

# ESTATE PLANNING WORKSHEET

(Married or Single - Single Persons Please Ignore References to Spouse)

I. **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!**

CLIENT A/SPOUSE A

CLIENT B/SPOUSE B

Full Name: \_\_\_\_\_

Usual Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_

Both Spouses U.S. Citizens?: Yes No      Have you ever filed a gift tax return? Yes No

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

This Worksheet was provided as a courtesy for estate planning purposes by:  
Kevin P. Shay, Attorney at Law, 14350 Northbrook Drive, Suite 220, San Antonio, Texas 78232-5011 (2015)

**CHILDREN/FAMILY:**

**Sex**

**Relationship to Client(s)  
If child, child of Client A  
Client B or Both?**

**Date of Birth**

1. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

4. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

5. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

6. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

7. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

8. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

9. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

10. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_

Deceased Children?  Yes  No

Name, Date of Birth and Date of Death, if any: \_\_\_\_\_

Any children of deceased children: \_\_\_\_\_

What is your primary motivation for considering estate planning? (Select one or more)

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other: \_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.?

---

	<u>Client A</u>	<u>Client B</u>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children financially irresponsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children have taxable estates (over \$5,000,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family members or potential beneficiary have any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe briefly: \_\_\_\_\_

---

Do you own a long-term care (nursing home) insurance policy?  Yes  No  Yes  No

To make your initial consultation more effective for you, please check one of the following:

- I would like to proceed with a  Living Trust  Will estate plan.  
If married, do you want:  One Joint Trust -or-  
 Individual Trusts?
- I am not interested now, but would like some general information; or
- I need to have questions answered before I proceed (List questions on a separate sheet.)

Do you want a Durable General Power of Attorney? \_\_\_\_\_ (list agent under Financial Management below)

Do you want a Living Will? \_\_\_\_\_ A Medical Power of Attorney? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. FIDUCIARY APPOINTMENTS:** Your choices of who will be responsible for such important things as: care of your minor children; health care decisions; finances and any trust created by you. Please list in order of preference and state when applicable if you wish a group of people and/or organizations to act together.

**GUARDIANS:** For minor children, whom would you want to serve as their Guardian, in order of preference. (The Guardian has custody of the child, but not necessarily the money):

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If any of your choices are a married couple, only if still married? \_\_\_\_\_

**FINANCIAL MANAGEMENT - AGENT, TRUSTEE and/or EXECUTOR:** In the event that you were mentally disabled or deceased, who would you want to manage your affairs? List choices in order of priority (include address and phone number):

Spouse is first choice.

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**III. BENEFICIARIES & DISTRIBUTIONS:** Your choices of who will receive your property and how that property will be distributed.

**PRIMARY BENEFICIARIES:** i.e. spouse, children, siblings, etc., please list all information asked for below unless already provided:

- Spouse
- All children
- Specific children (list names below)
- Other (list beneficiaries below)

- A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- C. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- D. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- E. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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? Also, indicate if the amount or percentage is to be distributed outright or held in trust-give terms, i.e. 1/3 every 5 years

- Spouse; then to  children or  other (detail below)
- To my children, equally, and outright, not held in trust; if deceased to their children.
- Other (detail below):

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

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

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

**SPECIFIC DISTRIBUTION:** (Only if you want to leave a specific dollar amount or property to a specific person before the above distribution) include name of recipient, their relationship to you and the amount or item to distribute to the recipient:

---

---

---

---

---

---

---

---

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

To my heirs under Texas law (Joint Trust = 1/2 to each spouse's side of the family)

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

**IV. HEALTH CARE ISSUES:** Whom you wish to handle and how you wish your health care handled in the event you are unable to make such decisions yourself.

**HEALTH CARE AGENTS:** Who do you want as your agents for the Medical Power of Attorney, in order of preference? Please list all information asked for below unless already provided:

Spouse is first choice.

_____	Name: _____	Relationship: _____
	Address: _____	Phone Number: _____
_____	Name: _____	Relationship: _____
	Address: _____	Phone Number: _____
_____	Name: _____	Relationship: _____
	Address: _____	Phone Number: _____
_____	Name: _____	Relationship: _____
	Address: _____	Phone Number: _____
_____	Name: _____	Relationship: _____
	Address: _____	Phone Number: _____

Any special healthcare instructions or concerns? \_\_\_\_\_  
\_\_\_\_\_

V. **FINANCIAL INFORMATION:** Ownership of assets can determine to whom assets will pass upon your death. Ownership may negate will or trust provisions, including any tax planning. Exact values are NOT required. Please indicate how you hold title to each asset listed below by using these codes: **A** = Client A is sole owner (separate property); **B** = Client B is sole owner (separate property); **I** = Individual; **JT** = Joint Tenancy with rights of survivorship; **CP** = Community Property; **?** = Don't know.

**PLEASE INCLUDE ADDRESSES (& CONTACT PERSON, WHERE APPROPRIATE)  
EITHER ON PAGES 9 & 10 OR ON ATTACHED PAGES.**

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

Are you currently supporting anyone other than you and your spouse? \_\_\_\_\_

Are you currently receiving Social Security or pension benefits? \_\_\_\_\_ Source/Amount \_\_\_\_\_

Do you have a Safe Deposit Box? \_\_\_\_\_ Where: \_\_\_\_\_

Box No.: \_\_\_\_\_

**RETIREMENT PLANS (including IRA's):** **TOTAL VALUE:** \_\_\_\_\_

Type of Plan & Account No./Owner	Company	Beneficiary	Value/Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CASH/CHECKING/SAVINGS/MM ACCOUNTS AND INVESTMENTS:** **TOTAL VALUE:** \_\_\_\_\_

Name of Institution/Issuer	Type	Acct. No.	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIFE INSURANCE AND ANNUITY POLICIES:**

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

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiaries: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiaries: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiaries: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiaries: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**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

1. \_\_\_\_\_

Mortgage Amount \_\_\_\_\_ Mortgagee & Loan Number \_\_\_\_\_

Mortgagee's Address \_\_\_\_\_

2. \_\_\_\_\_

Mortgage Amount \_\_\_\_\_ Mortgagee & Loan Number \_\_\_\_\_

Mortgagee's Address \_\_\_\_\_

3. \_\_\_\_\_

Mortgage Amount \_\_\_\_\_ Mortgagee & Loan Number \_\_\_\_\_

Mortgagee's Address \_\_\_\_\_

4. \_\_\_\_\_

Mortgage Amount \_\_\_\_\_ Mortgagee & Loan Number \_\_\_\_\_

Mortgagee's Address \_\_\_\_\_



**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.....	_____	_____
Other:_____	_____	_____

**ANTICIPATED INHERITANCE, GIFTS OR LAW SUITS:**

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

\_\_\_\_\_

**LIABILITIES** (not previously listed):

**TOTAL AMOUNT:** \_\_\_\_\_

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

**OTHER ASSETS NOT LISTED ABOVE:** \_\_\_\_\_

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

**Summary by ownership:** For jointly owned property, include 50% for Client A and 50% for Client B; Include death benefits of life insurance as insured's assets; deduct liabilities:

**Client A's Assets:** \_\_\_\_\_

**Client B's Assets:** \_\_\_\_\_

**Additional Information/Funding Contact Information:** \_\_\_\_\_

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

