

## ESTATE PLANNING WORK SHEET

(Married or Single - Single Persons Please Ignore References to Spouse)      DATE: \_\_\_/\_\_\_/\_\_\_

**PERSONAL INFORMATION:** The following information is helpful to properly evaluate and design your estate plan. Moreover, the information provided may be valuable to your family in the event of death or disability. If necessary, continue answers on the back page or attach other pages, schedules or statements. **Please Print Clearly!**

Husband's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature Name: \_\_\_\_\_ SS# \_\_\_\_\_

Wife's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature Name: \_\_\_\_\_ SS# \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work-Husband: \_\_\_\_\_ Work-Wife: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_ Was there a premarriage contract? \_\_\_\_\_

Either Spouse married Previously? \_\_\_\_\_

Occupation: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Have you ever filed a gift tax return or give \$10,000 or more to anyone in one year?    Yes \_\_\_ No \_\_\_

Do you currently possess any Powers of Appointment under the estate plan of another person?    Yes \_\_\_ No \_\_\_

Are you the beneficiary under any trust set up by another person?    Yes \_\_\_ No \_\_\_

Describe your present health and life expectancy: \_\_\_\_\_

**CHILDREN** (Indicate if by Husband, Wife or Joint= H/W/J)

Name, Address & Phone	Sex	H/W/J	Date of Birth	Married?	# of children
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Deceased Children, if any: \_\_\_\_\_ Any children: \_\_\_\_\_

Are all of the above persons U.S. citizens? \_\_\_\_\_ Does anyone receive government benefits? \_\_\_\_\_

Are your children and other beneficiaries in good health? \_\_\_\_\_

Do any of your children have taxable estates (over \$1,500,000)? \_\_\_\_\_

**GUARDIANS:** For minor children, who would you want to serve as their Guardian. (The Guardian has custody of the child, but not necessarily the money): 1<sup>st</sup> Choice: \_\_\_\_\_

2ndChoice: \_\_\_\_\_ Only if still married? \_\_\_\_\_

Are there any person other than minor children who are dependent upon you? \_\_\_\_\_

Do you view your assets as: \_\_\_\_\_ Equally owned by both spouses; or \_\_\_\_\_ We keep our assets separate.

Do you presently have a living trust? \_\_\_\_\_ Will? \_\_\_\_\_ Financial durable power of attorney? \_\_\_\_\_

Living will? \_\_\_\_\_ Power of attorney for health care? \_\_\_\_\_ Interested in making organ donations? \_\_\_\_\_

**ESTATE PLANNING GOALS:**

	Yes	No	Rank Importance Most . . . . . Least				
1. To get our estate in order and create a consistent and comprehensive estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
2. To create an estate plan which is valid in every state, & to allow us to decide which state law will apply if we later decide to move.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
3. To control all of our assets while we are alive and healthy.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
4. To plan for disability of myself or spouse & avoid the expense, publicity, and loss of control involving court conservatorship proceedings if either of us is disabled.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
5. To avoid unnecessary placement in a nursing home by providing instructions for in-home health care.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
6. To control which of our family or loved ones will make decisions for us if we're incapacitated, including health care & life support decisions.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
7. To plan for elderly parents disability.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
8. To plan for the transfer and survival of the family business at disability or death.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
9. To avoid contests & disputes upon death.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
10. To avoid probate entirely at my death and the death of my spouse.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
11. To reduce estate and death taxes to the lowest level possible.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
12. To preserve the privacy of my estate and my family from curiosity seekers, dishonest persons, business competitors or creditors.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
13. To provide for my surviving spouse.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
14. To protect our children's inheritance if my spouse chooses to remarry after my death.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
15. To protect the assets of minor or disabled children or grandchildren, so that our family can avoid court control of their property under conservatorship.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
16. To protect assets of financially irresponsible children.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
17. To protect our children from the possibility of failed marriages by designing a plan whereby the children can control the property we leave them if they wish.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
18. To plan for a child with disabilities or special needs such as medical or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
19. To plan for children from a previous marriage so that they are treated fairly in my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5

- |  |                          |                          |   |   |   |   |   |
|--|--------------------------|--------------------------|---|---|---|---|---|
| 20. To disinherit one or more of our family members.   | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 21. To plan for our grandchildren.   | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 22. To protect and care for one or more pets.  | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 23. To save 100% of the estate tax on life insurance so that the insurance proceeds pass estate tax free.    | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 24. To create a special trust for charity to which we can transfer assets that will give us lifetime income. | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 25. To give specific assets to certain charities.  | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |

We have other goals and objectives for our estate plan not mentioned yet, and they are:

---



---



---

Please review and list the top 3 goals in order of importance to you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**FINANCIAL MANAGEMENT:** In the event that you were mentally disabled or deceased, who would you want to manage your financial affairs? \_\_\_\_ Surviving Spouse is first choice. List other choices in order of priority:

---



---

**SPECIFIC DISTRIBUTION:** (Only if you want to leave a specific dollar amount or specific property to a specific person before the distribution below): \_\_\_\_\_

---

**DISTRIBUTIONS ON DEATH:** Household goods to: \_\_\_\_ Spouse \_\_\_\_ Surviving Children Other: \_\_\_\_\_  
 Upon your death, how would you like your other property distributed? What if a beneficiary predeceases you?

---



---



---

**ULTIMATE BENEFICIARIES:** If all beneficiaries and descendants listed above predecease you:

\_\_\_\_ To my heirs under TEXAS law (eg: = 1/2 to each spouse's side of the family)

\_\_\_\_ Other: \_\_\_\_\_ Charities: \_\_\_\_\_

---

Any restrictions to be placed on surviving spouse with respect to deceased spouse's property? \_\_\_\_\_

---

Special Concerns, Requests, Questions, or Tax Planning Options? \_\_\_\_\_

---



---



---



**LIFE INSURANCE AND ANNUITY POLICIES:**

**TOTAL DEATH BENEFIT:** \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Type: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiaries-1st \_\_\_\_\_ 2nd \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Type: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiaries-1st \_\_\_\_\_ 2nd \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Type: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiaries-1st \_\_\_\_\_ 2nd \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Type: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiaries-1st \_\_\_\_\_ 2nd \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

**BUSINESS INTERESTS AND PARTNERSHIPS:**

**TOTAL VALUE:** \_\_\_\_\_

List details and ownership: \_\_\_\_\_

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

**REAL ESTATE: (Residence, Rentals, Oil & Gas interests, Time Shares, etc.)**

**TOTAL VALUE:** \_\_\_\_\_

General Description or Address:	Owner	Market Value	Mortgage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTES RECEIVABLE (owed to you, not by you):**

**TOTAL VALUE:** \_\_\_\_\_

Name of Debtor:	Date Due	Owed to	Secured by	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL EFFECTS:**

**TOTAL VALUE:** \_\_\_\_\_

Type of Property	Owner	Market Value
Automobiles _____	_____	_____
Furniture, Jewelry, Household _____	_____	_____
Collectibles _____	_____	_____
Other _____	_____	_____

ANTICIPATED INHERITANCE, GIFTS, OR LAW SUIT PROCEEDS: TOTAL VALUE: \_\_\_\_\_

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

LIABILITIES (not previously listed) Notes you owe, loans against insurance, etc: TOTAL AMOUNT: \_\_\_\_\_

Owed to Whom:	Signer(s)	Secured by	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS NOT LISTED ABOVE: TOTAL VALUE: \_\_\_\_\_

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

SUMMARY BY OWNERSHIP: For jointly owned property, include 50% for husband and 50% for wife; Include death benefits of life insurance as insured's assets: Husband's Assets: \_\_\_\_\_ Wife's Assets: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

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

THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY ABILITY. MY ESTATE PLANNING ATTORNEY MAY RELY UPON ITS ACCURACY AND COMPLETENESS IN DEVELOPING MY ESTATE PLAN.

\_\_\_\_\_  
SIGNATURE OF CLIENT / DATE

\_\_\_\_\_  
SIGNATURE OF CLIENT / DATE

*This form is provided to help you in designing your estate plan. This information will be kept strictly confidential by the law offices of Braun & Associates. This form is not meant to give specific legal or tax advice. Please bring this form with you to your first free consultation with your estate planning attorney.*

*Remember, proper estate planning is of vital importance, and will profoundly and inevitably effect everything in this world that you own, and every person in this world that you love.*

This Work Sheet was provided as a courtesy for estate planning purposes by:  
Thomas S. Hall, Attorney & Counselor at Law, BRAUN & ASSOCIATES  
P.O. Box 466, Dripping Springs, Texas 78620 (512) 894-5426

