

ESTATE PLANNING WORKSHEET

Do you currently have a will? [] Y [] N Do you currently have a trust? [] Y [] N

Are you a U.S. Citizen: [] Y [] N Birthplace: _____

1. Full Legal Name: _____

Maiden name: _____

Other names used previously: _____

2. Social Security Number: _____ DOB: _____

3. Address: _____

Have you always lived in Texas? [] Y [] N

If not, when did you move to Texas? _____

Do you own your own business: [] Y [] N Location of Business: _____

4. Telephone number (include area code): _____ - Home
_____ - Work _____ Cell

5. E-mail address: _____

6. **County** of residence: _____ How Long: _____

Previous **County** of Residence: _____

MARRIAGES:

7. You are currently: _____ Married _____ Single _____ Divorced

8. Current Spouse's name (if applicable): _____

Date of marriage: _____ City, **County**, State of Marriage: _____

Spouses DOB: _____ Birthplace: _____

Any Settlement Agreements: [] Y [] N

I. If you have been previously married, please provide the following information.

Name of Former Spouse (full legal (maiden) name): _____

Date and place of marriage (include **County**): _____

Reason Marriage Ended (Death, Divorce, Annulled): _____

Date of termination: _____ City, **County**, State of Termination: _____

Any children from this marriage (# and first names): _____

II. If you have been previously married, please provide the following information.

Name of Former Spouse (full legal (maiden) name): _____

Date and place of marriage (include **County**): _____

Reason Marriage Ended (Death, Divorce, Annulled): _____

Date of termination: _____ City, **County**, State of Termination: _____

Any children from this marriage (# and first names): _____

CHILDREN:

9. Total Number of Children: _____ Current marriage: _____ Previous Marriages

10. Please list children in order of birth; use **full legal** (include maiden) names: (Please include all children, living and deceased.) If your child predeceases you, do you want their percentage of your estate to pass to their children: [] Y [] N

I. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

II. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

III. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

IV. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

V. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

VI. _____ DOB: _____ M/F _____

Birthplace (City, **County**, State): _____

Is Child Adopted: _____ When: _____ **County** & State of Adoption: _____

Present address (City, State, Zip): _____

Spouses Full Legal (Maiden) Name: _____

Grandchildren of this marriage: _____ # Grandchildren of Previous Marriage: _____

PETS: Do you have any pets you would like to make special arrangements for: [] Y [] N

If so, please list name and type of pet and whom you would like to take care of it: _____

SPECIFIC GIFTS OF PROPERTY (OPTIONAL)

11. Any **specific gifts** of property? [] Y [] N

A. To my _____ (i.e. brother), _____ (full legal (maiden) name), I
want to give _____

B. To my _____ (i.e. brother), _____ (full legal (maiden) name), I

want to give _____

C. To my _____ (i.e. brother), _____ (full legal (maiden) name), I want to give _____

D. To my _____ (i.e. brother), _____ (full legal (maiden) name), I want to give _____

E. To my _____ (i.e. brother), _____ (full legal (maiden) name), I want to give _____

F. To my _____ (i.e. brother), _____ (full legal (maiden) name), I want to give _____

RESIDUAL ESTATE (EVERYTHING LEFT OVER AFTER SPECIFIC GIFTS)

12. To Whom do you want to leave your “residual estate” [Fill in appropriate Choice]

- A. To my spouse if living; if my spouse is not living, to my children equally:
- B. To my spouse if living; if my spouse not living, then to other: _____

- C. To My Children equally:
- D. To My Children as follows: _____

- E. As follows: _____

13. **CONTESTATION CLAUSE:** Do you want a provision in your will that provides that if a person contests the validity of your will, then any gift you make to them is voided? Y N

14. Do you want to include a provision in your will that would allow children born to you after the date of your will to share in your estate equally with your named children? Y N

EXECUTOR / EXECUTRIX OF YOUR ESTATE: (This is the person who will oversee the administration of your estate after your death)

15. Who do you want to serve? Have you discussed this with them? Y N

Name: _____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

PROVISIONS FOR BENEFICIARY(IES) CURRENTLY UNDER THE AGE OF 18

16. Should neither parent be alive to handle property your child(ren) own or will receive upon your death, it will be placed “in trust” for them. Who do you want to act as their **trustee** to handle their finances?

Name: _____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

17. Do you initially want to restrict your beneficiaries from receiving property in the trust to interest only?
 Y N (choose one)

18. Do any of your children have any special needs? Y N Please List Below:

I. Name: _____ List special needs: _____

II. Name: _____ List special needs: _____

19. How do you want the trust corpus (the property in the trust) distributed to them? (choose one)

A. Nothing but income from the trust distributed to them for their lives, the remainder to be paid on their death to _____

B. A third of the trust principal when they turn _____, a second third when they turn _____ and the balance when they turn _____

C. In a lump sum when each child turns _____

GUARDIANS APPOINTED IN YOUR WILL

20. Should neither natural parent be alive to take care of your children, if they are minors (under 18), whom do you want to assume that responsibility? Have you discussed this with them? Y N

Name: _____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

BURIAL PLANS:

21. Do you have a current burial plan: [] Y [] N Date of Plan: _____

Location of plan (Funeral home): _____

Do you want to state any specific burial instructions in your will? If so, please list: _____

22. Other special instructions: _____

MEDICAL POWER OF ATTORNEY (It allows you to designate someone to make medical decisions on your behalf if you are unable.)

23. Do you want to appoint a Medical Power of Attorney: [] Y [] N

Have you discussed this with them? [] Y [] N

Whom do you want to serve as your agent in your Medical Power of Attorney?

Name: _____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

STATUTORY DURABLE POWER OF ATTORNEY (It allows you to designate someone to make decisions regarding your assets in the event you are incapacitated (i.e. accounts & real property)

24. Do you want to designate a Statutory Durable Power of Attorney? [] Y [] N

Will this Power of Attorney replace a current Power of Attorney? [] Y [] N

Who do you want to serve as your Attorney in Fact in your Statutory Durable Power of Attorney?

Name: _____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

When is it Effective: [] Upon disability or incapacity [] Immediately

Do you want to limit or extend the power your agent will have? If yes, explain _____

DECLARATION OF GUARDIAN (It allows you to designate someone to serve as your Guardian if an attempt is ever made to open a Guardianship on you).

25. Is there anyone you want to **specifically disqualify** as a guardian? [] Y [] N

Name: _____ [] estate: person [] estate

Name: _____ [] estate: person [] estate

Name: _____ [] estate: person [] estate

Name: _____ [] estate: person [] estate

ADVANCED DIRECTIVE TO PHYSICIANS (also known as a “Living Will” - instructs health care professionals to remove or withhold life support in the event of terminal or irreversible condition).

26. In the event of a terminal or irreversible condition, do you want life support: [] withheld/ or removed or [] administered

Primary Physician Name: _____

Address: _____

Phone #: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

1. Deeds, Liens, Property Tax Statements and LEGAL description, for all real property.
2. Prepaid Burial Plan
3. Life Insurance Policies, Mutual Funds, Stocks, Bonds, Personal Property Titles, Liens, etc.
4. Latest Bank Account Statements
5. Drivers License (you and spouse)
6. Marriage License of current marriage
7. Divorce decree of former marriages
8. Death Certificates of previous spouses; children
9. Latest 401K Statements
10. Current Trust Documents
11. Latest Brokerage Statements

ASSET WORKSHEET

1. LIFE INSURANCE POLICY #1

Insurance Company: _____

Policy Number: _____ Face value of policy: \$ _____

Date of Issue: _____ Whole or Term Policy: _____

Present Beneficiary: _____

Alternate Beneficiary: _____

Does the policy have an accidental death provision? [] Y [] N

List below the name, address, and telephone number of your Insurance Company and agent:

LIFE INSURANCE POLICY #2

Insurance Company: _____

Policy Number: _____ Face value of policy: \$ _____

Date of Issue: _____ Whole or Term Policy: _____

Present Beneficiary: _____

Alternate Beneficiary: _____

Does the policy have an accidental death provision? [] Y [] N

List below the name, address, and telephone number of your Insurance Company and agent:

2. **BENEFITS or RETIREMENT PLANS** (List any benefits or retirement plans to which you are entitled or will be entitled and the current value, if known. Include Pension Plans, Profit-Sharing Plans, Social Security, 401-K's, IRA's, SEP, SIMPLE, etc.)

A. Plan type: _____ Current Value: \$ _____

Administered by: _____

B. Plan type: _____ Current Value: \$ _____

Administered by: _____

C. Plan type: _____ Current Value: \$ _____

Administered by: _____

D. Plan type: _____ Current Value: \$ _____

Administered by: _____

3. **REAL PROPERTY** (List all real property in which you own an interest and the current value.)

A. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

B. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

C. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

D. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

E. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

F. Address: _____ County: _____

Was Property Purchased Prior to Current Marriage or Inherited? _____

Date Purchased or Inherited: _____ Current value: \$ _____

Where is loan located? _____ Current Debt: \$ _____

Do you own any property located outside the State of Texas? If so, describe: _____

4. **PERSONAL PROPERTY** (List all, and the value of each. Include automobiles, boats, furnishings, jewelry, artwork, etc.) Use separate page if necessary

- A. _____ \$ _____
- B. _____ \$ _____
- C. _____ \$ _____
- D. _____ \$ _____
- E. _____ \$ _____
- F. _____ \$ _____
- G. _____ \$ _____
- H. _____ \$ _____
- I. _____ \$ _____

5. **ACCOUNTS** (List each account, the institution where its location and its current value. Include checking, savings, brokerage, certificates of deposits, treasury bonds. List also the beneficiaries of the account)

A. Type of Account _____ \$ _____

Institution: _____

Beneficiary: _____

Is this a joint account with rights of survivorship? [] Y [] N

Type of Account _____ \$ _____

B. Type of Account _____ \$ _____

Institution: _____

Beneficiary: _____

Is this a joint account with rights of survivorship? [] Y [] N

Type of Account _____ \$ _____

C. Type of Account _____ \$ _____

Institution: _____

Beneficiary: _____

Is this a joint account with rights of survivorship? [] Y [] N

Type of Account _____ \$ _____

D. Type of Account _____ \$ _____

Institution: _____

Beneficiary: _____

Is this a joint account with rights of survivorship? [] Y [] N

Type of Account _____ \$ _____

6. INCOME

YOUR SALARY: \$ _____ / year

YOUR SPOUSE'S SALARY: \$ _____ / year

7. INHERITANCE (Have you inherited, or do you expect to inherit any property? If so, describe and give approximate value.

8. TRUSTS (List each trust of which you are a beneficiary and state whether current, future vested or contingent)

9. LOCK BOX

Do you have a safety deposit box? [] Y [] N

Name of Institution: _____ Address: _____

10. ACCOUNTANT (List below the name, address and telephone number of the Accountant/Firm/ or other person who prepares your income tax return:

12. Have you made any lifetime gifts? [] Y [] N

A. Who: _____ Amount: _____ When: _____

B. Who: _____ Amount: _____ When: _____

C. Who: _____ Amount: _____ When: _____

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