

DAVID CLAFLIN

ATTORNEY

1301 South Capital of Texas Highway

Suite B-128

Austin, Texas 78746

Phone: (512) 327-4726 Fax: (512) 327-3459

dclaflin@texas.net

Board Certified in Estate Planning & Probate Law
Texas Board of Legal Specialization

ESTATE PLANNING PREPARATION PACKAGE

PREPARING TO PLAN YOUR ESTATE

Why is the information in this package important?

Estate planning is a form of stewardship through which your family's values are expressed by mature and principled decision making. Good estate planning depends upon effective communication and accurate information. By completing this package you assist us in understanding your family's financial accomplishments as well as personal and financial goals.

There is a lot here . . . how long does it take to fill out?

Please don't be discouraged by the amount of information this package elicits. Clients tell us it usually takes between thirty minutes to an hour to complete. Please remember, the type of estate planning we provide is a worthwhile investment in time and money.

We ask that you identify such things as your legal names, dates of birth, children, close relatives, assets (joint and separate), future inheritance, objectives, and concerns. By doing so you enable us to provide an optimal estate planning service for your family.

We suggest you begin by reading the entire package so you will know what information is required. Then fill out basic information on you and your spouse and provide information on your family. Make certain you spell names correctly, give correct addresses, phone numbers, and social security numbers. Next, check your Goals and Objectives. In completing the Financial Information section, many people find it is easier to make a list of assets first. Once that list is complete, assign an approximate value to each asset. Before you know it, you will be finished. If you are not certain of a particular item, don't leave it blank. Put down your best guess and make a note to determine a more accurate response later. Please feel free to contact our office for assistance if you have any questions about completing this form. If you have an accountant or financial advisor, they may assist you by providing a detailed financial summary which they may have readily available.

Should this package be delivered before our meeting?

Although you should complete this package prior to meeting with us, you don't necessarily have to show it to us. The information in this package is confidential and should not be provided to us until you are certain that you wish to share it with us. Once you decide to reveal this information to us, we will treat it in confidence and within the attorney-client privilege. If you should decide not to employ our firm, this package will be returned to you with no copy being retained by this office.

We look forward to working with you to achieve a long-term plan to benefit you and your loved ones.

FAMILY INFORMATION

* Full Legal Name – means the name appearing on birth certificate or drivers license.

** Signature Name – means the name you may use to sign checks or and contracts, and will use to sign your estate planning documents.

Husband:

(Full Legal Name*) (Signature Name**) (Date of Birth)

(Social Security Number) (Citizenship – If other than U.S.)

(Employer) (Occupation)

Wife:

(Full Legal Name*) (Signature Name**) (Date of Birth)

(Social Security Number) (Citizenship – If other than U.S.)

(Employer) (Occupation)

Mailing Address:

(Street) (County)

(City, State & Zip Code)

Phone Numbers:

(Home) (Husband Work) (Wife Work)

(Fax) (Email Address)

Other Information:

(Date of Marriage) (Length of Residence in Texas)

(Church/Synagogue Affiliation)

Children/Dependants:

1. _____
(Full Legal Name) (Signature Name) (Date of Birth) (Sex)

(Address) (Phone)

Child of which parent? (Joint, Husband, or Wife) _____

Marital Status: _____ If Married, Name of Spouse: _____

2. _____
(Full Legal Name) (Signature Name) (Date of Birth) (Sex)

(Address) (Phone)

Child of which parent? (Joint, Husband, or Wife) _____

Marital Status: _____ If Married, Name of Spouse: _____

3. _____
(Full Legal Name) (Signature Name) (Date of Birth) (Sex)

(Address) (Phone)

Child of which parent? (Joint, Husband, or Wife) _____

Marital Status: _____ If Married, Name of Spouse: _____

4. _____
(Full Legal Name) (Signature Name) (Date of Birth) (Sex)

(Address) (Phone)

Child of which parent? (Joint, Husband, or Wife) _____

Marital Status: _____ If Married, Name of Spouse: _____

5. Attach additional sheets as necessary

List those relatives and friends who may be included in your estate plan, either as beneficiaries, guardians of children, or as potential administrators of your estate:

1. _____
(Signature Name) (Relationship) (City and State of Residence) (Phone)

2. _____
(Signature Name) (Relationship) (City and State of Residence) (Phone)

3. _____
(Signature Name) (Relationship) (City and State of Residence) (Phone)

FAMILY TREE

RELATIONSHIP	NAME	AGE OR DATE OF DEATH	ADDRESS (CITY & STATE)	PHONE NUMBER (IF AVAILABLE)
Husband's Father				
Husband's Mother				
Wife's Mother				
Wife's Father				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Sibling (H/W)				
Other Relative (to be included in planning)				
Other Relative (to be included in planning)				

(If more room is needed, please continue on separate page)

ESTATE PLANNING OBJECTIVES

Many of us have different concerns and priorities in approaching the question of estate planning. The following is our attempt to elicit your particular disposition toward several of the key "planning" issues.

BACKGROUND QUESTIONS-- Please check all that apply.

- ___ 1 Do you have an existing Wills, trusts, or powers of attorney? *(Please bring copies our first meeting)*
- ___ 2 Have you ever filed federal or state gift tax returns?
- ___ 3 Have you made gifts in excess of \$10,000 to one beneficiary in any year?
- ___ 4 Do you own real property outside of Texas?
- ___ 5 Are you a custodian under a Uniform Transfer to Minors Act Account?
- ___ 6 Have you executed a marital property agreement?
- ___ 7 Are either of you the beneficiary of an irrevocable trust?
- ___ 8 Do either of you have rights under a stock option or similar executive compensation plan?
- ___ 9 Are either of you (or your closely held business) named in a pending law suit?
- ___ 10 Are either of you aware of circumstances that could result in a law suit referred in #9?
- ___ 11 Are either of you (or your closely held business) the subject of an investigation by a state or federal agency?
- ___ 12 Are either of you delinquent in payment of federal or state income tax?

GOALS & CONCERNS

IMPORTANCE
LeastMost

- | | | | |
|--|------------------------------|-----------------------------|-----------|
| 1. Preserving the privacy of our estate from public record. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 2. Planning for the care of elderly parents. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 3. Reducing estate and death taxes to a minimum. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 4. Avoiding probate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 5. Planning for mental disability and the avoidance of guardianship (living probate). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 6. Providing instructions for home health care in the event of mental disability (verses placement in a nursing home). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 7. Protecting children and other heirs from the potential loss of inheritance through divorce, bankruptcy, and litigation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |
| 8. Disinheriting a child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 2 3 4 5 |

GOALS & CONCERNS (Continued)

IMPORTANCE

LeastMost

- | | | | | | | | | |
|-----|--|------------------------------|-----------------------------|---|---|---|---|---|
| 9. | Planning for grandchildren. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 10. | Planning for the transfer and survival of a family business. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 11. | Avoiding contests and disputes over our estate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 12. | Planning for a child with disabilities or special needs. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 13. | Planning for children of previous marriage(s). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 14. | Providing instructions for the care of special pets. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 15. | Establishing a charitable organization or creating charitable giving procedures after our death. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 16. | Planning for life insurance death benefits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 17. | Designating agents to make health care decisions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 18. | Establishing a plan that will be valid in the event we move to another state. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 19. | Naming guardians to care for minor children. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 20. | Protecting our children's inheritance in the event the surviving spouse chooses to remarry. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |

QUESTIONS TO THINK ABOUT BEFORE THE INITIAL MEETING

- * Who are the people you trust to manage your affairs (and care for minor children) after your death or disability?
- * Do you have any special instructions for the disposition of your property (i.e., specific bequests)?
- * If you own an interest in a family business, what is the succession plan for this business?

PLEASE REVIEW THIS SECTION & LIST YOUR TOP THREE ESTATE PLANNING OBJECTIVES

- (1) _____
- (2) _____
- (3) _____

FINANCIAL INFORMATION – LIST OF ASSETS & LIABILITIES

You may substitute any accurate listing of assets and values for this section.

Please note: the values stated below will be used for computation and analysis of the tax implication of a potential estate plan. Use the Fair Market Value (not the book value) of all assets. If exact figures are unavailable, use estimates. List all debts secured by property under "List of Liabilities" section.

ASSETS

REAL PROPERTY: (ADDRESS)	JOINT	HUSBAND	WIFE
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
Total Value:	\$ _____	\$ _____	\$ _____

AUTOMOBILES/BOATS: (Year and Make)

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
Total Value:	\$ _____	\$ _____	\$ _____

SAVINGS/CHECKING ACCOUNTS AT BANKS (Include CD's & Money Market Accounts) – other than IRA's:

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
Total Value:	\$ _____	\$ _____	\$ _____

BROKERAGE/MUTUAL FUND ACCOUNTS (All Non-Retirement Investment Accounts) – other than IRA's:

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
Total Value:	\$ _____	\$ _____	\$ _____

STOCKS OR BONDS (Held In Certificate Form – Include Closely Held Business Interests):

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
Total Value:	\$ _____	\$ _____	\$ _____

LIFE INSURANCE

INSURANCE COMPANY:	INSURED	OWNER	BENEFICIARY	DEATH BENEFIT
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____
8. _____	_____	_____	_____	\$ _____
Total Value, Husband Insured:				\$ _____
Total Value, Wife Insured:				\$ _____

ANNUITIES

ANNUITANT (Joint or Husband or Wife)	OWNER	BENEFICIARY	AMOUNT
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
Total Value:			\$ _____

RETIREMENT ACCOUNTS

401(K), IRAs & OTHER PLANS	PARTICIPANT (Hus. Or Wife)	CURRENT BENEFICIARY	VALUE
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
Total Value, Husband:			\$ _____
Total Value, Wife:			\$ _____

OTHER SIGNIFICANT ASSETS (including Stock Options vested or non vested)

TYPE OF PROPERTY	JOINT	HUSBAND	WIFE
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
Total Value:		\$ _____	\$ _____

FUTURE INHERITANCE

Is either spouse anticipating any inheritance in the next 5-10 years? Please estimate the possible amount:

Husband: \$ _____

Wife: \$ _____

LIABILITIES

	Debt Owner	Joint	Husband	Wife
1. Home Mortgage: _____		\$ _____	\$ _____	\$ _____
2. Notes: _____		\$ _____	\$ _____	\$ _____
3. Loans against Life Insurance: _____		\$ _____	\$ _____	\$ _____
4. Other obligations: _____		\$ _____	\$ _____	\$ _____
Total Value:		\$ _____	\$ _____	\$ _____

FINANCIAL SUMMARY	
Total Assets (<u>excluding</u> life insurance)	\$ _____
- Total Liabilities	\$ _____
= Net Worth:	\$ _____
+ Life Insurance Death Benefit	\$ _____
= Net Estate Value	\$ _____

IMPORTANT

Please list the names and addresses of Key Advisors

Name	Address	Phone
CPA: _____	_____	_____
Financial Planner: _____	_____	_____
Insurance: _____	_____	_____
Banker: _____	_____	_____
Family Attorney _____	_____	_____

Please sign below:

“The information provided in this Estate Planning Preparation Package is for the purpose of planning our estate and is true and accurate to the best of our knowledge.”

Signature--Husband

Date

Signature--Wife

Date