



THE WIEWEL
LAW FIRM

Confidential Estate Planning Questionnaire

Personal and Financial Information

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San Antonio Office
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www.TexasTrustLaw.com

The Peace of Mind People®

PERSONAL INFORMATION

(Please Print)

Client #1

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

Client #2

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 - 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? _____ 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 #1**Relationship**

Name of Primary Health Care Agent _____

Address _____

Phone # _____

()

Name of Secondary Agent _____

Address _____

Phone # _____

()

Name of back-up Agent _____

Address _____

Phone # _____

()

Client #2**Relationship**

Name of Primary Health Care Agent _____

Address _____

Phone # _____

()

Name of Secondary Agent _____

Address _____

Phone # _____

()

Name of back-up Agent _____

Address _____

Phone # _____

()

6

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, 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) \$ _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Are you and your spouse United States citizens?		
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 or your spouse 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 either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre or post marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you or your spouse ever filed a Federal estate or State gift tax return? (Please furnish a copy)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish a copy)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies of these documents)		
Do you have a “Reverse Mortgage” on your home?		
Are either you or your spouse the beneficiary of any trust now?		
Do either of 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?		

Summary of Values – Fair Market Value Today

<u>Assets</u>	<u>Dollar Amounts</u>		
	<u>Client #1</u>	<u>Client #2</u>	<u>Jointly Owned</u>
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	_____	_____	_____
CD's/Treasury	_____	_____	_____
Retirement Accounts (IRA, 401k)	_____	_____	_____
Annuities	_____	_____	_____
Life Insurance – Company	_____	_____	_____
Life Insurance – Other	_____	_____	_____
Other Assets (Boat, cars, farm)	_____	_____	_____
TOTAL ASSETS	_____	_____	_____
<u>Liabilities</u>			
Mortgage – Residence	_____	_____	_____
Loans – Other	_____	_____	_____
Credit Cards	_____	_____	_____
Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____
<u>NET ESTATE</u>	_____	_____	_____

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.

Date: _____

Date: _____

Client

Client

NOTES AND QUESTIONS FOR YOUR MEETING