



**THE WIEWEL  
LAW FIRM**

*The Peace of Mind People*

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**Confidential  
Estate Administration  
Questionnaire**

**Personal and  
Financial Information**

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[www.TexasTrustLaw.com](http://www.TexasTrustLaw.com)

# PERSONAL INFORMATION

(Please Print)

## Deceased Information

Full Legal Name \_\_\_\_\_

Other names the Deceased has been known as \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_ Apparent Cause of Death \_\_\_\_\_

Home address at death \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Location of Death: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Employer at Date of Death \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

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 \_\_\_\_\_

Location of Death: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

## 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 \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

Was someone assisting the deceased with financial transactions prior to death?  Yes  No

If "Yes", please name the persons who served in that role either formally or informally:

Please name the children of the Deceased, and check the *Special Needs Box* if any child is unable to care for themselves.

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

Was the Deceased ever married to someone who was his or her "step-parent" or "step-child"?  Yes  No

Did the Deceased have any frozen sperm or cryopreserved embryos?  Yes  No

**2****OTHER DEPENDENTS**Name any dependents or *potential* dependents of the Deceased (including any non-biological children living in the home).

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

**3****GUARDIANS FOR MINOR CHILDREN**

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

Name of Guardian(s) (Primary & Secondary)	Relationship
_____	_____
_____	_____
_____	_____

**4****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 \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name of Secondary Provider \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Names of Other Providers \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**Personal Physicians** \_\_\_\_\_, \_\_\_\_\_**5****OTHER PROFESSIONAL ADVISORS**

Name of CPA: \_\_\_\_\_ Company \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Address \_\_\_\_\_

Name of Financial Advisor \_\_\_\_\_ Company \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Address \_\_\_\_\_

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

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Please list the **professional associations** and **social clubs** the Deceased belonged to at death:Was the Deceased or any of the family members ever a **Plaintiff** in any lawsuit or legal complaint (other than a divorce)?**Yes**  **No**  If Yes, please specify: \_\_\_\_\_

## 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?		
Did the Deceased’s or a descendant of the Deceased ever have parental rights terminated as to any person or have a child that was adopted by another person?		
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 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 return? (Please furnish a copy.)		
Did the Deceased have previous wills, trusts or estate planning? (Please furnish 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?		
Did the Deceased ever receive <i>Medicaid</i> (not Medicare) benefits?		
Does the Deceased owe any fine, judgment, alimony or support?		
Do any of the Deceased’s children, if any, have special education, medical or physical needs?		
Did the Deceased or the Deceased’s spouse ever undergo a sex change operation?		

## 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 is titled and its value. If more property is owned than can be listed on this checklist, please use extra sheets of paper to list 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 abbreviations in the table below.
- Amount** Please provide any signature cards or beneficiary disposition forms for the accounts. **All amounts listed should be as of the date of death.**

<b>For Property Owned By:</b>	<b>With:</b>	<b>Use:</b>
Single	If the Deceased is 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

## CASH ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Safe Deposit Box "SD"

Name of Institution / Branch Address	Type	Account #	Owner	Amount
*				
*				
*				
*				
			<b>TOTAL</b>	\$

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

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

## INVESTMENT ACCOUNTS

\* IRAs 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			

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
*				
Phone # ( )	Address			
*				
Phone # ( )	Address			
				<b>Total \$</b> _____

Are any of these accounts pledged as collateral on any loans?  Yes  No

**11 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 non-publicly 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 Market Value
*			
Phone ( )			
*			
Phone ( )			
*			
Phone ( )			
*			
Phone ( )			
			<b>Total \$</b> _____

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

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**BONDS**

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

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>		<b>\$</b> _____

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**PERSONAL EFFECTS**

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business 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
<b>Total</b>			<b>\$</b> _____	

Property and Casualty Insurance Agent(s): \_\_\_\_\_  
 Types of Insurance (Home, Auto, Umbrella, etc.): \_\_\_\_\_

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**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	Are you currently receiving benefits from this plan?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ( ) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ( ) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ( ) _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total</b>				<b>\$</b> _____

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 \_\_\_\_\_ Agent's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Type \_\_\_\_\_ Insured \_\_\_\_\_  
 Owner \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_ Agent's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Type \_\_\_\_\_ Insured \_\_\_\_\_  
 Owner \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_ Agent's 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 \_\_\_\_\_ Address \_\_\_\_\_  
 Type \_\_\_\_\_ Annuitant \_\_\_\_\_  
 Owner \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_ Agents Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
 Type \_\_\_\_\_ Annuitant \_\_\_\_\_  
 Owner \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_ Agents Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

## SAFE DEPOSIT BOXES

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Box Number(s) \_\_\_\_\_ Persons with Access \_\_\_\_\_  
 Did the Deceased have a Safe or Lock Box other than a Safe Deposit Box? Yes \_\_\_ No \_\_\_  
 Location (Home, Office, etc.) \_\_\_\_\_  
 Who has access to this Safe or Lock Box? \_\_\_\_\_

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**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
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>			<b>\$</b> _____

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**PARTNERSHIP INTERESTS**

TYPE: General and Limited Partnerships. Please list your percentages 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** \$ \_\_\_\_\_

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**CORPORATE BUSINESS AND PROFESSIONAL INTERESTS**

TYPE: Privately owned (nonpublicly traded) stock.

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

Company \_\_\_\_\_ Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ % of Ownership \_\_\_\_\_ Number of Shares \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Is there a Buy/Sell Agreement?  Yes  No Is this an "S-Corporation"?  Yes  No

Company \_\_\_\_\_ Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ % of Ownership \_\_\_\_\_ Number of Shares \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Is there a Buy/Sell Agreement?  Yes  No Is this an "S-Corporation"?  Yes  No

**Total** \$ \_\_\_\_\_

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**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>			<b>\$</b> _____

## OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.  
*Please provide a 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 _____		
Company _____	Type _____	Name _____	
Address _____	City _____	State _____	Zip _____
County _____	Phone ( ) _____	# _____	
Owner _____	Value _____		
			<b>Total \$</b> _____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT RECOVERY

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

Description	Value
_____	_____
_____	_____
_____	_____
<b>Total \$</b> _____	

**REAL PROPERTY**

TYPE: Land, buildings, homes and time shares. TYPE OF OWNERSHIP: Individual, 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 _____	_____	_____
<b>Total \$</b> _____		

**OTHER ASSETS**

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

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total \$</b> _____		

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**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 \$** \_\_\_\_\_

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**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 \$** \_\_\_\_\_

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**OTHER CURRENT AND POTENTIAL LIABILITIES**

Description	Name of Interested Party	Amount
-------------	--------------------------	--------


**Total \$** \_\_\_\_\_

<u>Assets</u>	<u>Dollar Amounts</u>	
	Deceased's	Surviving Spouse (if applicable)
Real Estate – Residence	_____	_____
Real Estate – Other	_____	_____
Real Estate – Commercial	_____	_____
Personal Effects (Jewelry, etc.)	_____	_____
Business Assets	_____	_____
Investment Account (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)	_____	_____
<b>Total Assets</b>	_____	_____
<u>Debts</u>		
Mortgage – Residence	_____	_____
Loans – Other	_____	_____
Credit Cards	_____	_____
Other Liabilities	_____	_____
<b>Total Debts</b>	_____	_____
<b>NET ESTATE</b>	_____	_____

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 \_\_\_\_\_

