

ESTATE PLANNING WORKSHEET

INSTRUCTIONS FOR COMPLETION

Thank you for contacting our firm about your estate planning. This worksheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Because your estate planning wishes may vary from question to question, *each of you should complete a worksheet.*

NOTICE TO COUPLES AND MARRIED CLIENTS

Something all couples must understand is that any time an attorney undertakes to advise both partners in the estate planning process, an inherent conflict exists. An attorney is required to be impartial, loyal and free to exercise independent judgment with regard to his client's needs. The attorney cannot promote the interest of one spouse/client to the disadvantage of the other, nor keep secrets told by one from the other. The attorney may act as the common representative for the couple only if they are fully advised of the conflict and consent to the joint representation. In short, each of you has your own interests to consider in this planning process. Although they may not be adverse at this point, there is always the potential that differences may develop. In marital situations, you may disagree over whether certain property is separate or community. You may have desires concerning disposition of your property that may differ from your partner's desires. You may have concerns about providing for children of a previous marriage that are not shared by your partner.

If either of you should ever be concerned about any disagreements that may arise during this process, I must urge you to seek the independent advice of separate counsel. As we work together, I will be wary of any conflict that may arise and, under certain circumstances, may be compelled to withdraw from representation and advise each of you to seek independent counsel.

By completing this worksheet and undertaking the estate planning process with Drew & McCallum, you acknowledge and understand that the potential for conflict exists and you agree and consent to this firm's joint representation of you and your spouse/partner.

**PART I
PERSONAL DATA**

Name: _____ DOB: _____
 Street Address: _____ SS#: _____
 City: _____ State: ___ Zip: _____ Home #: _____
 Employer: _____ Work #: _____
 E-mail: _____ Cell #: _____
 Alias Names (if any): _____
 Are you a U.S. citizen? Yes: _____ No: _____

Spouse's Name: _____ DOB: _____
 Street Address: _____ SS#: _____
 City: _____ State: ___ Zip: _____ Home #: _____
 Employer: _____ Work #: _____
 E-mail: _____ Cell #: _____
 Alias Names (if any): _____
 Is spouse a U.S. citizen? Yes: _____ No: _____

CHILDREN'S INFORMATION:

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> Yes	_____

For each child, state the name of the child's other parent if not your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name: _____ Age: _____ Residence: _____

GRANDCHILDREN'S INFORMATION

Name	Age	Birthdate	Names of Parents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> Yes	_____

Please provide the following information regarding any former marriages:

Name of former spouse	Living?	Date of Death or Divorce
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____

Please provide the following information regarding your spouse's former marriages, if any:

Name of former spouse	Living?	Date of Death or Divorce
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____
Was it signed in Texas? Yes: ___ No: ___ If not, where? _____
Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Spouse presently has a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____
Was it signed in Texas? Yes: ___ No: ___ If not, where? _____
Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so,
what is the name and date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If
so, what is the name and date of the trust? _____

PART II-A
YOUR DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will:

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

Outright
 In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

Outright
 In Trust until reach age ____, then outright
 In Trust with distributions at various ages and amounts
 ____ percent at age _____
 ____ percent at age _____
 ____ percent at age _____
 ____ remaining share at age _____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

Outright
 In Trust until reach age ____, then outright
 In Trust with distributions at various ages and amounts
 ____ percent at age _____
 ____ percent at age _____
 ____ percent at age _____
 ____ remaining share at age _____

PART II-B
SPOUSE'S DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will:

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
 _____ remaining share at age _____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
 _____ remaining share at age _____

PART III-A YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____

2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

PART III-B SPOUSE'S DESIGNEES
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EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

**PART IV
DOCUMENTS TO GATHER**

In order ensure that all of your assets and property are distributed according to your wishes, it is important to both identify the assets correctly and to comply with all of the necessary requirements for transfer. These details are found in the source documents. Therefore, please check the documents/account types that apply to you and gather copies of as much of the following as you can to bring with you to your appointment.

If you would like to provide this information to the firm in electronic format, you may upload the documents to your client portal. If you have not yet created your client portal account or if you need assistance with using the portal, please contact our office.

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Income tax return (most recent)
- _____ 4. Gift tax returns (all)
- _____ 5. Texas intangible tax return (most recent)
- _____ 6. Financial statements prepared by accountant
- _____ 7. Financial information submitted to lending institutions
- _____ 8. Real and personal property tax bills
- _____ 9. Deeds to property
- _____ 10. Mortgages
- _____ 11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
- _____ 12. Government, municipal, and corporate bonds
- _____ 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 15. Stockholder or partnership agreements
- _____ 16. Pension and profit-sharing plans and summary of current benefits
- _____ 17. Leases
- _____ 18. Instruments under which client has any interest or power of appointment
- _____ 19. Prenuptial, postnuptial, or separation agreements
- _____ 20. Judgments of dissolution of marriage
- _____ 21. Court orders or agreements under which client is obligated to provide support
- _____ 22. Wills of other family members, if pertinent
- _____ 23. Employment contracts
- _____ 24. Powers of attorney
- _____ 25. Living will and designation of health care surrogate.