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**WILL PLANNING SHEET**

Your full name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Driver's License Number and State: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mobile/Pager number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Marital Status \_\_\_\_\_

If married,

Spouse's full name: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse's birth date: \_\_\_\_\_

Previous marriages: (dates and how & when terminated)

Children: (Names and birth dates)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Step-children: (Names and birth dates)

1. \_\_\_\_\_
2. \_\_\_\_\_

List any specific bequests: (Do not list each and every item of personal property only those you want to leave to someone specific, i.e. grandmother's ring to daughter)

List how you want your property to pass upon your death: (if married and leaving all property to your spouse, also list how you want everything divided should your spouse not survive you)

Who do you want to be the Executor of your Will? Also name an alternate.

1<sup>st</sup> Executor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Do you need a medical power of attorney? If yes, who do you appoint to make your medical decisions in the event you are incapacitated?

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you want to include the interorem clause? (This states that if any beneficiary contests your will, their share will be revoked).                      Yes    or    No

**If single, answer the following questions.    If married, answer the following questions in the event that your spouse does not survive you.**

If you have minor children, they cannot inherit outright until they are 18, so a trust might need to be created in your will for minor children. A trust does not necessarily need to terminate when your children reach 18. At what age do you feel that your children would be responsible to inherit your estate?

Who would you want to serve as a Trustee and manage the estates of the children? Also name an alternate.

1<sup>st</sup> Trustee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Who would you want to raise your children, i.e. serve as their guardian should something happen to you? Also name an alternate.

1<sup>st</sup> Guardian: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's

checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: \_\_\_\_\_  
Traveler's checks: \_\_\_\_\_  
Money orders: \_\_\_\_\_

ACCOUNTS

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other): \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
List any questions or concerns you may have:

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other): \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
List any questions or concerns you may have:

**REAL ESTATE:** (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: \_\_\_\_\_  
County of location: \_\_\_\_\_  
Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in property: \$ \_\_\_\_\_

Street address: \_\_\_\_\_  
County of location: \_\_\_\_\_  
Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in property: \$ \_\_\_\_\_

**MINERAL INTERESTS:** (include any property in which the parties own the mineral estate,

separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
County of location: \_\_\_\_\_  
Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS:**

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

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Name of account (and subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**STOCKS, BONDS & OTHER SECURITIES:** (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**ANNUITIES:**

Name of company: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans,

IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE:**

Name of insurance company: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY:**

Value of all household furnishings (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.):

\$ \_\_\_\_\_

Value of all motor vehicles, boats, airplanes, cycles, etc. (including mobile homes, trailers, and recreational vehicles):

\$ \_\_\_\_\_