



OWENS LAW FIRM

HELOTES + SAN ANTONIO + SOUTH TEXAS

ESTATE PLANNING WORKSHEET

Owens Law Firm - Paul Owens, Attorney
Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

WE WILL GO THROUGH THIS FORM WITH YOU AT OUR FIRST MEETING. IT IS OK NOT TO ANSWER ALL OF THE QUESTIONS PRIOR TO OUR FIRST CONFERENCE. IF YOU HAVE ANY QUESTIONS OR IF YOU ARE UNSURE HOW TO COMPLETE ANY PART OF THE WORKSHEET, YOU MAY CALL OUR OFFICE WITH YOUR QUESTIONS OR SIMPLY BRING IN THE UNCOMPLETED WORKSHEET AND WE WILL BE HAPPY TO HELP YOU.

ESTATE PLANNING WORKSHEET

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I. PERSONAL INFORMATION

Client's Full Legal Name

Male

Female

_____ Last 4 digits of SSN# _____

Home Address _____

City _____ County _____ Zip Code _____

E-mail Address _____ It is okay to communicate via my E-mail address.

Home Phone _____ Cell _____

Have you been divorced? If so, please give Former Spouse(s) Legal Name(s):

Spouse's Full Legal Name (if applicable) Male

Female

_____ Last 4 digits of SSN# _____

E-mail Address _____ It is okay to communicate via my E-mail address.

Home Phone _____ Cell _____

Have you been divorced? If so, please give Former Spouse(s) Legal Name(s):

II. CHILDREN

*(Use full legal name. Use "JT" if both spouses are the parents,
"H" if husband is the parent, "W" if wife is the parent, "A" is adopted)*

(Child 1) Name:

Last 4 digits of SSN

JT, H, W, A

Address:

(Child 2) Name:

Address:

(Child 3) Name:

Address: _____

(Child 4) Name:

Address: _____

(Child 5) Name:

Address: _____

Does any child have special educational, medical, or physical needs or receive governmental benefits? Yes No

III. ESTATE ADMINISTRATION

GUARDIAN(S) FOR MINOR CHILDREN: If you have any children under the age of 18 or a child with a disability.
DO NOT COMPLETE IF ALL YOUR CHILDREN ARE OLDER THAN 18.

| Name and Address | Last 4 digits of SSN | Relationship |
|-----------------------|----------------------|--------------|
| 1 st _____ | _____ | _____ |
| 2 nd _____ | _____ | _____ |

PERSONAL REPRESENTATIVE(S) - EXECUTOR: Upon your death, who do you want to settle your estate or Trust.

| Name and Address | Last 4 digits of SSN | Relationship |
|-----------------------|----------------------|--------------|
| 1 st _____ | _____ | _____ |
| 2 nd _____ | _____ | _____ |

IV. DISTRIBUTION OF PROPERTY

Do you wish to make specific gifts of personal property in your Will? (e.g. "I leave my 1974 Camaro to my son, Bobby"
OR "I leave my wedding ring to my daughter, Sue")

Do you wish to make specific monetary gifts in you Will? (e.g. "I leave \$7,000.00 to my granddaughter, Susie")

Do you wish to make a specific gift to a non-traditional beneficiary? (Charity, Church, School, Non-Profit entity)

Whether or not you choose to leave specific gifts of personal property or money, consider who will be the beneficiaries of the rest of your estate.

- Spouse first, then Children equally Select Children Charity Other

For each of the above items, consider whether you wish to name alternate beneficiaries and second alternative beneficiaries. This is a good idea, especially with respect to the portion of your estate that remains after any specific gifts of personal property or money are allotted.

- Heirs Charity

Do you have any life insurance policies, retirement accounts or stock portfolios? Yes No

*Beneficiary designations on the above will usually supersede any designation in the Will.

Do you use a retirement income planner? Yes No

Would you like to be referred to an outstanding retirement income planner? Yes No

Have you thought about Long-Term Insurance? Yes No

Would you like to know more about Long-Term Insurance? Yes No

Do you own any rental property, mineral rights, lake house, beach house or inherited property? Yes No

Do you want any of these properties to go to anyone different? Yes No

Do you own a business or land with a partner (not spouse)? Yes No

Do you want any of these properties to go to anyone different? Yes No

Is there any strain between the family members that could lead to a contested will? Yes No

Do you plan to reside in your current residence long-term? Yes No

Would you like to discuss a Transfer on Death Deed to help avoid probate? Yes No

Is there any persons or entities you wish to expressly disinherit? Yes No

Name/Names: _____

SPECIFIC GIFTS: Additional information for your beneficiaries: In the Comments section please specify what you are specifically bequeathing. List any specific gifts you wish to make to either individuals or charities.

SPECIFIC GIFTS:

FOR CLIENT:

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 1) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 2) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 3) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

FOR SPOUSE: (if applicable)

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 1) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 2) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

| | | |
|-----------------------------------|-----------------------------------|---------------------------|
| <hr/> (Beneficiary 3) Name | <hr/> Last 4 digits of SSN | <hr/> Relationship |
| <hr/> Comments: | | |
| <hr/> | | |

REAL ESTATE PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc.

BANK ACCOUNTS, RETIREMENT, STOCK PORTFOLIOS

General Description of type and details



ASSOCIATED DOCUMENTS WORKSHEET

The Durable General Power of Attorney appoints someone to oversee your financial affairs if you become incapacitated.

The Medical Power of Attorney appoints someone to oversee your medical condition and can make decisions on your behalf should you become incapacitated.

The Directive to Physicians provides instructions to physicians, if in the physician’s opinion there is not treatment plan that will help you and you will pass away within the next six months. Also, the Directive provides instruction to the physicians should you be in a prolonged vegetative state.

The HIPAA Release will allow the appointee the right to receive your Personal Health Information. This person can have your physician provide medical updates and allows them to review your medical records should you become incapacitated.

Please list the people you would like on each document; on the following page you will provide their information.

| Name: | Name: |
|--|--|
| Durable General Power of Attorney (Financial) | Durable General Power of Attorney (Financial) |
| 1 st | 1 st |
| 2 nd | 2 nd |
| 3 rd | 3 rd |
| 4 th | 4 th |
| Medical Power of Attorney | Medical Power of Attorney |
| 1 st | 1 st |
| 2 nd | 2 nd |
| 3 rd | 3 rd |
| 4 th | 4 th |
| HIPPA Release | HIPAA Release |
| | |
| | |
| | |
| | |
| | |

Information for Appointed Agents

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Last 4 of Social: | Last 4 of Social: |
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Last 4 of Social: | Last 4 of Social: |
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Last 4 of Social: | Last 4 of Social: |
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Last 4 of Social: | Last 4 of Social: |
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Last 4 of Social: | Last 4 of Social: |

Special Provisions:

V. BODY DISPOSITION INSTRUCTIONS

CLIENT

When you die, do you wish to have your body:

- Donated for therapeutic purposes?
- Organ Donation
- None

When you die, do you wish to have your body:

- Buried
 - location _____
 - up to family
- Cremated
 - spread ashes: _____
 - up to family
 - bury ashes, location: _____
 - up to family

Think about instructions you wish to leave behind to your family members concerning your funeral and/or memorial.

- Christian Ceremony
- Grave side only
- Up to family
- Other

SPOUSE

When you die, do you wish to have your body:

- Donated for therapeutic purposes?
- Organ Donation
- None

When you die, do you wish to have your body:

- Buried
 - location _____
 - up to family
- Cremated
 - spread ashes: _____
 - up to family
 - bury ashes, location: _____
 - up to family

Think about instructions you wish to leave behind to your family members concerning your funeral and/or memorial.

- Christian Ceremony
- Grave side only
- Up to family
- Other

ANY SPECIFIC REQUESTS:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your hopes, fears and wishes please list any other items you want included or want to discuss:

How did you hear about the Owens Law Firm?

- Marketing Event
- Next Door App
- Internet Search
- Location (Just Dropped in)
- Former Rackley Law Firm Client
- Referred by Owens Law Firm Client
- Referred by Financial Advisor, Name: _____ (so I can thank them)

- Print Ad
 - Mailer
 - Sonoma Ranch Magazine
 - Helotes Magazine
 - Bandera Bulletin
 - Other: _____