



THE WIEWEL  
LAW FIRM

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**Confidential**  
*Estate Administration*  
*Questionnaire*

**Personal and**  
**Financial Information**

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*The Peace of Mind People*®



# 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 \_\_\_\_\_ Birth date \_\_\_\_\_ 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

Did the Deceased own any Class Three (3) firearms?  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, fraternal societies 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: \_\_\_\_\_

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 Medicaid (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?		
Was the Deceased enrolled in any “Frequent Flyer” or “Points” programs?		

# SUMMARY OF VALUES – FAIR MARKET VALUE TODAY

	<u>Dollar Amounts</u>	
<u>Assets</u>	Deceased's	Surviving Spouse (if applicable)
Bank Accounts – Checking/Saving	_____	_____
Real Estate – Residential	_____	_____
Real Estate – Other	_____	_____
Real Estate - Commercial	_____	_____
Time Shares	_____	_____
Mineral Interests (Oil, Gas, etc.)	_____	_____
Business Assets	_____	_____
Investment Account (Brokerage)	_____	_____
Stocks and Bonds	_____	_____
Money Market/CD's/Treasury	_____	_____
Retirement Accounts (IRA, 401k)	_____	_____
Annuities	_____	_____
Life Insurance – Company	_____	_____
Life Insurance – Other	_____	_____
Collectibles & Precious Metals	_____	_____
Other Personal Effects (Jewelry, etc.)	_____	_____
<b>Total Assets</b>	_____	_____
<b><u>Debts</u></b>		
Mortgage – Residence	_____	_____
Loans – Other	_____	_____
Credit Cards	_____	_____
Other Liabilities (taxes, alimony, support)	_____	_____
<b><u>Total Debts</u></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.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_