



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 die and/or 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. 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.

If you select the same person to be an agent for multiple documents, you do not have to repeat their information.

EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Prospective Client Information

First Name Middle Name Last Name Maiden Name (if applicable)

How did you learn about the Hunt Law Firm, P.L.L.C.?

Date of Birth City, County & State of Birth

Social Security Number Texas Driver License or State ID Number

Street Address

City County State ZIP

Email Phone Number

Where will you be storing your completed estate planning documents?

What is your marital status?

Married Single Widowed Divorced

What is your spouse's name?

When were you married?

Where were you married
(city and state)?

II. Child(ren) Information

IF YOU DO NOT HAVE CHILDREN, PLEASE SKIP AHEAD TO SECTION III.

CHILD 1

First Name Middle Name Last Name

Date of Birth

Telephone

Gender

MALE

FEMALE

Email

Other Parent's Name

Does this child reside at your residence address?

YES

NO, the child resides at:

.....

CHILD 2

First Name

Middle Name

Last Name

Date of Birth

Telephone

Gender

MALE

FEMALE

Email

Other Parent's Name

Does this child reside at your residence address?

YES

NO, the child resides at:

.....

CHILD 3

First Name

Middle Name

Last Name

Date of Birth

Telephone

Gender

MALE

FEMALE

Email

Other Parent's Name

Does this child reside at your residence address?

YES

NO, the child resides at:

.....

CHILD 4

First Name

Middle Name

Last Name

Date of Birth

Telephone

Gender

MALE

FEMALE

Email

Other Parent's Name

Does this child reside at your residence address?

YES

NO, the child resides at:

CHILD 5

First Name

Middle Name

Last Name

Date of Birth

Telephone

Gender

MALE

FEMALE

Email

Other Parent's Name

Does this child reside at your residence address?

YES

NO, the child resides at:

III. Last Will and Testament

Do you currently have a will?

YES

NO

Which of the following assets do you own?

Checking Account

Savings Account

Vehicle

Retirement Account

Trust

Brokerage Account

Family Home

Other Real Property

Business

Certificate of Deposit

Student Loan

Personal Loan

Credit Card

Other Loan/Debt

Tangible Personal Property

Other

Should your will include funeral arrangements?

If YES, please explain the plans:

YES

NO

Will YOU provide two witnesses at the signing ceremony or would you like the LAW FIRM to provide witnesses?

LAW FIRM WILL PROVIDE

I WILL (please provide names & addresses)

IV. Declaration of Appointment for Guardian of a Child

The following should be named GUARDIAN of my child in the event of my:

INCAPACITY

DEATH

INCAPACITY OR DEATH

Who should be named as GUARDIAN of your children?

What is their relationship to you?

Street Address

City County State ZIP

Email Phone Number

Who should be named as backup GUARDIAN of your children?

What is their relationship to you?

Street Address

City County State ZIP

Email Phone Number

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

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

V. Statutory Durable Power of Attorney

Do you wish for your AGENT to have these powers immediately OR only upon your incapacity?

IMMEDIATELY

ONLY UPON MY INCAPACITY

Who should be named as your AGENT in your Durable Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as backup AGENT in your Durable Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as second backup AGENT in your Durable Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

VI. Medical Power of Attorney

Who should be named as your AGENT in your Medical Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as backup AGENT in your Medical Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as second backup AGENT in your Medical Power of Attorney?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email

Phone Number

VII. Directive to Physician ("Living Will")

If you are suffering from a **TERMINAL CONDITION** from which you are expected to die within **SIX MONTHS**, even with life-sustaining treatment:

LIFE-SUSTAINING TREATMENTS SHOULD BE DISCONTINUED

LIFE-SUSTAINING TREATMENTS SHOULD BE CONTINUED

If you are suffering from an **IRREVERSIBLE CONDITION** so that you **CANNOT CARE** for yourself or **MAKE DECISIONS** for yourself and are expected to die without life-sustaining treatment:

LIFE-SUSTAINING TREATMENTS SHOULD BE DISCONTINUED

LIFE-SUSTAINING TREATMENTS SHOULD BE CONTINUED

You may provide any additional requests regarding particular treatments here:

VIII. HIPAA Release

Who should be authorized to receive your medical records?

What is their relationship to you?

Street Address

City

County

State

ZIP

Email

Phone Number

IX. Declaration of Guardian

Who should be named as your **GUARDIAN** in the event of your incapacity or need for a guardian?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as your backup GUARDIAN in the event of your incapacity or need for a guardian?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as your second backup GUARDIAN in the event of your incapacity or need for a guardian?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email

Please list anyone who should NOT be your guardian and their relationship to you:

X. Appointment for Disposition of Remains

Who should be named as your AGENT for disposing of your remains?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as your backup AGENT for disposing of your remains?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email **Phone Number**

Who should be named as your second backup AGENT for disposing of your remains?

What is their relationship to you?

Street Address

City **County** **State** **ZIP**

Email

Please provide any special instructions regarding the disposition of your remains: