
THRASH, CARROLL & VANWAY LAW GROUP

ESTATE PLANNING WORKBOOK

*Leaving a Legacy of Love, Wisdom and Wealth through
Estate Planning and Wealth Protection*

USING THIS WORKBOOK WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.
IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKBOOK TO OUR OFFICE PRIOR TO YOUR APPOINTMENT
VIA EMAIL to info@tcvlaw.com OR FAX to 512-263-5402

PERSONAL INFORMATION

Date: _____ How did you find us?: _____

This Confidential Workbook was prepared by the following person(s) and its accuracy may be relied upon in the design, preparation and funding of my estate plan:

Client 1

Client 2

Client 1's Legal Name _____

(legal name most often used to title property and accounts)

also known as _____ (prefer to be called) Birth date _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Telephone _____ Cell Phone _____

SS# _____ US Citizen? _____ Occupation _____

Health Issues: _____

Date of this Marriage: _____ Strong Marriage? _____ Any previous marriages? _____

If so, how did previous marriage(s) terminate (i.e. death, divorce)? _____ Any obligations under a divorce decree (if so, provide copy) E-mail Address _____ It is okay to communicate with me via email.

Mother's Maiden Name: _____

Client 2's Legal Name _____

(legal name most often used to title property and accounts)

also known as _____ (prefer to be called) Birth date _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Telephone _____ Cell Phone _____

SS# _____ US Citizen? _____ Occupation _____

Health Issues: _____

Any previous marriages? _____

If so, how did previous marriage(s) terminate (i.e. death, divorce)? _____ Any obligations under a divorce decree (if so, provide copy) E-mail Address _____ It is okay to communicate with me via email.

Mother's Maiden Name: _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "B" if both spouses are the parents, "C1" if Client 1 is the parent, "C2" if Client 2 is the parent)

Name	Birthdate	Parent or Relationship
1. _____	_____	_____

Address/Phone/email: _____

Married? _____ Strong Marriage? _____ Financially Savvy? _____

Name _____ **Birthdate** _____ **Parent/Relationship** _____

2. _____

Address/Phone/email: _____

Married? _____ Strong Marriage? _____ Financially Savvy? _____

3. _____

Address/Phone/email: _____

Married? _____ Strong Marriage? _____ Financially Savvy? _____

4. _____

Address/Phone/email: _____

Married? _____ Strong Marriage? _____ Financially Savvy? _____

Additional children can be added on a separate page.

Do you have any children or grandchildren with marital issues? drug, alcohol problems? If so please explain: _____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits?		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return (706) or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns (709)? <i>Please furnish copies of these returns</i>		
Any health Issues or diagnosis we should know about? <i>If so please explain</i> _____		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death?		
If married, while married have you lived in any other states? <i>If so please list</i> _____		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children or grandchildren receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Have you ever been sued? _____ Do you currently have knowledge of any pending, threatened or actual lawsuit filed against you?
 _____ Have you ever sued anyone? _____ If yes, please describe the reason and the outcome: _____

RISK MANAGEMENT: What are the policy limits on the following types of insurance policies:

- Disability (benefit amount, waiting period, duration, definition of disabled) _____
- Auto / Homeowners _____
- Umbrella Liability / Malpractice _____

LIABILITY ASSESSMENT:

- Do you own rental property? _____
- Do you have any full or part-time employees? _____
- Do you own a swimming pool, trampoline, powerboat? _____
- When did you purchase your home _____
- List all entities for which you are an Officer, Director or Board Member (including non-profit)? _____

YOUR CONCERNS

Please rate the following as to how important they are to you:
(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Client 1	Client 2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting your spouse.		
Providing for and protecting your children.		
Providing for and protecting your grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Avoiding a guardianship/conservatorship ("living probate") in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving privacy in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance from the possibility of failed marriages.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns: _____

ADVISORS

Name	Telephone
CPA/Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Property and Casualty Insurer: _____	_____

DESIGNING YOUR ESTATE PLAN - INFORMATION

PERSONS TO ACT FOR YOU AS AGENTS. Each of these agents and their responsibilities as well as few others will be discussed more thoroughly in the meeting with the attorney, but if you have a general idea of the persons you are going to name to act for you in the following roles, please gather and provide the listed information. **If you name an individual to multiple roles, you do not need to duplicate the information you provide, other than their name.**

FINANCIAL DECISION-MAKERS (including POA, Independent Executors and Trustees):

CLIENT 1

Legal Name and Address, Contact Information	Relationship
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____

CLIENT 2

Legal Name and Address, Contact Information	Relationship
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____

AGENTS HOLDING YOUR HEALTH/MEDICAL CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

CLIENT 1

Legal Name and Address, Contact Information	Phone Number(s)	Relationship
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

Legal Name and Address, Contact Information	Phone Number(s)	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

BURIAL, CREMATION, AND OTHER PREFERENCES: Do you prefer burial, cremation, or have other specific requests?

Burial? _____ Cremation? _____ Other Arrangements (Neptune Society, <http://canyouactually.com/artful-ashes>)? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

GUARDIANS FOR YOUR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be their legal guardian.

Legal Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

DISTRIBUTIONS OF SPECIAL PROPERTY AND/OR SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? _____

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Indicate whether these gifts are to be made even if the other spouse is alive. (Please provide a separate list if not enough space is provided)

FOR CLIENT 1:

Individual or Charity	Amount or Property	Contingent on Client 2 predeceasing?
_____	_____	_____
_____	_____	_____

FOR CLIENT 2:

Individual or Charity	Amount or Property	Contingent on Client 1 predeceasing?
_____	_____	_____
_____	_____	_____

PROPERTY – ASSET INFORMATION

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Code
If married, Client 1’s name alone, with no other person	C1
If married, Client 2’s name alone, with no other person	C2
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
Previously transferred / Owned by your Trust	OBT
Owned by an entity (LLC, LP or other)	OBE
If you cannot determine how the property is owned	?
Other Account titling or ownership	

Please fill out the Asset Chart below using the above codes.

Feel free to add additional pages for clarification or to bring in account statements, tax bills or any other documents you feel would make our meeting more productive.

Asset	Value/ Account Balance	Owner of Property	Debts and Liabilities	Action needed	Beneficiary Designation	Bank/Financial Institution	Notes
REAL ESTATE							
Homestead: _____							
Other real estate: _____							
PERSONAL PROPERTY							
Jewelry, Art and other collectibles							
Vehicles							
Household Furnishings							
BANK & SAVINGS ACCOUNTS							
Checking Account							
Savings Account							
CDs							
INVESTMENT ACCOUNTS							
Investment Account							
INSURANCE - Life Insurance, Annuities, H/O, UMBRELLA, LTC	Owner	Value					
Life Insurance							
Life Insurance							
LTC / Disability Ins.							
H/O, Auto, UMBRELLA							

Asset	Value/ Account Balance	Owner of Property	Debts and Liabilities	Action needed	Beneficiary Designation	Bank/Financial Institution/Custodian	Notes
RETIREMENT ACCOUNTS							
IRA: _____							
IRA: _____							
401k: _____							
401k: _____							
Deferred Comp/Other: _____							
BUSINESS INTERESTS							
LLC							
LP							
Other: _____							
INTELLECTUAL PROPERTY							
Copyrights - royalties							
Trademarks/ Patents							
Listsers, domain names etc							
Facebook/Google/Twitter/email							
ANTICIPATED INHERITANCE							
TOTALS							