Toronjo & Prosser Law
Clients First, Counsel First

☐Will ☐DPA Finances & Personal Care ☐DPA Healthcare

WILL INTAKE INFORAMTION

Date opened: _____ Execution Date: _____

Personal Information: (Fill out as much information as you can)

Full name as it will appear on documents: _____
Address: _____City: _____ Zip:_____
Home Telephone: (____)_____ Social Security No.: _____
Work Telephone: (____)_____ Date of Birth:_____
E-mail: _____

Marital Status:

☐Single ☐Spouse or Domestic Partner Name:_____

☐Married Date:_____ Name:_____

☐Divorced Date:_____Name:_____

Children:

_____ _____

_____ _____

Living Relatives:

Father: _____ Mother: _____

Living Siblings:

_____ _____

_____ _____

_____ _____

_____ _____

10000 N Central Expressway
Suite 443
Dallas, TX 75231
www.t-plaw.com
214.609.8787
FAX : 1.866-640-7043

Will and Trust Information:

□Prior Will Date:_____ Prepared by:_____

Residual Beneficiary:

Name: _____ City: _____ State:_____

Alternate Residual Beneficiary:

Name: _____ City: _____ State:_____

Executor

Name: _____ Telephone: (____) _____

Address: _____ City: _____ Zip:_____

Alternate: _____ Telephone :(____) _____

Address: _____ City: _____ Zip:_____

Specific Gifts (If there are more, please use a separate sheet of paper):

Name: _____ City: _____ State:_____

Item:_____

Name: _____ City: _____ State:_____

Item: _____

Name: _____ City: _____ State:_____

Item: _____

Distribution Other Than Above:

_____

_____

_____

_____

Miscellaneous:

_____

_____

_____

_____

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Contest Anticipated? □No □Yes
Please Explain:_____
_____
_____
_____
_____

Post-Death Instructions (Leave blank if you have not made these decisions yet):

☐Burial
Where: _____City: _____ State:_____

☐Other _____
If other, have you made these arrangements yet? _____

Memorial service or funeral?
Describe:_____
_____
_____

☐Cremation Disposition of remains:_____
_____
_____

Person who will make arrangements post-death:
□Executor □Other (see below)
Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip:_____

Has client pre-arranged any post-death services?_____
_____
_____

Durable Power of Attorney (Financial):
□Immediate □Springing □Dependent

Agent: _____ Telephone: (____) _____
Address: _____ City: _____ Zip:_____

Alternate: _____Telephone: (____) _____
Address: _____ City: _____ Zip:_____

Personal Care Provisions for dependent: _____

_____

_____

Durable Power of Attorney (Health Care):

Agent: _____ Telephone: (____) _____
Address: _____ City: _____ Zip:_____
Alternate: _____Telephone: (____) _____
Address: _____ City: _____ Zip:_____

Organ Donation: ☐No ☐Yes
Please specify what you would like to donate (for example, all parts able to donate, bones only, eye only, etc…):_____

Medical Treatment Desires and Limitations Options:

_____

_____

_____

Special Instructions for Nutrition and Hydration:

_____

_____

_____

Health & Safety Code §7100 Disposition of Remains: □Y. □N.

ASSETS:

Real Property:

_____

_____

_____

How held? _____

Life Insurance (beneficiaries, amounts, etc.):

_____

_____

_____

Bank Accounts:

_____
_____
_____

401(k), IRA, etc.:

_____
_____
_____

Stocks, Bonds, etc.:

_____
_____
_____

Other:

_____
_____
_____

Any other request not covered above?

_____
_____
_____

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