



*Hunt Law Firm's simple estate planning package includes the following documents (if applicable):*

**1. Last Will and Testament**

This document appoints an executor to carry out your final wishes upon death. Your Will also lays out how you wish for your estate to be distributed.

**2. Declaration of Appointment for Guardian of a Child**

This document declares who should be appointed guardian of your child if you are incapacitated.

**3. Statutory Durable Power of Attorney**

This document allows you to designate an agent and successor agents to make critical decisions on your behalf, including financial, tax, business, insurance, and retirement decisions. This power can begin immediately or can begin upon your disability or incapacity.

**4. Medical Power of Attorney**

This document is used to authorize an agent to make certain health care decisions for you under the circumstances and to the extent provided in the document.

**5. Directive to Physician ("Living Will")**

This document directs the physician to withhold or continue life sustaining procedures in the event of an incurable or irreversible condition under the circumstances provided therein.

**6. HIPAA Release**

This document authorizes the release of medical information to loved ones that is protected under HIPAA and the Texas Medical Privacy Act.

**7. Declaration of Guardian**

This document is used to appoint guardians of the person and/or estate and any successor guardians in the event of your incompetence or incapacity. You can also disqualify certain persons from being your guardian.

**8. Appointment for Disposition of Remains**

This document allows you to designate an agent to make decisions concerning burial, cremation, etc. The form also provides for the naming of successor agents to act in the event the first person is unavailable or unwilling to serve.

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**EMAIL YOUR COMPLETED WORKSHEET TO [INFO@HUNTLAWTEXAS.COM](mailto:INFO@HUNTLAWTEXAS.COM).**

# I. Prospective Client Information

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			Date of Birth		City, County, & State of Birth
How did you learn about Hunt Law Firm, PLLC?					
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		State	ZIP		County
Email			Phone Number		
Where will you be storing your completed estate planning documents?					
What is your marital status?					
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
What is your spouse's name?			Date of marriage?		Where were you married? (city and state)
Do you have any deceased children?			If yes, please state their name(s)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

# II. Individuals and Agents

*In this section, you Will list all relevant individuals you wish to include in your estate plan.*

## Individual 1

First Name		Middle Name		Last Name	
What is this person's relationship to you?			Gender		Date of Birth
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

Telephone	Other Parent's Name (if this is your child)
Does this person reside at your residence?	If no, state their address
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Individual 2**

First Name	Middle Name	Last Name
What is this person's relationship to you?	Gender	Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone	Other Parent's Name (if this is your child)	
Does this person reside at your residence?	If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**Individual 3**

First Name	Middle Name	Last Name
What is this person's relationship to you?	Gender	Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone	Other Parent's Name (if this is your child)	
Does this person reside at your residence?	If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**Individual 4**

First Name	Middle Name	Last Name
What is this person's relationship to you?	Gender	Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone	Other Parent's Name (if this is your child)	
Does this person reside at your residence?	If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Individual 5

First Name		Middle Name	Last Name
What is this person's relationship to you?		Gender	Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone		Other Parent's Name (if this is your child)	
Does this person reside at your residence?		If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Individual 6

First Name		Middle Name	Last Name
What is this person's relationship to you?		Gender	Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone		Other Parent's Name (if this is your child)	
Does this person reside at your residence?		If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Individual 7

First Name		Middle Name	Last Name
What is this person's relationship to you?		Gender	Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone		Other Parent's Name (if this is your child)	
Does this person reside at your residence?		If no, state their address	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

### III. Last Will and Testament

<b>Do you currently have a Will?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Which of the following assets do you own?</b>	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Retirement Account <input type="checkbox"/> Brokerage / Investment Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Family Home <input type="checkbox"/> Other Real Property / Land <input type="checkbox"/> Vehicle <input type="checkbox"/> Business <input type="checkbox"/> Tangible Personal Property <input type="checkbox"/> Trust
<input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> Other Debt/Loan <input type="checkbox"/> Other Asset	
<b>If you checked Other Debt/Loan or Other Asset above, please describe:</b>	
<b>Explain, in as much detail as possible, how you would like your estate distributed upon your death:</b>	
<b>Are there specific items you wish to include in your Will?</b>	<b>At this time, do you believe anyone will contest your Will?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If YES, please explain:</b>	<b>If YES, please explain:</b>
<b>Who should be named EXECUTOR of your estate?</b>	
<b>Who should be named as backup EXECUTOR of your estate?</b>	
<b>Do you have children under the age of eighteen (18)?</b>	<b>If YES, at what age shall their trust terminate?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Other: _____
<b>Who should be named TRUSTEE of your estate? (if applicable)</b>	
<b>Who should be named as backup TRUSTEE of your estate? (if applicable)</b>	

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## IV. Declaration of Appointment for Guardian of a Child

*A child is someone under the age of eighteen.*

<b>The following should be named GUARDIAN of my child in the event of my:</b>
<input type="checkbox"/> Incapacity <input type="checkbox"/> Death <input type="checkbox"/> Incapacity or Death
<b>Who should be named GUARDIAN of your children?</b>
<b>Who should be named as backup GUARDIAN of your children?</b>
<b>Who should be named second backup GUARDIAN of your children?</b>

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## V. Statutory Durable Power of Attorney

<b>Should your AGENT have these powers immediately OR only upon your incapacity?</b>
<input type="checkbox"/> Immediately <input type="checkbox"/> Only upon my incapacity
<b>Who should be named AGENT in your Statutory Durable Power of Attorney?</b>
<b>Who should be named as backup AGENT in your Statutory Durable Power of Attorney?</b>
<b>Who should be named second backup AGENT in your Statutory Durable Power of Attorney?</b>

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## VI. Medical Power of Attorney

<b>Who should be named AGENT in your Medical Power of Attorney?</b>
<b>Who should be named as backup AGENT in your Medical Power of Attorney?</b>
<b>Who should be named second backup AGENT in your Medical Power of Attorney?</b>

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## VII. HIPAA Release

Who should be named AGENT in your HIPAA Release?
Who should be named as backup AGENT in your HIPAA Release?
Who should be named second backup AGENT in your HIPAA Release?

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## VIII. Directive to Physicians (“Living Will”)

If you are suffering from a <b>TERMINAL CONDITION</b> from which you are expected to die within <b>SIX MONTHS</b> , even with life-sustaining treatment, life-sustaining treatment should be:
<input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
If you are suffering from an <b>IRREVERSIBLE CONDITION</b> , you <b>CANNOT CARE</b> for yourself or <b>MAKE DECISIONS</b> for yourself, and are expected to die without life-sustaining treatment, life-sustaining treatment should be:
<input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
You may provide any additional requests regarding particular treatments (like comfort or hospice care) here:

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## IX. Declaration of Guardian

*If you are incapacitated in the future, a guardian may be appointed for your estate and/ or person. A guardian of your estate controls your property while a guardian of your person makes personal decisions on your behalf.*

Who should be named GUARDIAN of your ESTATE?
Who should be named as backup GUARDIAN of your ESTATE?
Who should be named second backup GUARDIAN of your ESTATE?

<b>Who should be named GUARDIAN of your PERSON?</b>			
<b>Who should be named as backup GUARDIAN of your PERSON?</b>			
<b>Who should be named second backup GUARDIAN of your PERSON?</b>			
<b>If there is anyone who should NOT be named as guardian of your person or property, list them here:</b>			
<b>Name:</b>		<b>Relationship to You:</b>	
<b>Name:</b>		<b>Relationship to You:</b>	
<b>Name:</b>		<b>Relationship to You:</b>	

## X. Appointment of Disposition of Remains

<b>Who should be named AGENT in charge of your remains?</b>	
<b>Who should be named as backup AGENT in charge of your remains?</b>	
<b>Who should be named second backup AGENT in charge of your remains?</b>	
<b>Please provide any special instructions regarding the disposition of your remains and/or funeral arrangements:</b>	