

LAW OFFICE OF
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ESTATE PLANNING WORKSHEET

DATE: ____/____/____

CLIENT'S FULL LEGAL NAME: _____

SPOUSE'S FULL LEGAL NAME: _____

Do either of you own property in another name: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

PHONE: Home: (____) _____ Cell:(His)(____) _____ Cell:(Hers)(____) _____

Work: (His)(____) _____ Work:(Hers)(____) _____

Email: (His) _____ (Hers) _____

Are you a veteran? _____ **Is your spouse a veteran?** _____

Are you an American citizen? _____ **Is your spouse an American citizen?** _____

Give the full name and birth date of each of your children and each child of your spouse:

_____	_____
_____	_____
_____	_____
_____	_____

Friends or relatives who are dependents or potential dependents: _____

Relationship to you: _____

Are any of your children blind, disabled or receiving Social Security? _____

Do any of your children have special needs? _____ **If yes, please explain:** _____

Last Name: _____

If you have minor children, who do you want to be their guardian? (the person who will have physical custody for your children if you are killed or incapacitated):

Alternative _____

Who do you want to leave your property to? _____

Who do you want to be the executor of your estate? (This is the person that will be in charge of managing your estate after your death, collecting assets, paying debts, filing an inventory and accounting with a court and distributing assets to your heirs) _____,

Alternative _____ (If you name someone who lives outside of Texas, they will have to appoint a resident as their agent to accept service of process for probate matters.)

Trusts: If you wish to have a trust set up for your children or others, who do you want to be the trustee that will manage that trust? _____,

Alternative _____

At what age do you want the trust dissolved and any moneys distributed to your children or others? _____

Other planning issues:

Have you or your spouse transferred any assets in the last five years? _____ Yes _____ No

Have you made gifts to any one person exceeding \$11,000 in any one calendar year? _____ Yes _____ No

Have you or your spouse ever filed a gift tax return? _____ Yes _____ No

Do you own real estate in any state other than Texas? _____ Yes _____ No

Do you own a business? _____ Yes _____ No

Do you own a mineral/oil and gas interest? _____ Yes _____ No

Have you or your spouse ever been widowed? _____ Yes _____ No

Have you and your spouse ever signed a pre or post marriage contract? _____ Yes _____ No

Do you have any legal issues of which I should be aware? _____

Last Name: _____

Medical Issues:

If you become incapable of making *medical* decisions for yourself, would you like to name someone to make those decisions for you? _____ If so, who: _____,
Alternative _____.

If you become incapable of making *financial* decisions for yourself, would you like to name someone to make those decisions for you? _____ If so, who: _____,
Alternative _____.

If you are suffering from a terminal illness that will result in death within six months, or an irreversible illness that will result in death without life sustaining treatments, do you want:
_____ (1) all efforts possible made to keep you alive as long as possible or
_____ (2) all treatments other than those necessary to keep you comfortable stopped and you are permitted to die and gently as possible?

Do you want your organs donated upon your death? _____ yes; _____ no.

Please bring with you to your appointment the following information:

- Copies of your current will, powers of attorney and any other estate planning documents
- Beneficiary designation for any life insurance policies you carry
- Beneficiary designation for any IRAs, 401(k)s, and other financial accounts.
- Most recent appraisal district statement for any real property in which you own an interest

Please be prepared to discuss your assets in detail. The total value of your estate and beneficiary designations can have an important impact on your estate planning. Attached is a chart to help you analyze your potential estate.

THIS DOES NOT CONSTITUTE AN AGREEMENT TO REPRESENT YOU. NO SUCH REPRESENTATION WILL EXIST UNTIL AN ENGAGEMENT LETTER HAS BEEN EXECUTED BY BOTH THE FIRM AND THE CLIENT.

Last Name: _____

Summary of Assets
(If additional space is necessary, please write additional information on back or separate sheet.)

Type of Asset	Description	Estimated value	Ownership (sole or joint?)	Liabilities/liens?
Savings accounts				
Checking accounts				
Money Markets				
Primary residence				
Other real estate				
Automobiles				
Boats, planes				
Jewelry				
Art/collections				
Guns				
Other personal property				
Brokerage accounts				
Stocks				
Bonds				
Mutual funds				
CDs				
Notes – moneys owed to you				
Interests in Trusts				
Future inheritance				
Annuities				
IRAs				
401(k) 403(b)				
Other retirement plans				
Life insurance				
Business assets				
Other assets				