

ESTATE PLANNING WORKBOOK
Private and Confidential



Erin M. Thrash, Attorney at Law

**Board Certified in Estate Planning and Probate Law*

Tracy Kasperek, Attorney at Law

3 Lakeway Centre Court, Suite 100

Austin, Texas 78734

Telephone: (512) 263-5400; FAX: (512) 263-5402

Website: www.thrashlawfirm.com

e-mail: erin@thrashlawfirm.com, tracy@thrashlawfirm.com

PERSONAL INFORMATION FORM

You and Your Family:

CLIENT 1: Full legal name _____

Also known as: _____

Married? _____ Date of Marriage: _____ Place of Marriage: _____

Signature name: _____

Date of birth _____ Social Security No. _____

Home street address: _____

City: _____ County _____ State: _____ Zip Code: _____

Home telephone: _____ Business telephone: _____

Employer: _____ Position: _____ Income/Per _____

Retired? Yes No, Date: _____ Hobbies _____

E-mail address: _____

Pets: _____

CLIENT 2: Full legal name: _____

Also known as _____

Signature name: _____

Date of birth _____ Social Security No. _____

Home telephone: _____ Business telephone: _____

Employer: _____ Position: _____ Income/Per _____

Retired? Yes No, Date: _____ Hobbies _____

E-mail address: _____

***Have either Client 1 or Client 2 given up a child for adoption?

Client 1 _____ Where? _____ Client 2 _____ Where? _____

YOUR CHILDREN				
Child's Name	Born to: Client 1 (C1) Client 2 (C2) Both (B) Single (S)	Sex	Date of Birth	Grandchildren Number

HISTORICAL DATA AND INFORMATION:

Are either Client 1 or Client 2 Widowed? Client 1 Yes No Client 2 Yes No
 If yes, then:

- (1) Deceased spouse/partner 's name: _____
- (2) Date of death: _____
- (3) Residence at date of death: _____
- (4) Did spouse/partner leave a will? Yes No
- (5) Was there a probate of spouse/partner 's estate? Yes No

County and State of Probate: _____

Are either Client 1 or Client 2 Divorced? Client 1 Yes No Client 2 Yes No
 If yes, then:

- (1) Name of ex-spouse/partner: _____
- (2) Date of divorce: _____
- (3) City and State of divorce: _____

OTHER RELEVANT DOCUMENTS:

- 1. Do you or your spouse/partner have previous Wills? Yes No Date _____
- 2. Do you have any trusts that were created by you or are you a beneficiary of any trust(s) that were created by someone other than you or your spouse/partner ? Yes No
- 3. Do you have any previous powers of attorney (MEDICAL AND/OR FINANCIAL)? Yes No

4. Do you have any Post or Pre Marital agreements? Yes No
5. Have you made any IRS filings in the last 10 years other than your 1040 Income Tax Return? (K-1s, IRS 709, 1041 or other) Yes No
6. Do you have any of the following:
- Long Term Care Insurance
 - Disability Insurance
 - Umbrella Liability Policy

Please bring copies of these documents for our first meeting

YOUR PROPERTY: Instructions:

One: This *Property Information* is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Two: Under "Owner" in each section, indicate "H" for Husband, "W" for Wife, "JT" for property in more than one name or "S" for single. If you own property in common with a non-spouse add a "+".

Three: If you have stocks, bonds or other investments within your retirement plan or a brokerage account (e.g. with Merrill Lynch or Ameriprise or another Financial Advisory firm) then you do not need to list them individually. Simply indicate the name of the plan or managed account.

INVESTMENT ACCOUNTS (you may just provide a copy of the statements if you would prefer)			
Name of Investment Firm	Owner(s) name(s)	Ownership type	Fair Market Value
			\$
			\$
			\$
			\$

INVESTMENT ACCOUNTS

(you may just provide a copy of the statements if you would prefer)

Name of Investment Firm	Owner(s) name(s)	Ownership type	Fair Market Value

RETIREMENT ACCOUNTS AND DEFERRED COMPENSATION PLANS

(you may just provide a copy of the statements if you would prefer)

Name of Plan or Custodian	Indicate: IRA, 401(k) 403(b) etc.	Owner <hr/> Primary Beneficiary	Current Account Balance
			\$
			\$
			\$

BUSINESS INTERESTS

Company Name (Indicate: Partnership, Corporation, Sole Proprietorship)	Owner:	Fair Market Value of Business Interest
		\$
		\$

MONEY OWED TO YOU

Debtors Name (Include loans to family members)	Date of Note	Owed to	Due Date	Current Balance
				\$

CASH ACCOUNTS

(you may just provide a copy of the statements if you would prefer)

Name of Bank or Other Institution	Checking, Savings or CD	Owner	Current Balance
			\$
			\$
			\$
			\$
			\$

STOCKS AND BONDS

(you may just provide a copy of the statements if you would prefer)

Company Name	Owner	Current Fair Market Value
		\$
		\$
		\$

REAL ESTATE

Address or Other Description	Owner	Fair Market Value	Mortgage Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$

OTHER ASSETS

Please include valuable items of personal property over \$10,000 such as antiques, coin or stamp collections; cars, boats planes or other vehicles; lawsuits you have pending against another; anticipated inheritance or interest in a trust; etc.

Description	Owner	Fair Market Value
		\$
		\$

LIFE INSURANCE

(You may just provide a copy of the statements if you would prefer)

Company Name	Term (T) Whole Life (W)	Name Of Insured	Name Of Beneficiary	Death Benefit	Cash Value	Loans

ANNUITIES

(You may just provide a copy of the statements if you would prefer)

Company Name	Type	Name of Owner	Name Of Beneficiary	Death Benefit	Cash Value	Loans

YOUR ADVISORS

Please list your advisors below

Name	Address	Phone
Accountant:		
Insurance Agent:		
Financial Advisor:		
Broker:		

SUMMARY OF FINANCIAL INFORMATION

	TOTAL VALUE
BANK ACCOUNTS	_____
REAL PROPERTY	_____
RETIREMENT ACCOUNTS	_____
BROKERAGE ACCOUNTS	_____
STOCKS & OTHER SECURITIES	_____
LIFE INSURANCE DEATH BENEFITS	_____
BUSINESS INTERESTS	_____
MOTOR VEHICLES	_____
OTHER PERSONAL PROPERTY	_____
ANTICIPATED INHERITANCE AMT	_____
OTHER	_____
DEBTS AND LIABILITIES (SUBTRACT)	(_____)
 PERSONAL TAXABLE NET WORTH	 _____

DISTRIBUTIONS AFTER DEATH

We will discuss distribution provisions during our conference. This section is intended to provide you with a chance to think about the sorts of questions we will be dealing with at our conference.

Specific bequests to spouse/partner at death of first spouse/partner

1. Marital home? _____
2. Any Interest in spouse/partner 's retirement plans _____
3. Frequent flier miles, club memberships? _____

Other specific gifts to individuals or charitable organizations, either at death of first spouse/partner or after death of surviving spouse/partner. Think about what you want to happen if the beneficiary predeceases you or if the organization should cease to exist.

\$ _____ to _____

\$ _____ to _____

Death of first spouse/partner: Options for distribution of estate

_____ Give to spouse/partner outright**

** (not recommended for asset protection, remarriage and estate tax reasons)

_____ Hold for support of spouse/partner , then to children or other beneficiaries

_____ Give to children outright (not recommended for minor children)

_____ Hold for support of children, then distribute at age or event (ie. age 25):

Death of surviving spouse/partner:

_____ Give to children or beneficiaries outright

_____ Give to charity

_____ Provisions for my pet(s)

_____ Hold for support of children or beneficiaries, then distribute

Provisions dealing with children or descendants:

_____ "Common pot" (recommended up to at least age 18), or

_____ Separate trusts for each beneficiary

• **Distribute the trust when:**

Beneficiary reaches age of _____

Partial at age _____

Remainder at age _____

(ex. ¼ at 25, 30, 35, 40 or 10% every 5 years) or related to an event, like graduation from college, or marriage, or children

• **Do you have any interest in information on special “Incentives” for your beneficiaries like helping child buy home or business?** Yes No

• **Do your beneficiaries have any special needs, addictions, financial issues we need to plan around?** Yes No

• **Do you want to include language allowing the guardian for your children to do any of the following:**

a. add on to his or her house

b. buy a larger car

c. other _____

Options for distribution of estate to OTHER BENEFICIARIES NOT children or descendants:

Give to beneficiaries outright

Hold for support of children or beneficiaries

IDENTITY OF OTHER BENEFICIARY(S) (not your children if previously named)

Please include separate page with the following information:

Name/Address: _____

Relationship to you: _____

Name/Address: _____

Relationship to you: _____

Name/Address: _____

Relationship to you: _____

Will you disinherit a child or beneficiary? Yes No

Name/Address: _____

Name/Address: _____

ASSET MANAGERS FINANCIAL DECISION-MAKERS: (TRUSTEE / EXECUTOR / AGENT)

Please provide the legal names of the people that you trust to make financial decisions for you in the event that you are unable to communicate your own decisions:

Client 1: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

(_____)
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

(_____)
Telephone

Client 2: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

(_____)
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

(_____)
Telephone

2nd, 3rd and 4th Alternates should be listed on additional pages

HEALTH CARE DECISIONMAKERS Please provide the legal names of the people that you trust to make health care decisions for you in the event that you are unable to communicate your own decisions:

Client 1: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

(_____)
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

(_____)
Telephone

Client 2: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

(_____)
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

(_____)
Telephone

2nd, 3rd and 4th Alternates should be listed on additional pages

GUARDIANS (MINOR CHILDREN) Please provide the full "legal" names of the people you trust to care for your minor children (under age 18) or incapacitated children (handicapped, etc.), if any:

Client 1: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

() _____
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

() _____
Telephone

Client 2: Primary _____ **Relationship to You** _____
Name (Full Legal Name) If you are married, usually your spouse/partner is the "Primary"

Address, City, State, Zip Code

() _____
Telephone

1st Alternate _____ **Relationship to You** _____
Name (Full Legal Name)

Address, City, State, Zip Code

() _____
Telephone

2nd, 3rd and 4th Alternates should be listed on additional pages

Exclusion from service: Is there anyone that you **specifically** want to exclude from serving as Agent for Financial or Medical or Guardian? (Please provide name, address and relationship)

FACTORS TO CONSIDER IN YOUR ESTATE PLAN:	
Do you have adopted children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children that were not born to your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you supporting any dependents who are not your minor children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have obligations such as child support under a Divorce or other judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a child with special medical or learning needs or does any member of your immediate family receive government support or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to provide incentives (such as completing college) for beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to protect the assets you leave to your spouse/partner or children from their creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children likely to have taxable estates (over \$2.0 million) with their own assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to pass assets to your grandchildren or beyond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make sure your child's inheritance is protected from their spouse/partner in the event of a divorce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to protect your children if your spouse/partner remarries after your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to minimize the chance of your estate going through probate court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in any State other than Texas during this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own real estate or other property located in other states?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse/partner ever filed a Federal or State gift tax return?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse/partner ever had a Will, Living Trust or other Estate Plan?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are either you or you spouse/partner a citizen of another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your spouse/partner have any wealth that you inherited or expect to inherit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want maximum flexibility in administering your estate and dividing assets after your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any charities you would like to benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets you would like to provide for or will need to provide for?	<input type="checkbox"/> Yes <input type="checkbox"/> No

