

# GEER & ASSOCIATES, P.C.

9432 Katy Freeway, Suite 380  
Houston, TX 77055

[eva@geerandassociates.com](mailto:eva@geerandassociates.com)

[www.geerandassociates.com](http://www.geerandassociates.com)

Telephone: (713) 789-3374

Facsimile: (713) 952-0377

---

## WILL PACKAGE QUESTIONNAIRE (7 Essential Documents)

Your Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

---

Spouse's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

---

Children's names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### Will

1. Executor.

Who do you want to serve as the Executor in your Will?

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

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice-optional: \_\_\_\_\_

2. Gifts.

Please list your first choices(s), then your second choices(s), and then your third choices(s). If any section is inapplicable, then write "none".

a. *Specific bequests.* If you wish to give certain sums of money, and/or items that require a title to transfer such as vehicles or boats to specific person(s), please indicate.

(1) I give \_\_\_\_\_ to: \_\_\_\_\_

(2) I give \_\_\_\_\_ to: \_\_\_\_\_

(3) I give \_\_\_\_\_ to: \_\_\_\_\_

(4) I give \_\_\_\_\_ to: \_\_\_\_\_

b. *Tangible personal property.* To whom do you want to give your tangible property not listed above? For example: The contents of your home.

(1) I leave my remaining tangible property to: \_\_\_\_\_

(2) If that person(s) predeceases me, then to: \_\_\_\_\_

(3) If that person(s) also predeceases me, then to: \_\_\_\_\_

---

c. *Intangible personal property.* To whom do you want to give your intangible personal property? For example: financial accounts that DO NOT have a beneficiary designated on them and digital assets

(1) I leave my intangible property to: \_\_\_\_\_

(2) If that person(s) predeceases me, then to: \_\_\_\_\_

(3) If that person(s) also predeceases me, then to: \_\_\_\_\_

d. *Real Property.* To whom do you want to give your real estate?

(1) Homestead Address: \_\_\_\_\_

I give my home to: \_\_\_\_\_

If that person(s) predeceases me, then to: \_\_\_\_\_

If that person(s) also predeceases me, then to: \_\_\_\_\_

(2) Other real property address: \_\_\_\_\_

I give my other real property to: \_\_\_\_\_

If that person(s) predeceases me, then to: \_\_\_\_\_

If that person(s) also predeceases me, then to: \_\_\_\_\_

(3) Are you a Grantor on any transfer-on-death deed or life estate deed for any real property you currently own? \_\_\_\_\_ Yes \_\_\_\_\_ No

(4) Are you a Grantee on any transfer-on-death deed or life estate deed for any real property owned by another person? \_\_\_\_\_ Yes \_\_\_\_\_ No

(5) Are you a party to a right of survivorship agreement on any real property? \_\_\_\_\_ Yes \_\_\_\_\_ No

e. *Residuary Estate.* Anything not listed above is considered your “residuary estate”.

I leave my residuary estate to: \_\_\_\_\_

If that person(s) predeceases me, then to: \_\_\_\_\_

If that person(s) also predeceases me, then to: \_\_\_\_\_

f. Do you have beneficiary designations listed on your insurance policies, retirement accounts, investment accounts, bank accounts, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please review for accuracy. If No, please do so as soon as possible.

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Distribution.

Do you want to put any age restrictions on distribution? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please indicate:

a. If any beneficiary is under the age of \_\_\_\_\_ years, his/her gift(s) will pass into a trust for their benefit until they attain that age.

b. Will they receive a staggered distribution? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please explain: \_\_\_\_\_

c. Who do you want to name as Trustee of any Trust created for beneficiaries who are under that age?

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

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice (optional): \_\_\_\_\_

d. Do you want to put any other restrictions on distribution? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please indicate your wishes: \_\_\_\_\_

4. Guardians. Do you have minor children? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, who do you want to name as their Guardian?

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

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice (optional): \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Personal Property Memorandum and Electronic/Digital Asset Information Sheet**

At your request, we will include a personal property memorandum and electronic/digit asset information sheet as a part of your will package.

1. Personal Property Memorandum. We'll provide a blank form for you to fill in, sign and date at any time after your Will is signed. If you fill this out, you will place it in your Will sleeve behind your Will, but you will not attach it to your Will. This memo is not probated with your Will on your death. It is not an official document, but a guide to assist your executor in distributing items to certain individuals.

2. Electronic/Digital Asset Information Sheet. This is a blank form that you can fill out at any time after your Will is signed. It is recommended to save this document in electronic format, encrypted with password protection and you should update it often. You should tell your executor where this document is stored and how to access it. This document might include the following for your online accounts and digital assets:

a. User names

b. Passwords

c. Websites

d. Account numbers

e. Web addresses

f. Contact names and phone numbers for financial accounts

g. Beneficiaries already designated on financial accounts

h. Electronic device access

i. Where digital assets are stored

j. To whom you want digital assets to pass. For example, I want my spouse to have all my personal emails, texts, and voicemail messages. I want my children to have the photos on my phone.

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Appointment of Agent to Control 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? This person might need to pay costs incurred in serving as your agent. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Shannon with Questions:**

Shannon Cantrell  
Paralegal for Eva Geer  
[Shannon@geerandassociates.com](mailto:Shannon@geerandassociates.com)  
713-789-3374