

ESTATE PLANNING WORKSHEET

Do you currently have a will or a trust? _____ yes _____ no

1. Full Legal Name: _____

Maiden name: _____

2. Social Security Number: _____

3. Address: _____

Have you always lived in Texas? _____ yes _____ no If not, when did you move to Texas? _____

4. Telephone number: _____ - home; _____ - work

5. E-mail address: _____

6. County of residence: _____

7. You are: _____ Married _____ Single

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

Date of marriage: _____

Place of Marriage _____

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

Name of Former Spouse: _____

Date and place of marriage : _____

Cause of termination (Death, Divorce): _____

Date and place of termination: _____

Date Place

9. Number of Children: 0 1 2 3 4 5 6

10. Children's names: (**NOTE:** place an asterisk (*) by a child's name if not a child of your present marriage)

A. _____ birthdate: ____/____/____ M/F

birthplace: _____

present address (if different from yours: _____

name of spouse: _____

B. _____ birthdate: ____/____/____ M/F

birthplace: _____

present address (if different from yours: _____

name of spouse: _____

C. _____ birthdate: ____/____/____ M/F

birthplace: _____

present address (if different from yours: _____

name of spouse: _____

D. _____ birthdate: ____/____/____ M/F

birthplace: _____

present address (if different from yours: _____

name of spouse: _____

E. _____ birthdate: ____/____/____ M/F

birthplace: _____

present address (if different from yours: _____

name of spouse: _____

WILL

11. To whom do you want to make **specific gifts** of property (optional)?

A. To my _____ (i.e. sister), _____
(name) I want to give _____

B. To my _____, _____ (name) I want
to give _____

C. To my _____, _____ (name) I want
to give _____

D. To my _____, _____ (name) I want
to give _____

12. Everything left over after specific bequests (gifts) are made is called your "residual estate". To whom do you want to give your **residual estate**? (choose one)

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. As follows: _____

13. 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? yes / no

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? _____ yes _____ no

15. Who do you want to serve as your **executor** (the person who will oversee the administration of your estate after your death)

_____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

PROVISIONS FOR MINOR BENEFICIARY(IES)

16. Should neither parent be alive to handle property your child(ren) own or will receive upon your death, who do you want to act as your **trustee** to handle their finances?

_____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

17. Should your children receive property in trust, do you want to restrict them to using only the interest in the trust? _____ yes _____ no (chose one)

18. Do any of your children (the proposed trust beneficiaries) have any special needs? _____

19. How do you want the trust corpus (what's in the trust) distributed to them? (chose 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 they turn _____

GUARDIANS APPOINTED IN YOUR WILL

20. Should neither parent be alive to take care of your children, if they are minors (under 18), who do you want to assume that responsibility?

_____ relationship: _____

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

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

22. Other special instructions _____

23. **Medical Power of Attorney** (It allows you to designate someone to make medical decisions on your behalf if you are unable.)

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

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

24. **Statutory Durable Power of Attorney** (It allows you to designate someone to make decisions regarding your assets (i.e. accounts & real property))

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

First Alternate: _____ relationship: _____

Second Alternate: _____ relationship: _____

Effective: ___ Upon disability or incapacity ___ Immediately

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

25. **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). Is there anyone you want to **specifically disqualify** as a guardian?

_____ estate: person / estate

_____ estate: person / estate

26. **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). In the event of a terminal or irreversible condition, do you want life support ___ withheld/removed or ___ administered

Asset Worksheet

1. LIFE INSURANCE

Insurance Company: _____

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

Date of Issue: _____

Present Beneficiary: _____

Alternate Beneficiary: _____

Does the policy have an accidental death provision? _____ yes _____ no

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: _____

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

Administered by: _____

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

a. _____

Current value: \$ _____

b. _____

Current value: \$ _____

c. _____
Current value: \$ _____

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.)

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____
g.	_____	\$ _____
h.	_____	\$ _____

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)

Type of Account _____ \$ _____
Institution: _____
Beneficiary: _____
Is this a joint account with rights of survivorship? Y / N

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Institution: _____
Beneficiary: _____
Is this a joint account with rights of survivorship? Y / N

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?)

If so, where is it located? _____

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

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