

CANLAW Information Form

NAME: _____ CANCER DIAGNOSIS: _____

ADDRESS (including county): _____

TELEPHONE: _____ EMAIL: _____

SPOUSE'S NAME: _____

SPOUSE'S TELEPHONE: _____ SPOUSE'S EMAIL: _____

Our goal is to help as many cancer patients and survivors as possible. Unfortunately, we have restrictions that will prevent us from helping persons in certain situations. The following information will help us determine whether we can help you.

Estimated Value of your estate (real estate including: residence, rental property, land, vacation homes, etc.; oil & gas interest; 401(k), pension plan, annuities, IRAs; Cash/Savings; household furnishings/personal effects/motor vehicles; life insurance; business or partnership interests; Other (describe)): _____

Estimated total debts & mortgages owed: _____

Are you a member, shareholder, owner or sole proprietor of any business? If yes, please explain.

Do you own any property outside of Texas or property acquired before your marriage? If yes, please describe

Do you have a premarital agreement or post-marital agreement that affects your estate planning needs (i.e, a pre-nup agreement or a divorce agreement)?

Are you the creator or beneficiary of any trust? If yes, please describe

How many children do you have?

Child's Name: _____ Date of Birth: _____

Name of Child's other parent, if different from current spouse: _____

Child's Name: _____ Date of Birth: _____

Name of Child's other parent, if different from current spouse: _____

Do you have any children or grandchildren with special needs or financial difficulty? Please explain.

Is there anything else you think we should know?

Note: At your will interview, you will need to have the name, address, and telephone number of the person(s) who you want to appoint as your power of attorney, so please make sure you have that information available on the day of the clinic