

# MEREDITH | PC

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Estate Planning and Probate Law Firm

Jason D. Meredith  
Attorney at Law

4325 Windsor Centre Trail Suite 400  
Flower Mound, Texas 75028  
Main: 214-513-1013  
Fax: 214-276-1715

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

## **FAMILY WEALTH INVENTORY AND ASSESSMENT**

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USING THIS ORGANIZER WILL ASSIST OUR FIRM IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

**INSTRUCTIONS:**

If you are single, please complete the information for Client 1.

If you are married, or you are in a relationship and we will be planning for both you and your spouse or partner, please complete the information for Client 1 and Client 2.

**PERSONAL INFORMATION**Client 1Client 2

Legal Name:

\_\_\_\_\_

\_\_\_\_\_

Preferred Name:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County of Residence:

\_\_\_\_\_

\_\_\_\_\_

Email Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

If you would like to receive appointment confirmations, updates, and reminders by text, please provide **ONE** phone number for our office to use. \_\_\_\_\_

**PRELIMINARY QUESTIONS**

Do you have a **Premarital Agreement** or **Marital Property Agreement**?

Yes       No      If Yes, please bring a copy.

Is there a **Divorce Decree** or **Property Settlement Agreement** for divorce under which continued obligations exist (child support, spousal support, maintain life insurance, etc.)?

Yes       No      If Yes, please bring a copy.

Have you previously executed existing planning documents (wills, trusts, powers of attorney, health care directives, etc.)

Yes       No      If Yes, please bring a copy.

# FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_

Child from:  Child of Client 1 & 2     Child of Client 1     Child of Client 2

Age or Date of Birth: \_\_\_\_\_

Sex:  Male                       Female

Other Info.  Adopted                       Deceased                       Special Needs

Marital Status:  Single                       Married                       Divorced                       Widowed

<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Age or Date of Birth: \_\_\_\_\_

Sex:  Male                       Female

Other Info.  Adopted                       Deceased                       Special Needs

Marital Status:  Single                       Married                       Divorced                       Widowed

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1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Marital Status:  Single                       Married                       Divorced                       Widowed

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1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Marital Status:  Single                       Married                       Divorced                       Widowed

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1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Gun Owner? Important Information Below...

If you are a gun owner, it is important to prepare for your incapacity and death by responsibly addressing the possession and transfer of your firearms in compliance with state and federal law while keeping your private affairs out of the public court system.

Possession of a firearm is regulated by both state and federal law. The law provides that a “prohibited person” may not own or possess a firearm. “Prohibited persons” include the following:

- a. felons;
- b. fugitives from justice;
- c. persons addicted or users of illegal drugs;
- d. persons who have been involuntarily committed;
- e. illegal aliens and persons with non-immigrant visas;
- f. persons who renounced their citizenship;
- g. **persons the subject of protective orders and similar orders;**
- h. persons convicted of crimes of domestic violence;
- i. **incapacitated individuals;** and
- j. **minors.**

Accordingly, if you are a gun owner, a “prohibited person” can not serve as the executor of your estate, the trustee of a trust, or an agent under a power of attorney. Furthermore, you can not name a “prohibited person” to receive your guns upon your death.

A Gun Trust can address issues related to the possession and transfer of your firearms in the event you become incapacitated or pass away. A Gun Trust is even more important for gun owners whose collections include NFA firearms. Unlike other firearms, NFA firearms can only be possessed by the person to whom the firearm is registered. There are no exceptions for family members or other people living in the same household. In addition to the reasons set forth above, a Gun Trust ensures family members are not in violation of the law and gives a gun owner the ability to share NFA firearms with other law-abiding individuals in compliance with state and federal law.

### What is a Gun Trust?

A Gun Trust is a special purpose trust designed to hold all your firearms and firearms related accessories. A Gun Trust protects your firearms from going through a public guardianship proceeding if you become incapacitated. A Gun Trust also protects your firearms from going through a public probate process--a court proceeding to administer a deceased person’s assets. A public probate may result whether you have a will or no estate planning documents in place. Remember, probate can make your guns and other assets publicly known. A Gun Trust can help you avoid the probate process.

A Gun Trust contains very specific instructions to the Trustee regarding how to legally transfer NFA and Non-NFA firearms upon your death in compliance with state and federal law. Without a Gun Trust, the executor of your estate could easily violate state and federal law transferring your firearms to the beneficiaries of your estate. A Gun Trust allows you to designate a beneficiary of a specific firearm or accessory upon your death by using a written memorandum,

which can be easily changed and amended during your lifetime. This will allow you to pass on your firearms to those you want to have and enjoy them.

A Gun Trust is a superior way to acquire and possess NFA firearms and accessories, and to share them with greater protection against commission of an “accidental felony.” This is our catchphrase to describe a transfer resulting in the unlawful possession and transfer of an NFA firearm at a time when you and the other person truly believed you were acting lawfully. With a Gun Trust, you can document why someone other than you is in possession of your NFA firearm! Both federal and state law make it a crime for another person to possess your NFA firearm.

### **What if I already purchased a gun trust from a gun dealer?**

Gun Trusts purchased from gun dealers are generic, canned documents that provide very little benefit to the gun owner. This type of gun trust is primarily designed to allow another person or persons to be able to use an NFA firearm during the lifetime of the Settlor of the trust. However, this type of gun trust misses the mark on what happens when the gun owner dies or becomes incapacitated.

If firearms are an important part of your life, a Gun Trust will help you and those you care about lawfully enjoy your firearms during your lifetime. When it is time to pass on, the memories you’ve created can be passed on, honored, and continued by those you select to receive your firearms in compliance with state and federal law. Planning for your firearms is a way to protect, preserve, and pass on something that is important to you.

## **GUNS**

Do you own or possess any guns?  Yes  No

If Yes, do you own or possess any of the following NFA guns, Title II guns, or Class 3 guns?  Yes  No

- Shotgun having a barrel less than 18 inches in length
- Shotgun less than 26 inches in overall length
- Rifle having a barrel less than 16 inches in length
- Rifle less than 16 inches in overall length
- Machine gun (any gun that fires more than one round with one pull of the trigger)
- Silencer, suppressor, or muffler
- Destructive devise (explosive, grenade, etc.)
- Bump-stock devise

Do you already have a gun trust?  Yes  No

### REAL PROPERTY

List any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Market Value	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====
<i>Net</i>	=====	=====

### AUTOMOBILES, BOATS AND RVs

For each motor vehicle, boat, RV, etc., please list the following: general description, market value and loan balance:

General Description	Market Value	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====
<i>Net</i>	=====	=====

### BANK & SAVINGS ACCOUNTS

Please indicate type of account: Checking "C", Savings "S", Certificate of Deposit "CD", Money Market "MM"

Do not include Retirement Accounts, IRAs or 401(k)s here

Name of Institution	Type	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====

### STOCKS AND BONDS

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

Stocks, Bonds or Investment Accounts	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	=====

### RETIREMENT PLANS

Describe the type of retirement plan (ie. Pension, Profit Sharing, SEP, 401(K), IRA) and the current value of the plan

Description	Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	=====

### BUSINESS INTERESTS

Give a brief description of each business interest (ie. general partnership, limited partnership, sole proprietorship, privately owned corporation, professional corporation, oil interest, farm and ranch interest) and the estimated value of the interest.

Description	Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	=====



## LIFE INSURANCE POLICES AND ANNUITIES

	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>
First Policy	_____	_____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Second Policy	_____	_____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Third Policy	_____	_____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Fourth Policy	_____	_____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Fifth Policy	_____	_____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
<b>Total</b>	=====	=====			

### MONEY OWED TO YOU

Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	=====

### ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

Description	Estimated Value
_____	_____
_____	_____
_____	_____
	<i>Total estimated value</i>
	=====

### OTHER ASSETS

Other property is any property that you have that does not fit into any listed category.

Description	Market Value
_____	_____
_____	_____
_____	_____
	<i>Total</i>
	=====

### SUMMARY VALUE OF ASSETS

Real Property	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Retirement Plans	_____
Business Interests	_____
Life Insurance and Annuities	_____
Money owed to you	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
<b>Total:</b>	=====

## EXECUTORS:

You will need to name an Executor. Upon your death, your Executor will be in charge of identifying and collecting all of your assets, paying all of your final debts, bills, and expenses, and distributing your remaining assets according to the terms and provisions of your Last Will and Testament. We also recommend that you name one or more successor Executors if the first Executor you have named is unable to serve. Please take some time to consider who you would like to name as Executor and successor Executor(s).

CLIENT 1

CLIENT 2

1. Name: \_\_\_\_\_

Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name: \_\_\_\_\_

3. Name \_\_\_\_\_

Name: \_\_\_\_\_

4. Name \_\_\_\_\_

Name: \_\_\_\_\_

## TRUSTEES OF DESCENDANTS' TRUSTS:

If you have minor children, we recommend you leave assets to them in trust until such time as they reach an age when they are mature enough to manage their inheritance themselves. You will need to name an individual or corporate trustee to serve as Trustee for your minor children. We also recommend that you name one or more successor Trustees to serve in the event the primary Trustee is unable to serve. Please take some time to consider who you would like to name as primary and successor Trustees.

CLIENT 1

CLIENT 2

1. Name: \_\_\_\_\_

Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name: \_\_\_\_\_

3. Name \_\_\_\_\_

Name: \_\_\_\_\_

4. Name \_\_\_\_\_

Name: \_\_\_\_\_

## STATUTORY DURABLE POWER OF ATTORNEY:

The Statutory Durable Power of Attorney is a very powerful document designed to allow the designated person or persons to manage your financial affairs in the event you become incapacitated. For instance, your agent will have the power to do such things as buy and sell real estate, open and close bank accounts, and sign tax returns. These are just a few of the powers commonly given to an agent. Accordingly, your agent needs to be a person you trust completely.

We recommend that you name a primary agent on this document. We also recommend that you name one or more successor agents to serve in the event the primary agent is unable to serve. Please take some time to consider who you would like to name as primary and successor agents.

CLIENT 1

CLIENT 2

1. Name: \_\_\_\_\_

Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name: \_\_\_\_\_

3. Name \_\_\_\_\_

Name: \_\_\_\_\_

4. Name \_\_\_\_\_

Name: \_\_\_\_\_

## HIPAA AUTHORIZATION and MEDICAL POWER OF ATTORNEY:

The HIPAA Authorization includes release language addressing the issue of privacy relating to your medical information. The HIPAA release language allows the designated person or persons to obtain all medical information about you. This release language is in response to a privacy law, known as the Health Insurance Portability and Accountability Act, which makes it difficult for anyone other than you to obtain this type of information.

The Medical Power of Attorney allows the designated person or persons to consent to medical care on your behalf should you suffer an injury or become mentally disabled. The Medical Power of Attorney is designed to become effective if you become unable to make health care decisions and that fact is certified in writing by a physician. The appointed agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. The agent's authority begins when the physician certifies that you no longer have the capacity to make health care decisions. Unless stated otherwise, the named agent has the same authority to make decisions about your health care as you would have had.

We recommend that you name a primary agent on this document. We also recommend that you name one or more successor agents to serve in the event the primary agent is unable to serve. Please take some time to consider who you would like to name as primary and successor agents.

CLIENT 1

CLIENT 2

5. Name: \_\_\_\_\_

Name: \_\_\_\_\_

6. Name: \_\_\_\_\_

Name: \_\_\_\_\_

7. Name \_\_\_\_\_

Name: \_\_\_\_\_

8. Name \_\_\_\_\_

Name: \_\_\_\_\_

## **DECLARATION OF GUARDIAN FOR MINOR CHILDREN:**

**If you have minor children, the Declaration of Guardian allows you to name a person or persons to serve as guardians for the minor child or children named in the form in the event you pass away or become incapacitated before they attain the age of eighteen. If you have minor children, please take some time to consider who you would want making legal and medical decisions for them. If you want to name a married couple as guardian for your minor children, then if one of those two individuals were unable to serve as guardian, would you want the remaining individual to serve alone as guardian for your minor children, or if such event occurred, would you rather your second choice of guardian serve?**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

# PROFESSIONAL ADVISOR INFORMATION

Do you have any of the following professional advisors?

[Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:**     Yes    No    Not Sure

Advisor's Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. **Investment/Financial Advisor:**  Yes    No    Not Sure

Advisor's Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. **Life Insurance Agent:**         Yes    No    Not Sure

Agent's Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. **Property/Casualty Agent:**     Yes    No    Not Sure

Agent's Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. **Other Attorney:**                 Yes    No    Not Sure

Attorney's Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_