

2016 ESTATE PLANNING WORK SHEET

(Married Couple)

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: _____

Wife's Full Name: _____ Date of Birth _____

Signature Name: _____

Phone-Home: _____ Work-Husband: _____ Work-Wife: _____

Husband Email: _____ Wife Email: _____

Address (with ZIP) _____

County of Residence: _____ Date of Marriage: _____ Was there a premarriage contract? ____

Occupation: Husband: _____ Wife: _____

Have you ever filed a federal gift tax return or given \$14,000 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

Is either of you a military veteran? 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? Yes No Does anyone receive government benefits? Yes No

Are your children and other beneficiaries in good health? Yes No

Do any of your children have taxable estates (over \$5,000,000)? Yes No

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): _____

Second Choice _____ Only if still married? _____

Are there any persons other than minor children who are dependent upon you? Yes No

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.	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.	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.	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 one 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: _____

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?

SPECIFIC DISTRIBUTION: (Only if you want to leave a specific dollar amount or property to a specific person before the above distribution): _____

ULTIMATE BENEFICIARIES: If all beneficiaries/descendants listed above predecease you: To my heirs under Texas law (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? _____

NAME, ADDRESS & PHONE FOR KEY ADVISORS:

Bank _____ CPA _____

Personal Banker _____

Insurance _____ DR. _____

Agent (s) _____

Financial or _____

Other Advisors _____

FINANCIAL INFORMATION: Asset ownership may determine to whom assets will pass upon your death and may negate will or trust provisions, including tax planning. Exact values are NOT required. Please indicate how you hold title to each asset listed below using these codes: **H** = Husband is sole owner; **W** = Wife is sole owner; **I** = Individual; **JT** = Joint Tenancy; **TIC** = Tenants in Common; **CP** = Community Property; **?** = Don't know.

Do you have a Safe Deposit Box? _____ Where _____

Who is currently authorized to access the Safe Deposit Box? _____

IRAs/RETIREMENT ACCOUNTS/PENSION /PROFIT SHARING:

TOTAL VALUE: \$ _____

Type of Plan/Owner	Company	Beneficiary	Value/Income
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____

Are you currently receiving Social Security or pension benefits? Yes No

Source/Amount: _____

CHECKING/SAVING/MM ACCOUNT / CD's / STOCKS /INVESTMENTS:

TOTAL VALUE: \$ _____

Name of Institution/Issuer	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \$ _____

OTHER ASSETS NOT LISTED ABOVE:

TOTAL VALUE: \$ _____

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

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

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
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This form is provided to help you in designing your estate plan. This information will be kept strictly confidential by the law office of Braun & Gresham, PLLC. This form is not meant to give specific legal or tax advice. Please bring this form with you to your first free consultation with Ms. Menicucci or Mr. Hall. Remember, proper estate planning is of vital importance, and will profoundly and inevitably affect 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:

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