

Confidential Estate Administration Questionnaire

Personal and Financial Information

The Wiewel Law Firm Attorneys and Counselors at Law

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PERSONAL INFORMATION *(Please Print)*

Deceased Information

Full Legal Name _____

Other names has the Deceased also been known as or used: _____

Home address at death _____ City _____ County _____

State _____ Zip _____ Employer at Date of Death _____

Position _____ Business Telephone(____) _____ Supervisor _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed : Date _____ Single

Please identify current and prior

spouse(s): _____

Date(s) & location of any divorce(s): _____

Date of Death: _____ Date of Birth: _____ Apparent Cause of Death _____

Estate Representative Information

Your Full Legal Name: _____

What other names have you also been known as: _____

What name do you use on legal documents: _____ E-Mail _____

By what name would you like to be addressed by our staff? _____

County of Residence _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(____) _____ Cell:(____) _____ Fax:(____) _____

Employer _____ Position _____ Business Telephone(____) _____

Business address _____ City _____ State _____ Zip _____

Children of the Deceased

Please check the *Special Needs Box* if any child is unable to care for themselves.

Name	Other Parent	Birthdate	Please check if Deceased
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

Friends or relatives who were dependents or *potential* dependents of the Deceased. (Full Legal Name)

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people named as guardian for the Deceased's minor children, if any.

Name of Guardian(s) (Primary & Secondary)	Relationship
1. _____	_____
2. _____	_____

NAMES OF HEALTH CARE PROVIDERS

Please provide names of the people that have copies of the Deceased's current medical records

Name of Primary Health Care Provider	Relationship
_____	_____
Address _____	Phone #(_____) _____

Name of Secondary Provider _____
Address _____ Phone #(_____) _____

Name of Other Providers _____
Address _____ Phone #(_____) _____

Personal Physicians: _____, _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____ Company _____
Phone # _____ Address _____

Name of Fin. Advisor: _____ Company _____
Phone # _____ Address _____

CHARITIES

Please list the **Charities, Educational** and **Religious Organizations** the Deceased supported financially or with time in the past 2 years:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Was the Deceased the beneficiary of any trust at the date of death?		
Did the Deceased hold a power of appointment (general or limited) over a trust or an estate?		
Did the Deceased have any adopted children?		
Do any of the Deceased’s children, if any, have special education, medical, or physical needs?		
Did the Deceased inherit any property within the past 10 years?		
Was the Deceased or the Deceased’s spouse, if any, receiving social security, disability, or other governmental benefits?		
Did the Deceased provide primary or other major financial support to children or any other person?		
If any of children or other heirs died before Deceased, did children survive those persons?		
Does the Deceased have an obligation to make payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Did the Deceased ever sign a pre-marriage or post- marriage contract? (Please furnish a copy)		
Was the Deceased ever widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Did the Deceased ever file a Federal or State gift tax returns? (Please furnish a copy)		
Did the Deceased have completed previous wills, trusts, or estate planning? (Please furnish a copies of these documents)		
Did the Deceased own any assets in another state or country?		
Was the Deceased a United States citizen?		
Is the Deceased’s surviving spouse a United States citizen?		

INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION* CHECKLIST

General Headings This *Personal Information* Checklist is designed to help you list all the property the Deceased owned, how it's titled, and its value. If More property is owned than can be listed on this checklist, please use extra sheets of paper to list the additional property.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property How the property is owned is extremely important for purposes of properly administering the estate and any trusts. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

Amount All amounts should be as of the date of death.

For Property Owned By:	With:	Use:
Single	If the Deceased are single and owned property in the name of the Deceased only, use	I
Joint Tenancy	A Spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Community Property	Acquired in a Community Property state during marriage other than by gift or inheritance (Use only if Deceased was married at the date of death)	Add “C” to above Notations
Separate Property	Acquired before marriage or after marriage if acquired in a non-Community Property state or by gift or inheritance	Add “S” to above Notations
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "CA" Savings Account "SA" Certificate of deposits "CD" Safety Deposit Box "SD"

Name of

Institution / Branch Address	Type	Account #	Owner	Amount
* _____	_____	_____	_____	_____

* _____	_____	_____	_____	_____

* _____	_____	_____	_____	_____

* _____	_____	_____	_____	_____

* _____	_____	_____	_____	_____

* _____	_____	_____	_____	_____

TOTAL \$ _____

Are any funds directly deposited in any of the above accounts? Yes No

Note: If Account is in Deceased's name (or the spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

* IRA's or Annuities should be listed later *

TYPE: Money market "MM", Investment "I", Cash Management "CM" or other account that is in a street name (indicate type below)

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
* _____	_____	_____	_____	_____
Phone #(_____) _____		Address: _____		
* _____	_____	_____	_____	_____
Phone #(_____) _____		Address: _____		
* _____	_____	_____	_____	_____
Phone #(_____) _____		Address: _____		

(continued)

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
* _____	_____	_____	_____	_____
Phone #(_____)	Address: _____			
* _____	_____	_____	_____	_____
Phone #(_____)	Address: _____			

Total \$ _____

STOCKS & STOCK OPTIONS

TYPE: **STOCK** in publicly owned corporations, which is a stock, traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under “*Corporate Business and Professional Interests*” Stocks held in a street name or investment account should be listed under “*Investment Accounts*”). Also please list **STOCK OPTIONS** of *any type* from any company here.

Company Name Address & Phone #	Owner	Number of Shares	Fair Value Market
* _____ _____ Phone (_____)	_____	_____	_____
* _____ _____ Phone (_____)	_____	_____	_____
* _____ _____ Phone (_____)	_____	_____	_____
* _____ _____ Phone (_____)	_____	_____	_____
* _____ _____ Phone (_____)	_____	_____	_____

Total \$ _____

Do any stock options mature within 12 months of Deceased’s death? Yes No

BONDS

TYPE: US Savings Bonds, Corporate, Municipal, etc. (indicate type below).

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous items.)

Type	Owner	Value	Is there a loan against the asset
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total \$ _____

Property and Casualty Insurance Agent(s): _____

Types of Insurance (Home, Auto, Umbrella, etc): _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H. R. 10, IRA, SEP, 401(k) (Indicate type below)

Company Name Address and Phone #	Type of Plan	Value	Beneficiary upon Death	Was Deceased receiving benefits from this plan at death?
_____ _____ Phone # (____) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____ Phone # (____) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____ Phone # (____) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____ Phone # (____) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Total \$ _____

Has the Deceased taken the Required Minimum Distribution for the current year? Yes No

LIFE INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company _____ Policy Number _____
Type _____ Insured _____
Owner _____ Primary Beneficiary _____
Secondary Beneficiary _____ Agents Name _____
Address _____ Phone #() _____
Face Amt. _____ Cash Value _____

Company _____ Policy Number _____
Type _____ Insured _____
Owner _____ Primary Beneficiary _____
Secondary Beneficiary _____ Agents Name _____
Address _____ Phone #() _____
Face Amt. _____ Cash Value _____

Company _____ Policy Number _____
Type _____ Insured _____
Owner _____ Primary Beneficiary _____
Secondary Beneficiary _____ Agents Name _____
Address _____ Phone #() _____
Face Amt. _____ Cash Value _____

Total \$ _____

Did the Deceased's employer carry any life insurance on the Deceased for which the employer was the beneficiary? Yes No

ANNUITIES

Company _____ Policy Number _____
Type _____ Annuitant _____
Owner _____ Primary Beneficiary _____
Secondary Beneficiary _____ Agents Name _____
Address _____ Phone #() _____
Face Amt. _____ Cash Value _____

Company _____ Policy Number _____
Type _____ Annuitant _____
Owner _____ Primary Beneficiary _____
Secondary Beneficiary _____ Agents Name _____
Address _____ Phone #() _____
Face Amt. _____ Cash Value _____

Total \$ _____

SAFETY DEPOSIT BOXES

Name of Institution _____ Address _____
Box Number(s) _____ Persons with Access _____

Did the Deceased have a Safe or Lock Box other than a Safety Deposit Box? Yes ___ No ___

Location (Home, Office, etc.) _____

Who has access to this Safe or Lock Box? _____

MORTGAGES, NOTES, & OTHER RECEIVABLES

TYPE: Mortgages or promissory notes, payable to the Deceased; other monies owed to the Deceased.

Please bring a copy of any promissory notes.

Name of Debtor	Date Due	Owed to	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
			Total \$ _____

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please list the percentage that the Deceased owned.

Please bring the Partnership Agreement

Name of Partnership _____
Owners _____ Value _____
Who holds Partnership papers _____ Phone #() _____

Name of Partnership _____
Owners _____ Value _____
Who holds Partnership papers _____ Phone #() _____

Total \$ _____

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicly traded) stock.

Please provide a copy of any Buy/Sell agreements if applicable

Company _____ Address _____ Phone #() _____
Number of Shares _____ % of Ownership _____
Owner _____ Value _____
Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Company _____ Address _____ Phone #() _____
Number of Shares _____ % of Ownership _____
Owner _____ Value _____
Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation"? Yes No

Total \$ _____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by the Deceased in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total \$			_____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Please provide copy of Agreement, Certificate or Deed

Company _____ Type _____ Name _____
 Address _____ City _____ State _____ Zip _____
 County _____ Phone # _____
 Owner _____ Value _____

Company _____ Type _____ Name _____
 Address _____ City _____ State _____ Zip _____
 County _____ Phone # _____
 Owner _____ Value _____

Total \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances or lawsuit judgements that the Deceased expected to receive in the future; also list any powers of appointment held by the Deceased.

Description	Value	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total \$		_____

REAL PROPERTY

TYPE: Land, buildings, homes and time-shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights(JTWROS), Tenants in common(TC)

Please provide a copy of the Deed or Agreement relating to each property

Address	Owner	Fair Market Value
_____ City _____ State _____ Zip _____ County _____	_____	_____
_____ City _____ State _____ Zip _____ County _____	_____	_____
_____ City _____ State _____ Zip _____ County _____	_____	_____
_____ City _____ State _____ Zip _____ County _____	_____	_____
_____ City _____ State _____ Zip _____ County _____	_____	_____
		Total \$ _____

OTHER ASSETS

TYPE: Any property that does not fit into any listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

SECURED DEBTS

TYPE: Any debts of the Deceased secured by property (e.g. real estate mortgage, car loan, etc.)

Description (Name and Account #)	Secured Creditor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ _____

UNSECURED DEBTS

TYPE: Any debts of the Deceased NOT secured by property (e.g. credit cards, promissory notes etc.)

Description (Name and Account #)	Unsecured Creditor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ _____

OTHER CURRENT AND POTENTIAL LIABILITES

Description	Name of Interested Party	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ _____

Summary of Values – Fair Market Value – Date of Death
Dollar Amounts

<u>Assets</u>	Deceased's	Surviving Spouse (if any)
Real Estate – Residence	_____	_____
Real Estate – Other	_____	_____
Real Estate – Commercial	_____	_____
Personal Effects (Jewelry, etc)	_____	_____
Business Assets	_____	_____
Invest Acct (Brokerage)	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Money Market/Checking/Savings	_____	_____
CD's/Treasury	_____	_____
Retirement Accounts (IRA, 401k)	_____	_____
Retirement Accounts (Pension)	_____	_____
Life Insurance – Company	_____	_____
Life Insurance – Other	_____	_____
Other Assets (Boat, cars, farm)	_____	_____
Total Assets	_____	_____
 <u>Debts</u>		
Mortgage – Residence	_____	_____
Loans – Other	_____	_____
Credit Cards	_____	_____
Other Liabilities	_____	_____
NET ESTATE	_____	_____

- **Affirmation:** The undersigned hereby states and affirms that the information contained in this Confidential Estate Administration Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that The Wiewel Law Firm (the “Firm”) will be relying on this information in its preparation and counseling regarding trust and estate administration of the Deceased if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

Date: _____

Date: _____

 Client

 Client