

# ESTATE PLANNING WORKSHEET

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## **DIRECTIONS FOR COMPLETION:**

Thank you for entrusting your Estate Planning to our firm. We appreciate the opportunity to assist you and look forward to promptly completing your plan.

Please complete this worksheet and return to our office as soon as possible. For your convenience, we accept this worksheet from our clients by email or fax as well as U.S. Mail or courier. If you send to us by email or fax, please confirm our receipt of the document after you have sent it by calling our offices at 469-607-4500.

**If you transmit this document by email, please send it to [intake@parvinlaw.com](mailto:intake@parvinlaw.com).**

**If you send it by fax, please fax to (469) 697-4503 (Direct Voice & Fax).**

We are here to help you at every step. Though this worksheet is designed to be a simple-to-answer document to help us draft your plan, if you find any of these questions too difficult to answer or if you are unsure how to respond, please feel free to leave the answer blank and note your question. Mr. Parvin, or an attorney at our firm, will contact you to discuss any questions you may have.

Upon our receipt of this completed worksheet, we will review the document and begin drafting your plan. Our office will be in contact with you to schedule an appointment for Mr. Parvin, or an attorney at our firm, to review the plan with you and execute all documents. Again, if you have any questions or concerns, please do not hesitate to contact us.

Thank you,

**PARVIN LAW GROUP, P.C.**



Assets	Full Value	[Less Debts]	Net Value	Comments
Life insurance				
Retirement plans				
Residence				
Other real estate: Property #1				
Property #2				
Property #3				
Checking				
Savings				
CDs				
Brokerage: Account #1				
Account #2				
Account #3				
Notes (loans to others)				
Businesses: Business #1				
Business #2				
Business #3				
Vehicles				
Personal effects				
Potential inheritance				
Other assets				
Total				

Add provision stating a person shall be treated as having failed to serve if he/she refuses to submit to a mental status exam?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, any interested party can request mental exam	<input type="checkbox"/> Yes, any named successor can request mental exam
Term used to describe creator of trust?	<input type="checkbox"/> Grantor	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustor

# Medical Power of Attorney

Prepare Medical Power of Attorney?       Yes       No

1<sup>st</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

2<sup>nd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

3<sup>rd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

4<sup>th</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Restrict decision-making authority of the [agents / attorneys in fact]?       Yes       No

Duration of the [Medical Power of Attorney]?       Indefinite       Only until \_\_\_\_\_

Where will the original be kept?

# HIPAA Release

Prepare form

Client already has one

Client doesn't want one

1<sup>st</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

2<sup>nd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

3<sup>rd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

4<sup>th</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Should [agents / attorneys in fact] serve in succession or as a group?

In succession

As a group

# Durable Power of Attorney

\_\_\_ Prepare form

\_\_\_ Client already has one

\_\_\_ Client doesn't want one

1<sup>st</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Relationship

2<sup>nd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Relationship

3<sup>rd</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Relationship

4<sup>th</sup> [agent / attorney in fact]'s Name

Street Address

City, State, Zip

Phone

Relationship

## Durable Power of Attorney (continued)

When effective?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Upon incapacity or disability	<input type="checkbox"/> Let client decide
Record the POA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Add any "Hot Powers" that must be initialed?	<input type="checkbox"/> Create, amend, revoke an inter vivos trust <input type="checkbox"/> Create of change rights of survivorship	<input type="checkbox"/> Create or change a beneficiary designation <input type="checkbox"/> Authorize another person to act under the POA	
Multiple agents act:	<input type="checkbox"/> Jointly	<input type="checkbox"/> May act separately	
Additional powers?	<input type="checkbox"/> Take legal action to enforce	<input type="checkbox"/> Create, modify or revoke a Rev Trust	<input type="checkbox"/> Deal with community property
	<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Appoint new agent	<input type="checkbox"/> Pay agent a fee
	<input type="checkbox"/> Deal with IRS	<input type="checkbox"/> Fund a trust not created by client	<input type="checkbox"/> Reject or disclaim property
	<input type="checkbox"/> Create or change survivorship interest	<input type="checkbox"/> Change beneficiary designations	<input type="checkbox"/> Make loans to agent
	<input type="checkbox"/> Digital assets	<input type="checkbox"/> All other powers	
Revoke existing POA?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify which one	<input type="checkbox"/> Yes, revoke all prior
	Type: _____		
	Add recording info? _____		
	Did witnesses sign? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Include power to make gifts?	<input type="checkbox"/> Yes, only annual exclusion gifts	<input type="checkbox"/> Yes, annual exclusion gifts, plus larger gifts	<input type="checkbox"/> No gifts
If yes to Annual Exclusion Gifts, to whom may annual exclusion gifts be made?	<input type="checkbox"/> Anyone	<input type="checkbox"/> Only specified persons:	<input type="checkbox"/> Descendants
			<input type="checkbox"/> Spouse
			<input type="checkbox"/> Descendants' spouses
			<input type="checkbox"/> Parents
			<input type="checkbox"/> Others: _____
If yes to Larger Gifts, to whom may larger gifts be made?	<input type="checkbox"/> Only to descendants	<input type="checkbox"/> To descendants and charities	
How extensive to you want to draft the power to make gifts?		<input type="checkbox"/> Limit to when needed to save taxes	<input type="checkbox"/> No limit
Give agent power to make transfers and gifts to qualify for SSI and Medicaid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Limit gifts by agent to himself or herself to greater of \$5,000 or 5% of the estate's value (to prevent agent from having general power over the estate)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Give agent power to change beneficiaries on life insurance and retirement accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you want to specifically identify one or more pieces of real estate?	<input type="checkbox"/> Yes – How many? _____	<input type="checkbox"/> No	
Also draft:	<input type="checkbox"/> Notice to person executing the power of attorney	<input type="checkbox"/> Notice to person accepting appointment as agent	<input type="checkbox"/> Certification of Agent
			<input type="checkbox"/> Affidavit of Physician
			<input type="checkbox"/> [State] Estates Code Provisions

**Notes:**

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## Revocation of Power of Attorney

___ Prepare form	___ Client doesn't need one	___ Client doesn't want one
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Which type of POA is being revoked?	___ Durable POA	___ General POA	___ Limited POA
	___ Statutory Durable POA	___ Uniform Statutory Form POA	___ Other: _____

Did witnesses sign the POA being revoked?	___ Yes – Who were they? _____	___ No
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Do you want the Revocation to be witnessed?	___ Yes	___ No
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# Codicil

Prepare form

Client doesn't need one

Client doesn't want one

Which Codicil is this?

First

Second

Third

Fourth

Rewrite old provision

Insert new provision

Delete existing provision

Information Regarding First Change:

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Rewrite old provision

Insert new provision

Delete existing provision

Information Regarding Second Change:

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Rewrite old provision

Insert new provision

Delete existing provision

Information Regarding Third Change:

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Rewrite old provision

Insert new provision

Delete existing provision

Information Regarding Fourth Change:

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Rewrite old provision

Insert new provision

Delete existing provision

Information Regarding Fifth Change:

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## Appointment of Guardian - Adult

Prepare form

Client already has one

Client doesn't want one

	<b>Guardian of Person</b>	
	Name	Relation
1 <sup>st</sup> Guardian of Person		
2 <sup>nd</sup> Guardian of Person		
3 <sup>rd</sup> Guardian of Person		
4 <sup>th</sup> Guardian of Person		

	<b>Guardian of Estate</b>	
	Name	Relation
1 <sup>st</sup> Guardian of Estate		
2 <sup>nd</sup> Guardian of Estate		
3 <sup>rd</sup> Guardian of Estate		
4 <sup>th</sup> Guardian of Estate		

	<b>Disqualified Guardian</b>	
	Name	Relation
1 <sup>st</sup> Disqualified Guardian		
2 <sup>nd</sup> Disqualified Guardian		
3 <sup>rd</sup> Disqualified Guardian		
4 <sup>th</sup> Disqualified Guardian		

Guardian to serve without bond?	<input type="checkbox"/> Yes, add statement waiving bond	<input type="checkbox"/> No, do not waive requirement of bond
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## HealthCare Agent for Children

Prepare form

Client already has one

Client doesn't want one

**Name(s) of Agent(s)**

(Co-agents may be named if they are married)

**Relation**

1<sup>st</sup> Agent(s)

a.		
b.		

2<sup>nd</sup> Agent(s)

a.		
b.		

3<sup>rd</sup> Agent(s)

a.		
b.		

4<sup>th</sup> Agent(s)

a.		
b.		

Which children will be included?

Include afterborn?

Yes

No

## Nomination of Guardian for Children

Prepare form

Client already has one

Client doesn't want one

**Name of Guardian**

(Co-guardians may be named if they are married)

**Relation**

1 <sup>st</sup> Guardian(s)	a.	
	b.	
2 <sup>nd</sup> Guardian(s)	a.	
	b.	
3 <sup>rd</sup> Guardian(s)	a.	
	b.	
4 <sup>th</sup> Guardian(s)	a.	
	b.	

Which children will be included?
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Include afterborn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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# Will (Simple)

## Executors

Name

Relation

1<sup>st</sup> Set

- a.
- b.
- c.

2<sup>nd</sup> Set

- a.
- b.
- c.

3<sup>rd</sup> Set

- a.
- b.
- c.

4<sup>th</sup> Set

- a.
- b.
- c.

## Trustees

Name

Relation

1<sup>st</sup> Set

- a.
- b.
- c.

2<sup>nd</sup> Set

- a.
- b.
- c.

3<sup>rd</sup> Set

- a.
- b.
- c.

4<sup>th</sup> Set

- a.
- b.
- c.

**Specific Bequests**

<b>FIRST BEQUEST</b>	Recipient: _____  Relation: _____  If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Indicate type of gift: <input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$_____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$_____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____  Further describe gift: _____ _____
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<b>SECOND BEQUEST</b>	Recipient: _____  Relation: _____  If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Indicate type of gift: <input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$_____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$_____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____  Further describe gift: _____ _____
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<b>THIRD BEQUEST</b>	Recipient: _____  Relation: _____  If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Indicate type of gift: <input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$_____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$_____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____  Further describe gift: _____ _____
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<b>FOURTH BEQUEST</b>	Recipient: _____  Relation: _____  If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Indicate type of gift: <input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$_____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$_____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____  Further describe gift: _____ _____
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Specific Bequests

<b>FIFTH BEQUEST</b>	Recipient: _____	Indicate type of gift:
	Relation: _____	<input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$ _____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$ _____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____
	If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Further describe gift: _____ _____

<b>SIXTH BEQUEST</b>	Recipient: _____	Indicate type of gift:
	Relation: _____	<input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$ _____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$ _____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____
	If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Further describe gift: _____ _____

<b>SEVENTH BEQUEST</b>	Recipient: _____	Indicate type of gift:
	Relation: _____	<input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$ _____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$ _____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____
	If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Further describe gift: _____ _____

<b>EIGHTH BEQUEST</b>	Recipient: _____	Indicate type of gift:
	Relation: _____	<input type="checkbox"/> Animal <input type="checkbox"/> Animal with \$ _____ Hold money in trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash of \$ _____ <input type="checkbox"/> Life estate in homestead <input type="checkbox"/> Homestead outright <input type="checkbox"/> Real estate outright <input type="checkbox"/> Stock: _____ shares of _____ <input type="checkbox"/> Other: _____
	If recipient not alive, what happens to gift? <input type="checkbox"/> Gift lapses <input type="checkbox"/> Gift passes to recipient's descendants <input type="checkbox"/> Gift passes to recipient's spouse <input type="checkbox"/> Gift passes to someone else: _____	Further describe gift: _____ _____





