

**WILL, POWERS OF ATTORNEY
AND DIRECTIVE TO PHYSICIAN
INFORMATION SHEET**

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(Please Print)

The following information will be relied upon and used by the attorneys, paralegals and secretaries in preparing your Will and any other documents which you may request. Please fill out the requested information as completely as possible. Feel free to ask any questions you might have concerning any of the information or sections of this questionnaire. By filling out this information, you are representing to the attorneys that the information is correct and that you understand that this information will be used to complete the documents which you request. If you have information which will not fit in the space provided, please use the backs of the pages, or attach additional pages; however, please indicate in the appropriate section where the additional information can be located.

WILL INFORMATION

A. PERSONAL AND FAMILY DATA:

Full Name: _____

Address:

(Street) (City) (State)(Zip)

Phone:(_____)_____

Date of Birth:_____

Year you became a Texas Resident:_____

Marital Status: () Single () Married () Divorced
() Widowed () Separated () Other

Current Spouse:

Full Name of Spouse:_____

Date of Present Marriage From:_____

Previous Spouse (if any):

B. FINANCIAL INFORMATION: If your total estate (including all life insurance policies on your spouse and yourself and including all real estate and personal property) is less than \$2,000,000.00 or you do not wish the attorney to take into consideration the possible tax consequences of your estate or the estate of your spouse, please indicate so in the space provided below.

I DO NOT WISH THE ATTORNEY TO CONSIDER THE TAX CONSEQUENCES OF MY ESTATE:

Signature

IF YOU HAVE SIGNED ABOVE, YOU DO NOT NEED TO COMPLETE THE REST OF SECTION B - GO TO SECTION C.

The information requested in this section is merely for informational purposes and initial analysis of your financial situation. It is not meant to imply that this is the only information which will be needed by the attorneys in the preparation of your wills. Normally, if estate planning is required, either for tax purposes or other purposes, additional information will be required. Simple wills will normally not be sufficient in situations where estate planning is requested. The costs involved in estate planning are substantially higher than the costs involved in the preparation of simple wills. If you would like the attorneys to consider tax implications for your estate and that of your spouse please fill out the information requested below.

Do you own:	Yes/No	Estimated Value
1. Your home/other real estate:	_____	\$ _____
2. Stocks, bonds, securities	_____	\$ _____
3. CDS, savings, checking	_____	\$ _____
4. Furniture & personal effects	_____	\$ _____
5. Automobiles	_____	\$ _____
6. Miscellaneous	_____	\$ _____
7. Life Insurance (total face amount)	_____	\$ _____
8. Other	_____	\$ _____
TOTAL ASSETS:		\$ _____

LESS:	Estimated Amount:
1. Mortgages:	\$ _____
2. Loans/Debts:	\$ _____

them upon your death. These matters can be discussed in detail at your first meeting; however, if you think you might want to have a trust, you will need to appoint someone to act as the trustee upon your death. If you think you would want a trust, please name the person you would like to act as the Trustee (this is a person you TRUST to handle the money for your children until they reach the specified ages set out in the trust to receive the trust funds):

Name of Trustee: _____

Address of Trustee: _____

Name of Alternate: _____

Address of Alternate: _____

Name of 2nd Alternate: _____

Address of 2nd Alternate: _____

D. EXECUTOR: An Executor is appointed to carry out your directions and requests as specified in will, and to distribute your property according to the testamentary provisions in your will. Unless you specifically state otherwise below we will assume you want your spouse to serve as the Primary Executor of your estate. You should appoint one or more Alternate Executors in your will in the event the Primary Executor is unable to serve. Please name those you would want to serve as Primary Executor and Alternate Executor:

Primary Executor:

- I wish my spouse to serve as Primary Executor.
- I do not wish my spouse to serve as Primary Executor.

Alternate Executors (in order of priority):

Name	Address (City and State)	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

E. GUARDIAN: If you have minor children (either adopted or natural), or if you plan on having children (either adopted or natural), please complete the information requested in this section. The first line should be used to list your primary choice as a guardian. The remaining lines should be used to list alternate guardians (in order of their priority) in the event the primary guardian cannot or will not act as the guardian. Your spouse will always be the primary guardian unless you specifically designate that you do not wish your spouse to be the primary guardian. Even if you name someone other than your spouse as the guardian, if your spouse is the natural or adoptive parent of the child, and they desire to be the guardian, there is a good chance that the court will appoint your spouse as the primary guardian regardless of your designation. Essentially the Court will make a determination which it believes represents the “best interests of the child.” In making this determination there is a strong bias in favor of appointing the natural and adoptive parents as guardians.

Name	Address (City and State)	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

F. LOCATION OF DOCUMENTS: As with most important documents, you will need to keep your will and related documents in a safe place. Please indicate below where you intend to keep your will and other important documents.

Name and Location where will and other important documents will be kept:

_____.

GENERAL POWER OF ATTORNEY

THERE ARE SEVERAL OTHER DOCUMENTS WHICH YOU MAY WISH TO CONSIDER AT THE SAME TIME YOU ARE PREPARING YOUR WILL. THESE DOCUMENTS ARE NOT A PART OF YOUR WILL BUT SHOULD BE CONSIDERED IN ADDITION TO YOUR WILL: THESE DOCUMENTS ARE AS FOLLOWS: (1) GENERAL POWER OF ATTORNEY; (2) POWER OF ATTORNEY FOR HEALTH CARE; (3) DIRECTIVE TO PHYSICIAN ("LIVING WILL"). AN EXPLANATION OF EACH OF THESE DOCUMENTS FOLLOWS.

(1) GENERAL POWER OF ATTORNEY: A general power of attorney appoints someone to act on your behalf when you are unavailable to act because you are traveling, incapacitated or otherwise unable to act on your own behalf in matters which require your legal signature or permission. A general power of attorney is very broad, and gives the person to whom it is granted the authority to act on your behalf on any matter, including but not limited to writing checks, transferring real and personal property, and making any other decision which you would be able to make if you were present. Because it is so broad, its use should be restricted to those you trust emphatically, such as your spouse or other family member. It can be used to allow the person you select to act on your behalf if you are traveling and cannot be present to sign documents to transfer titles to cars, boats and other property. If the general power of attorney is made to be a "durable" power of attorney it can also be used to allow the person to act on your behalf if you are incapacitated by illness, accident or trauma. A "durable" power of attorney will survive the incapacity of the person granting the power. If the power of attorney is not a "durable" power of attorney, it will terminate automatically when you become incapacitated or incompetent. If you desire to grant a power of attorney to someone, please indicate so below by filling in the requested information.

Check here if you DO NOT WANT a general power of attorney.

Check here if you WANT A NON-DURABLE GENERAL POWER OF ATTORNEY - in other words, you want the power of attorney to automatically terminate if you are incapacitated by injury, illness, etc.

Check here if you WANT A DURABLE POWER OF ATTORNEY which will survive your incapacity.

If you checked either number 2 or 3 above, then please fill in the following information concerning the person you want to receive your power of attorney:

Name	Address (City and State)	Relationship
_____	_____ _____	_____

MEDICAL POWER OF ATTORNEY

(2) MEDICAL POWER OF ATTORNEY: The Texas Legislature has enacted legislation which permits a person to appoint another person to make decisions for them concerning their health care in the event they are incapable of making those decisions themselves. This document empowers the chosen individual to instruct doctors and other health care providers concerning the type of treatment you are to receive if you cannot make your own decisions. If you want a medical power of attorney, please indicate so below by naming the primary person you desire to appoint as your attorney-in-fact, as well as an alternate in the event the primary person cannot or will not act as such.

Name	Address (City and State)	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DIRECTIVE TO PHYSICIANS

(3) DIRECTIVE TO PHYSICIANS (sometimes referred to as a “Living Will”): A Directive to Physicians is an instrument which directs your physicians and other health care providers to withhold treatment in certain situations. The document provides that your life is not to be artificially prolonged in the event you are determined to be terminally ill and the treatment would only serve to artificially prolong the time of your death. The determination of your condition would be made by more than one doctor. In effect, this document acts as a release of liability to the doctors so that your family members, etc. cannot hold the doctor liable for acting in accordance with your directive. If you want us to prepare a directive to physicians for you, please indicate so below.

(____) Please check here if you want a directive to physicians.

PLEASE INDICATE COMPLETION OF THIS FORM BY AFFIXING YOUR SIGNATURE BELOW AND BY DATING YOUR SIGNATURE.

The information contained herein is true and correct to my best knowledge and belief.

Signature

Date: _____

Joint Representation Confirmation

It is commonplace for spouses to engage the same firm for estate planning. However, when a law firm represents both spouses with regard to common or related matters, certain conflicts of interest can arise within the ethical codes of the legal profession.

This is to confirm that Goodall & Davison, P.C., is to represent you jointly as husband and wife. As such:

- (1) We will not maintain confidentiality between the two of you; the information we receive from either of you (or from third parties) will be shared with both of you; and
- (2) Each of you waive any objection to our representation of the other regarding potential conflicts of interest between you (such as involving spousal rights of election, property ownership and transfer matters, and trust as well as other asset arrangement matters).

Joint representation is appropriate in our experience. However, strict ethical requirements dictate that we thoroughly disclose the ethical ramifications.

Please sign below to indicate your acknowledgment of these terms.

Husband

Wife

Dated: _____, 200____.