

GEER & ASSOCIATES, P.C.

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WILL PACKAGE QUESTIONNAIRE
(7 Essential Documents)

Your Name: _____ Email: _____
Address: _____ Phone: _____

Spouse's Name: _____ Email: _____
Address: _____ Phone: _____

Last Will and Testament

1. Who do you want to name as the Executor of your will? Please also name at least one alternate person in case your first choice is unable to act.

Name: _____

Alternate Name(s): _____

2. To whom do you wish to give your possessions? Please list your first choices(s), then your second choices(s), and then your third choices(s), if possible. **For example: I give my house to my husband, John Smith. If he dies before me, I give my house to my child, Joe Smith. If they both die before me, I give my house to my grandchild, Jess Smith.

a. Real Property (for example: your home and other real property you own)

b. Household Possessions

c. Vehicle(s)

d. Other personal property

e. Specific Bequests (for example: I give my piano to Jane Smith)

f. Do you have beneficiary designations listed on your insurance policies, retirement accounts, bank accounts, etc.? _____ Yes _____ No

If so, have you reviewed your beneficiary designations to make sure they are accurate?
_____ Yes _____ No

3. At what age do you want your beneficiaries to be able to inherit from you?

a. Age: _____

b. Who do you want to be Trustee for your beneficiaries who are under that age?

Name: _____

Alternate Name(s): _____

4. Do you have minor children? _____ Yes _____ No

a. If so, who do you want to name as their Guardian?

Name: _____

Alternate Name(s): _____

NOTES: _____

Disposition of Remains

Who do you want to take care of your body after your death and make decisions regarding your burial or cremation and funeral or memorial costs? Please also name an alternate person in case your first choice is unable to act:

Name: _____ Alternate Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Do you have a preference as to cremation versus traditional burial? _____ Burial _____ Cremation

NOTES: _____

Declaration of Guardian

If you become incapacitated at a later date, who would you want to be your guardian and take care of you and your financial affairs? Please name an alternate person in case your first choice is unable to act:

Name: _____ Alternate Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Do we need to specifically exclude anyone? If so, who? _____

NOTES: _____

Statutory Durable Power of Attorney

Who do you want to make financial decisions for you if you are unable to do so? Optional: You can name an alternate person in case your first choice is unable to act.

Name: _____ Alternate Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Do you want this Statutory Durable Power of Attorney effective immediately or upon your disability?
_____ Immediately _____ Upon my disability

NOTES: _____

Medical Power of Attorney

Who do you want to make medical decisions for you if you are unable to do so? Please name at least one alternate person in case your first choice is unable to act.

Name: _____ Alternate Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

NOTES: _____

HIPAA Authorization

Who do you want to authorize to speak to and communicate with medical and hospital personnel? These people will not to make decisions regarding your medical care, but only speak to doctors and hospitals.

_____	_____
_____	_____
_____	_____

NOTES: _____

Directive to Physicians

1. If you are in a terminal condition with no hope of recovery, do you want to be able to die naturally with only comfort measures administered or do you want to be placed on life support?
 Comfort Measures
 Life Support
2. If you have a terminal illness with no hope of recovery, do you want to be able to die naturally with only comfort measures administered or do you want to be placed on life support?
 Comfort Measures
 Life Support

NOTES: _____

That should get us started. We'll prepare draft documents based on the information you provide and contact you for clarification. We look forward to preparing these 7 essential documents for you!

Contact Shannon with Questions:

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