



THE WIEWEL
LAW FIRM

Confidential Estate Planning Questionnaire

Personal and Financial Information

Austin Office

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Georgetown Office

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Georgetown, Texas
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San Antonio Office

401 E. Sonterra, Ste. 375
San Antonio, Texas
Phone: 210-510-4143

www.TexasTrustLaw.com

The Peace of Mind People®

PERSONAL INFORMATION

(Please Print)

Client

Full Legal Name _____

What other names have you also been known as? _____

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

E-Mail _____

County of Residence _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ Fax () _____

Employer _____ Position _____ Business Telephone () _____

Business Address _____ City _____ State _____ Zip _____

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

What do you do for fun? _____

Who referred you to us? _____

CHILDREN'S INFORMATION

You **MUST** list **ALL** children - of either of you (Please Print)

Child #1 Parents: _____ **Special Concerns:** Financial Medical Education

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ Fax () _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #2 Parents: _____ **Special Concerns:** Financial Medical Education

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ Fax () _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #3 Parents: _____ **Special Concerns:** Financial Medical Education

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ Fax () _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #4 Parents: _____ **Special Concerns:** Financial Medical Education

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ Fax () _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Are you concerned about the spouse of any child? _____ YES _____ NO

Do you have any frozen sperm or cryopreserved embryos? _____ YES _____ NO

Do you have any Class 3 Firearms (Fully automatic weapons, silencers, etc.) or Hold a LTC? _____ YES _____ NO

Do you have an Umbrella Insurance Policy? _____ YES _____ NO

Do you have Long Term Care Insurance? Carrier: _____ YES _____ NO

ADVISORS

Name of CPA _____ Company _____
 Phone # () _____ Address _____
 Financial Advisor _____ Company _____
 Phone # () _____ Address _____

7 OTHER INFORMATION

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

Please list the **professional associations, fraternal societies** and **social clubs** to which you currently belong:

Have you or any of your family members ever been a **Plaintiff** in any lawsuit or legal complaint (other than a divorce)? **Yes** or **No**. If Yes, please specify. _____

ANNUAL INCOME (PRE-TAX) \$ _____

CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concern, L low concern, N/A no concern or not applicable)

<u>DESCRIPTION</u>	<u>LEVEL OF CONCERN</u>
Desire to get affairs in order in case of death or disability.	_____
Providing for and protecting children/grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Frivolous spending by children/step-children/heirs.	_____
Losing assets in future lawsuits.	_____
Avoiding or reducing your estate and other taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Losing control of assets and medical decisions during incapacity.	_____
Avoiding a guardianship ("living probate") in case of a disability.	_____
Avoiding will contests or children fighting upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs from potential predators.	_____
Plan for a child with disabilities or special needs.	_____
Protecting children's inheritance if they get divorced.	_____
Inability to keep up with changes in the law.	_____
Inappropriate decision-makers.	_____

Other Concerns: _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Are you a United States citizen?		
Do any of your children or close relatives receive governmental support?		
Do you have any adopted children?		
Do any of your children or other close relatives have special education, medical, or physical needs?		
Are any of your children or close relatives institutionalized?		
Are you receiving social security, disability, or other benefits, public or private?		
Do you provide primary or other major financial support to adult children or any other adult?		
Have you been divorced?		
Are you making payments pursuant to a divorce?		
Have you ever signed a pre or post marriage contract?		
Have you been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you ever filed a Federal estate or State gift tax return? (Please furnish a copy)		
Have you completed previous Health Care Powers of Attorney or Living Wills? (Please furnish a copy)		
Have you completed previous wills, trusts, or estate planning? (Please furnish copies of these documents)		
Do you have a “Reverse Mortgage” on your home?		
Are you the beneficiary of any trust now?		
Do you have a Disability Rating through U.S. Department of Veterans Affairs? If so, what percentage? _____ %		
Do you have “Hidden” assets whose location is known only by you?		
Do you have a Pre-Paid Funeral Plan? Company? _____		

Summary of Values – Fair Market Value Today

Assets

Dollar Amounts

Real Estate – Residence

Real Estate – Other

Real Estate – Commercial

Mineral Interests

Time Shares

Personal Effects (Jewelry, etc.)

Business Assets

Investment Account (Brokerage)

Stocks and Bonds

Money Market/Checking/Savings/CDs

Crypto Currency (Bitcoin, etc.)

Retirement Accounts (IRA, 401k)

Annuities

Life Insurance – Employer

Life Insurance – Other

Other Assets (Boat, cars, farm)

TOTAL ASSETS

Liabilities

Mortgage – Residence

Loans – Other

Credit Cards

Other Liabilities

TOTAL LIABILITIES

NET ESTATE

Affirmation: The undersigned hereby states and affirms that the information contained in this Confidential Estate Planning 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 estate planning 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.

Client: _____

Date: _____

