

**The Law Offices of Shelly B. West**

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consult \$ \_\_\_\_\_

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**WILL INFORMATION SHEET**

Referred By: \_\_\_\_\_  
(Who referred you to our office, i.e., name of friend, attorney, or internet referral)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse Full Name: \_\_\_\_\_

Children(s) Full Name: \_\_\_\_\_ City of Residence (if not with you): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Will? (Please circle one): YES NO If so, how old is it?: \_\_\_\_\_

Executor Name: \_\_\_\_\_ City / State of Residence: \_\_\_\_\_  
Alternate: \_\_\_\_\_ City / State of Residence: \_\_\_\_\_  
Guardian for Minor Children: \_\_\_\_\_ City / State of Residence: \_\_\_\_\_  
Alternate: \_\_\_\_\_ City / State of Residence: \_\_\_\_\_

Do you need a Trust for minor children? (Please circle one): YES NO  
If so, at what adult age would your children receive their inheritance?: \_\_\_\_\_

Total Estimated Value of your estate: \_\_\_\_\_

How do you want your estate distributed?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are your primary family members?  
1. \_\_\_\_\_ Relationship \_\_\_\_\_ City & State of Residence: \_\_\_\_\_  
2. \_\_\_\_\_ Relationship \_\_\_\_\_ City & State of Residence: \_\_\_\_\_  
3. \_\_\_\_\_ Relationship \_\_\_\_\_ City & State of Residence: \_\_\_\_\_  
4. \_\_\_\_\_ Relationship \_\_\_\_\_ City & State of Residence: \_\_\_\_\_

Do you have an opinion about cremation? (Please circle one): FOR AGAINST

Special instructions for funeral arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Possible Documents:

Do you need a Directive to Physicians?: \_\_\_ (Yes) \_\_\_ (No)

Do you need a Power of Attorney for Healthcare?: \_\_\_ (Yes) \_\_\_ (No)

1. Please provide the name / address / phone number of your primary agent:

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2. Please provide the name / address / phone number of your alternative agent:

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Do you need a Statutory Durable Power of Attorney?: \_\_\_ (Yes) \_\_\_ (No)

1. Please provide the name / address / phone number of your primary agent:

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2. Please provide the name / address / phone number of your alternative agent:

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3. Will the agent have the power to self-deal? \_\_\_ (Yes) \_\_\_ (No)

4. Will the agent have the power to designate and change designation of beneficiaries on my behalf? \_\_\_ (Yes) \_\_\_ (No)

5. Will the agent have the power to make gifts? \_\_\_ (Yes) \_\_\_ (No)

Do you need a Choice of Guardian in case of need for an adult?: \_\_\_ (Yes) \_\_\_ (No)

1. Please provide the name / address / phone number of your primary agent:

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2. Please provide the name / address / phone number of your alternative agent:

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Please state other concerns, if any: \_\_\_\_\_

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