



**THE WIEWEL**  
LAW FIRM

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**Confidential  
Estate Planning  
Questionnaire**

**Personal and  
Financial Information**

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*The Peace of Mind People®*



# PERSONAL INFORMATION

(Please Print)

## Client

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

What other names have you also been known as? \_\_\_\_\_

What name do you use to *SIGN* legal documents? \_\_\_\_\_

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 (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?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If Yes, Insurance Carrier: \_\_\_\_\_

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**OTHER DEPENDENTS**

Friends or relatives who are dependents or *potential* dependents. (Use Full Legal Name)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Special Needs  

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**GUARDIANS FOR MINOR CHILDREN**

Please list the names of the people that you would want to care for your minor children if you cannot:

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

1. \_\_\_\_\_

2. \_\_\_\_\_

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**NAMES OF HEALTH CARE AGENTS**

Please list the names of the people that you want to make health care decisions for you if you cannot:

**Client****Relationship**

Name of Primary Health Care Agent \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Secondary Agent \_\_\_\_\_

Address \_\_\_\_\_

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

Name of back-up Agent \_\_\_\_\_

Address \_\_\_\_\_

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

**CURRENT PROFESSIONAL ADVISORS**

Name of CPA \_\_\_\_\_

Company \_\_\_\_\_

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

Address \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Company \_\_\_\_\_

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

Address \_\_\_\_\_

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**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** 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):** \$ \_\_\_\_\_

## IMPORTANT FAMILY QUESTIONS

<b>Please Check “Yes” or “No” for Your Answer</b>	<b>YES</b>	<b>NO</b>
Are you a US citizen?		
Do any of your children or close relatives receive governmental support or benefits?		
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 or property settlement agreement? (Please furnish a copy)		
Have you ever signed a pre or post marriage contract? (Please furnish a copy)		
Have you ever 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 a previous Health Care Power of Attorney or a Living Will? (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 a beneficiary of any trust?		
Do you have a Disability Rating through the U.S. Department of Veterans Affairs? If so, what percentage? _____%		
Do you have “Hidden” assets whose location is known only by you?		

## Summary of Values – Fair Market Value Today

### Assets

### Dollar Amounts

Real Estate – Residence	
Real Estate – Other (Rentals, Ranches, Farms)	
Real Estate – Commercial	
Mineral Interests	
Time Shares	
Business Assets	
Investment Account (Brokerage)	
Stocks and Bonds	
Money Market/Checking/Savings	
CD's/Treasury	
Retirement Accounts (IRA, 401k)	
Annuities	
Life Insurance – Company	
Life Insurance – Other	
Other Assets (Boat, cars, farm)	
<b>TOTAL ASSETS</b>	

### Liabilities

Mortgage – Residence	
Loans – Other	
Credit Cards	
Other Liabilities	
<b>TOTAL LIABILITIES</b>	

### 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: \_\_\_\_\_

**NOTES AND QUESTIONS FOR YOUR MEETING**