--|---|

8b. The person to whom you grant this power:

| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|
|------|----------------|--------------|-------------------------|

Section Four: Guardianship information:

9. A Guardian has the ability to manage your person and your estate during your lifetime, during periods when you do not have the capacity to do so for yourself. You should indicate an alternate guardian, in case the first designee is unavailable

9a. Please indicate the person who you wish to act as the guardian of your person, should the need arise:

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

9b. Who shall act as the guardian of your estate, should the need arise (leave blank if it is the same):

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

9c. Please indicate the person who you wish to act as the alternate guardian of your person, should the need arise:

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

9d. Who shall act as the alternate guardian of your estate, should the need arise (leave blank if it is the same):

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

9e. Please indicate the person(s) who you wish to SPECIFICALLY EXCLUDE from acting as your guardian:

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

Section Five: Physician's Directive

This is a document that gives an attending physician your advance consent to discontinue life support in the event that you are ever diagnosed to be in an irreversible or persistent state of unconsciousness. You should inform your family and health care providers of the existence and location of this document.

Section Six: Medical Power of Attorney

10. A medical power of attorney allows an agent to make medical decisions on your behalf, if you are unable to do so for yourself. Please list the person to whom you allow to make such decisions. You should inform your health care provider of this document.

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

Section Seven: Your witnesses

You will need to bring two adult witnesses with you to the execution of these documents. These witnesses cannot be anyone who will receive a benefit under any of the instruments you execute.

First Witness (include name, address, city state & zip):

Second Witness (include name, address, city state & zip):

Special comments about your estate planning materials, additional information, etc.:

4a. For minors and Special Needs children, who would you designate as their guardian? (Name and mailing address, relationship to you, if any. Individuals only, no couples, please)

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

4b. If the primary guardian is unavailable to serve as guardian, who shall be the first alternate?(Name and mailing address, relationship to you, if any. Individuals only, no couples, please)

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

4c. If the alternate guardian is unavailable to serve as guardian, who shall be the second alternate?(Name and mailing address, relationship to you, if any. Individuals only, no couples, please)

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

| | | | |
|---|----------------------|--|------------------------------------|
| 4d. Child's name (and address, if the child does not live with you) | Child's other parent | <input type="checkbox"/> Minor <input type="checkbox"/> special needs | Date of birth (for minor children) |
| 4e. Child's name (and address, if the child does not live with you) | Child's other parent | <input type="checkbox"/> Minor <input type="checkbox"/> special needs | Date of birth (for minor children) |
| 4f. Child's name (and address, if the child does not live with you) | Child's other parent | <input type="checkbox"/> Minor <input type="checkbox"/> special needs | Date of birth (for minor children) |
| 4g. Child's name (and address, if the child does not live with you) | Child's other parent | <input type="checkbox"/> Minor <input type="checkbox"/> special needs | Date of birth (for minor children) |

Wills with Trusts

A trust is a device by which you may delay either all or a portion of a gift to a beneficiary. This is useful if you have minor children, or your gross estate exceeds the federal exclusion amount available or if you prefer to have a beneficiary of your estate receive his or her share in periodic installments instead of one lump sum. An additional fee is charged for wills with trusts.

Would you like a portion of your will to include a trust? Yes No

If Yes, then you will need to designate a person or financial institution to act as a trustee. The Trustee is responsible for administering the trust, investing the principal and making the periodic distributions to the beneficiaries.

First trustee designation:

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

Second trustee designation:

| | | | |
|------|----------------|--------------|-------------------------|
| Name | street address | city, ST zip | relation to you, if any |
|------|----------------|--------------|-------------------------|

Please designate how you will fund the trust (such as life insurance, specific accounts or general estate proceeds)

Please list the beneficiaries (or alternate beneficiaries) to whom the trust is to apply. If applicable, please indicate if you want the trust to apply to a given beneficiary only if they are under a certain age at the time of your death. (For example: I would like the trust to cover Jane's portion of my estate, if she is less than 25 years old at the time of my death.)

Most trusts provide for distributions by the trustee for the health, education, maintenance and support of the beneficiaries, subject to the discretion of the trustee. However, some trusts also provide for standard periodic payments to the beneficiaries, such as monthly, quarterly or annual payments. Please indicate below if you would like to have period payments to the beneficiary, and any conditions: (for example, I would like to have \$5,000 distributed every quarter in which the principal of the trust exceeds \$500,000)

At what time do you want the trust to terminate, and what do you want to do with the remainder of the trust at that time? (For example: The trust shall terminate when my youngest living child reaches the age of 25. All remaining trust property at that time shall be equally divided among my children)
