



THRASH, CARROLL & VANWAY LAW GROUP

ESTATE PLANNING WORKBOOK

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 a copy of this completed workbook to our office **prior** to your appointment via email, print or fax.

EMAIL | info@tcvlaw.com

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ADDRESS | 3 Lakeway Centre Ct #200, Austin, TX 78734

PERSONAL INFORMATION

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

Date _____ How did you find us? _____

Name of Preparer: _____ Signature: _____

CLIENT 1

Client 1 Full Legal Name _____ also known as _____
(legal name most often used to title property & accounts) (prefer to be called)

Date of Birth _____ US Citizen? ☐ YES ☐ NO SS# _____ Mother's Maiden Name _____
(MM/DD/YYYY)

Home Address _____ County of Residence _____
(Street Address, City, State & Zip Code)

Home Phone _____ Mobile Phone _____ E-mail _____

It is okay to communicate via email? ☐ YES ☐ NO Preferred Communication ☐ Home Phone ☐ Mobile Phone ☐ E-mail

Occupation & Place of Work _____

Health Issues? ☐ YES ☐ NO *If Yes*, Please explain _____

Married? ☐ YES ☐ NO Date of **current** Marriage _____ Strong Marriage? ☐ YES ☐ NO ☐ UNSURE

Please explain _____

Any previous Marriages? ☐ YES ☐ NO *If Yes*, how did the marriage(s) end (i.e. death, divorce)? _____

Any obligations under a divorce decree ☐ YES ☐ NO (if YES, please provide a copy of the decree)

CLIENT 2

Client 2 Full Legal Name _____ also known as _____
(legal name most often used to title property & accounts) (prefer to be called)

Date of Birth _____ US Citizen? ☐ YES ☐ NO SS# _____ Mother's Maiden Name _____
(MM/DD/YYYY)

Home Address _____ County of Residence _____
(Street Address, City, State & Zip Code)

Home Phone _____ Mobile Phone _____ E-mail _____

It is okay to communicate via email? ☐ YES ☐ NO Preferred Communication ☐ Home Phone ☐ Mobile Phone ☐ E-mail

Occupation & Place of Work _____

Health Issues? ☐ YES ☐ NO *If Yes*, Please explain _____

Married? ☐ YES ☐ NO Date of **current** Marriage _____ Strong Marriage? ☐ YES ☐ NO ☐ UNSURE

Please explain _____

Any previous Marriages? ☐ YES ☐ NO *If Yes*, how did the marriage(s) end (i.e. death, divorce)? _____

Any obligations under a divorce decree ☐ YES ☐ NO (if YES, please provide a copy of the decree)

ADVISORS

CPA/Accountant ☐ YES ☐ NO ☐ N/A

Name: _____ Phone: _____ Email: _____

Financial Advisor ☐ YES ☐ NO ☐ N/A

Name: _____ Phone: _____ Email: _____

Life Insurance Agent ☐ YES ☐ NO ☐ N/A

Name: _____ Phone: _____ Email: _____

Property & Casualty Insurer ☐ YES ☐ NO ☐ N/A

Name: _____ Phone: _____ Email: _____



CHILDREN AND/OR OTHER FAMILY MEMBERS

**Need to list more than 4? Please add any additional family members on a separate attachment as needed.*

1. Full Legal Name _____	Date of Birth _____	Phone _____
Relationship to Client 1 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Relationship to Client 2 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Married? <input type="checkbox"/> YES <input type="checkbox"/> NO Strong Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE Financially Savvy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
Address _____ <small>(Street Address, City, State & Zip Code)</small>		
Cell Phone or Email _____		
2. Full Legal Name _____	Date of Birth _____	Phone _____
Relationship to Client 1 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Relationship to Client 2 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Married? <input type="checkbox"/> YES <input type="checkbox"/> NO Strong Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE Financially Savvy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
Address _____ <small>(Street Address, City, State & Zip Code)</small>		
Cell Phone or Email _____		
3. Full Legal Name _____	Date of Birth _____	Phone _____
Relationship to Client 1 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Relationship to Client 2 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Married? <input type="checkbox"/> YES <input type="checkbox"/> NO Strong Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE Financially Savvy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
Address _____ <small>(Street Address, City, State & Zip Code)</small>		
Cell Phone or Email _____		
4. Full Legal Name _____	Date of Birth _____	Phone _____
Relationship to Client 1 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Relationship to Client 2 <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other, Please describe _____		
Married? <input type="checkbox"/> YES <input type="checkbox"/> NO Strong Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE Financially Savvy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
Address _____ <small>(Street Address, City, State & Zip Code)</small>		
Cell Phone or Email _____		

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

IMPORTANT FAMILY QUESTIONS

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



ADDITIONAL INFORMATION

Have you ever been sued? ☐ YES ☐ NO

Do you currently have knowledge of any pending, threatened or actual lawsuit filed against you? ☐ YES ☐ NO ☐ UNSURE

Have you ever sued anyone? ☐ YES ☐ NO *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 _____

■ Umbrella Liability / Malpractice _____

LIABILITY ASSESSMENT:

■ Do you own rental property? ☐ YES ☐ NO *If yes, please describe:* _____

■ Do you have any full or part-time employees? ☐ YES ☐ NO

■ Do you own a swimming pool, trampoline, powerboat? ☐ YES ☐ NO *If yes, please list:* _____

■ When did you purchase your home? _____

■ List all entities for which you are an Officer, Director or Board Member (including non-profit): _____

CLIENT CONCERNS

CLIENT 1

Please rate your concern level for each of the following

	CONCERN LEVEL				
	HIGH	SOME	LOW	NONE	N/A (Not Applicable)
■ Desire to get affairs in order & create a comprehensive plan to manage affairs in case of death or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Providing for and protecting your spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Providing for and protecting your children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Providing for and protecting your grandchildren.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Disinheriting a family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Providing for charities at the time of death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Plan for the transfer and survival of a family business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Avoiding or reducing your estate taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Avoiding probate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Avoiding a guardianship/conservatorship ("living probate") in case of a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Avoiding will contests or other disputes upon death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Protecting assets from lawsuits or creditors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Preserving privacy (in case of disability or at time of death) from business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Protecting children's inheritance from the possibility of failed marriages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Protect children's inheritance in the event of a surviving spouse's remarriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CLIENT CONCERNS CONTINUED

CLIENT 2

Please rate your concern level for each of the following

	CONCERN LEVEL				
	HIGH	SOME	LOW	NONE	N/A (Not Applicable)
Desire to get affairs in order & create a comprehensive plan to manage affairs in case of death or disability. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for and protecting your spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for and protecting your children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for and protecting your grandchildren.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinheriting a family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for charities at the time of death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the transfer and survival of a family business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding or reducing your estate taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding a guardianship/conservatorship ("living probate") in case of a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding will contests or other disputes upon death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets from lawsuits or creditors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving privacy (in case of disability or at time of death) from business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting children's inheritance from the possibility of failed marriages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect children's inheritance in the event of a surviving spouse's remarriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other concerns? If so, please explain:

DESIGNING YOUR ESTATE PLAN

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 information listed. 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

1. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
2. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
3. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____

CLIENT 2

1. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
2. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
3. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____

HEALTH/MEDICAL DECISION-MAKERS

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

1. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
2. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
3. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____

CLIENT 2

1. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
2. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
3. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____

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.

1. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
2. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____
3. Legal Name _____ Relationship _____
Address _____ Phone _____ Email _____



DESIGNING YOUR ESTATE PLAN

BURIAL, CREMATION, & OTHER PREFERENCES

Do you prefer burial, cremation, or have other specific requests?

CLIENT 1

Burial ☐ YES ☐ NO | Cremation ☐ YES ☐ NO | Neptune Society <http://canyouactually.com/artful-ashes> ☐ YES ☐ NO

Other Arrangements ☐ YES ☐ NO *If Yes, please explain* _____

Do you want to provide that your organs and tissues should be made available for transplant purposes? ☐ YES ☐ NO

CLIENT 2

Burial ☐ YES ☐ NO | Cremation ☐ YES ☐ NO | Neptune Society ☐ YES ☐ NO

Other Arrangements ☐ YES ☐ NO *If Yes, please explain* _____

Do you want to provide that your organs and tissues should be made available for transplant purposes? ☐ YES ☐ NO

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?

CLIENT 1 ☐ YES ☐ NO | CLIENT 2 ☐ YES ☐ NO

SPECIFIC GIFTS TO BE INCLUDED IN YOUR WILL OR TRUST:

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)

CLIENT 1

1. Individual or Charity _____ Contingent on Client 2 predeceasing? ☐ YES ☐ NO
Amount or Property _____ Contact Information _____

2. Individual or Charity _____ Contingent on Client 2 predeceasing? ☐ YES ☐ NO
Amount or Property _____ Contact Information _____

CLIENT 2

1. Individual or Charity _____ Contingent on Client 1 predeceasing? ☐ YES ☐ NO
Amount or Property _____ Contact Information _____

2. Individual or Charity _____ Contingent on Client 1 predeceasing? ☐ YES ☐ NO
Amount or Property _____ Contact Information _____



PROPERTY – ASSET INFORMATION

“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 from the chart below.

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 on the following page using the above chart/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.

TYPE:

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



PROPERTY – ASSET INFORMATION

ASSET	Value/Account Balance	Owner of Property	Debts & Liabilities	Action Needed	Beneficiary Designation	Bank/Financial Institution	Notes
Homestead:							
Other Real Estate:							
PERSONAL PROPERTY							
Jewelry, Art & 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							
Life Insurance							
Life Insurance							
LTC / Disability Ins.							
H / O, Auto, UMBRELLA							
RETIREMENT ACCOUNTS							
IRA:							
IRA:							
401K:							
401K:							
Deferred Comp/Other:							
BUSINESS INTERESTS							
LLC							
LP							
Other:							
INTELLECTUAL PROPERTY							
Copyrights - royalties							
Trademarks/ Patents							
Lists/servs, domain names etc.							
Facebook/Google/Twitter/E-mail							
ANTICIPATED INHERITANCE							
MISCELLANEOUS							
TOTALS							