

# CAGLE & McCUMBER

ATTORNEYS AT LAW  
215 E. Galveston St.  
League City, Texas 77573  
TEL (281) 332-7630  
FAX (281) 332-7877

## WILL FACT SHEET

Date: \_\_\_\_\_

Your Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Spouse's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

County in which you live \_\_\_\_\_

### CHILDREN

Name \_\_\_\_\_ (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of husband or wife \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of husband or wife \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of husband or wife \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of husband or wife \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip)

Do you own any property outside of Texas? \_\_\_\_\_ Have either you or your wife inherited or do you expect to inherit any property? \_\_\_\_\_

To whom do you wish to leave your property: (all property or specific property)

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

**YOUR WILL**

Executor \_\_\_\_\_

Alternate Executor \_\_\_\_\_

2nd Alternate Executor \_\_\_\_\_

Trustee \_\_\_\_\_

Alternate Trustee \_\_\_\_\_

2nd Alternate Trustee \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Alternate Guardian \_\_\_\_\_ Address \_\_\_\_\_

2nd Alternate Guardian \_\_\_\_\_ Address \_\_\_\_\_

**POWER OF ATTORNEY**

Name of Designee \_\_\_\_\_

Designee's address \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY**

Name of Designee \_\_\_\_\_ Phone # \_\_\_\_\_

Designee's address \_\_\_\_\_ County \_\_\_\_\_

**HIPPA**

Name of Designees \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_