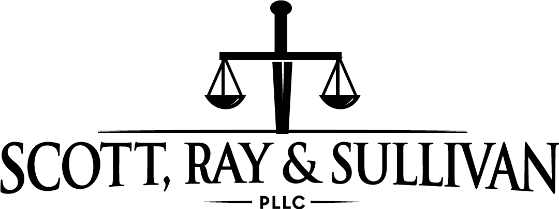
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2608 Stonewall Street ǀ P.O. Box 1353 ǀ Greenville, Texas 75403 ǀ P: 903.454.0044 ǀ F: 903.454.1514

**POTENTIAL NEW CLIENT WORKSHEET**

Estate Planning Package

Services starting at $500 for individuals and $800 for spouses

Dear Potential New Client,

Thank you for seeking our legal services for your wills and estate planning needs. We understand you may need your estate documents quickly, or you may need to consult with an attorney before knowing what is best for you. To make this process as seamless as possible, it is requested you fill out the worksheet below, and submit it to our firm via email to [Roxana@ScottRayLaw.com](mailto:Roxana@ScottRayLaw.com).

If the requested information is unknown state “Unknown.” If information does not apply “N/A.” Should you have any questions regarding how to complete this form or submit it to our firm, please feel free to contact Roxana La Rosa, at (903) 269-3614.

Overview of Estate Planning Package

Our Estate Planning Package Includes a: (1) Will, (2) Statutory Durable Power of Attorney, (3) Medical Power of Attorney, and (4) Advanced Directive to Physicians.

The **Will** is the instrument that states your wishes after death, and how you want your property to be distributed. Having a will makes distributing your property after death easier and less expensive. Your Will names an Executor whom you trust to manage your Estate, pay the bills owed by the Estate, and distribute your Estate per the terms of your will.

The **Power of Attorney** named in the Statutory Durable Power of Attorney is the person you trust to have authority to manage your personal affairs as if they were you. You can limit this appointment to take effect only after you have been deemed incapacitated or to be effective immediately. The **Medical Power of Attorney** named in your Medical Power of Attorney is the person you trust to have authority over your medical decisions if you are unable to convey your wishes.

The **Advanced Directive to Physicians** is an instrument that documents your choice with respect to life-support services. You will note your decision about life-sustaining treatment in the event it is determined you have a terminal illnesses or irreversible conditions making it unlikely you survive longer than 6 months. You will note if you wish to discontinue treatment under these circumstances or be kept alive using life-sustaining treatment.

Thank you again for your inquiry. We look forward to reviewing your request and will work to respond to you promptly if our firm can serve your needs.

Sincerely,

The Legal Team of Scott, Ray & Sullivan, PLLC

# Potential Client(s) Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name | First, Middle, Last |  | |
| Address | Street Name & No. |  | |
| Address | City, State, Zip |  | |
| Phone | Preferred Number and Type |  | |
| Last 4 of Social Security and Driver’s License | | |  |
| Email |  | | |

# Information about Your Family

## Parents and Siblings

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother** | |  | |
| Name | |  | |
| Birthday | |  | |
| Date of Death | |  | |
| **Names of Mother’s other children** | |
| Child 1’s Name |  | Name of child 1’s father |  |
| Child 2’s Name |  | Name of child 2’s father |  |
| Child 3’s Name |  | Name of child 3’s father |  |
| Child 4’s Name |  | Name of child 4’s father |  |

|  |  |
| --- | --- |
| **Father** | |
| Name |  | |
| Birthday |  | |
| Date of Death |  | |
| **Names of Father’s other children** | |
| Child 1’s Name |  | Name of child 1’s mother |  |
| Child 2’s Name |  | Name of child 2’s mother |  |
| Child 3’s Name |  | Name of child 3’s mother |  |
| Child 4’s Name |  | Name of child 4’s mother |  |

## Marital Status

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Married** |  | **Single** |  | **Divorced** |  | **Windowed** |  |

**Current Spouse**

|  |  |
| --- | --- |
| Name: |  |
| Date of Marriage: |  |
| Information about Spouse’s Children that are not your children by birth (your stepchildren) | |
|  | |
|  | |

**Previous Spouse 1**

|  |  |
| --- | --- |
| Name: |  |
| Date of Marriage: |  |
| Date of Divorce: |  |
| Information about Spouse’s Children that are not your children by birth (your stepchildren) | |
|  | |
|  | |

**Previous Spouse 2**

|  |  |
| --- | --- |
| Name: |  |
| Date of Marriage: |  |
| Date of Divorce: |  |
| Information about Spouse’s Children that are not your children by birth (your stepchildren) | |
|  | |
|  | |

## Children

**Child 1**

|  |  |
| --- | --- |
| Name |  |
| Birthday |  |
| Date of Death |  |
| Child 1’s Other Parent’s Name |  |
| Child 1’s second child’s name: |  |
| Child 1’s third child’s name: |  |
| Child 1’s fourth child’s name: |  |

**Child 2**

|  |  |
| --- | --- |
| Name |  |
| Birthday |  |
| Date of Death |  |
| Child 2’s Other Parent’s Name |  |
| Child 2’s second child’s name: |  |
| Child 2’s third child’s name: |  |
| Child 2’s fourth child’s name: |  |

**Child 3**

|  |  |
| --- | --- |
| Name |  |
| Birthday |  |
| Date of Death |  |
| Child 3’s Other Parent’s Name |  |
| Child 3’s second child’s name: |  |
| Child 3’s third child’s name: |  |
| Child 3’s fourth child’s name: |  |

**Child 4**

|  |  |
| --- | --- |
| Name |  |
| Birthday |  |
| Date of Death |  |
| Child 4’s Other Parent’s Name |  |
| Child 4’s second child’s name: |  |
| Child 4’s third child’s name: |  |
| Child 4’s fourth child’s name: |  |

1. **Persons to Care for You and Your Estate**

## First Choice for Executor

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |

## Second Choice for Executor

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |

## If you have minor children, who will you appoint as Trustee of their inheritance?

|  |  |
| --- | --- |
| **First Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |
| **Second Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |

## Do you wish to provide your minor child’s inheritance free of trust upon turning age 21 (default)? If not, please specify the terms for which the inheritance should be provided to minor child free of trust.

|  |  |
| --- | --- |
| Free of trust upon turning age 21 | Yes  No |
| **If you selected “No” – Please explain the custom terms for the trust governing your minor child’s inheritance – i.e., How can the money be spent while in the trust? What conditions must be met for the trust to dissolve?** | |
|  | |
|  | |
|  | |
|  | |
|  | |

## Statutory Durable Power of Attorney

|  |  |
| --- | --- |
| **First Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |
| **Second Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |

## Medical Power of Attorney

|  |  |
| --- | --- |
| **First Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |
| **Second Choice Name** |  |
| Address |  |
| Phone Number |  |
| Relationship to you |  |

1. **Disposition of Estate**

## Please list any specific real property or personal property to be provided to someone specific, and to whom the property should go (optional).

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## After any specific properties are provided to any beneficiary listed above in Section 3., how do you want your Estate Distributed?

|  |  |  |  |
| --- | --- | --- | --- |
| **Beneficiary** | **% to Inherit** | **If beneficiary not alive, then passes to:** | |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |
|  |  | Beneficiary’s’ heirs | Equally to other named Beneficiaries |

1. **Contact Information for Free Consultation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultation Preference | Phone |  | In Person |  |
| Preferred Days of Week for Consultation |  | | | | |
| Preferred Times of Day for Consultation |  | | | | |
| How did you hear about our firm? |  | | | | |

# Strategic Estate Planning

1. Are you interested in learning about ways to avoid probate, protect your assets, or other estate planning **strategies?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Please use space below to provide additional information or questions.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please submit your completed worksheet to our firm via one of the following:

Email: [Roxana@scottraylaw.com](mailto:Roxana@scottraylaw.com)

Fax: (903) 454-1514

Mail: PO Box 1353, Greenville, Texas 75403-1353

Need help or have questions about this form?

Contact Roxana La Rosa at: [Roxana@Scottraylaw.com](mailto:Roxana@Scottraylaw.com) or (903) 269-3614.