



ESTATE PLANNING QUESTIONNAIRE
(Single Person)

CONFIDENTIAL

WINSTEAD PC

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The information supplied in response to this questionnaire is protected by the attorney-client privilege, and will be held in the strictest confidence. It will be used only in the formulation of recommendations to you for estate planning. It will not be revealed to anyone outside of the firm unless authorized by you.

WINSTEAD PC

Primary Winstead Wealth Preservation Attorney

ESTATE PLANNING QUESTIONNAIRE

Dated

I. PERSONAL AND FAMILY DATA

A. CLIENT

Name	
Home Address	
Home Telephone	
Home E-mail	
Mobile Telephone	
Date of Birth	
Place of Birth	
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	
Employer	
Position	
Business Address	
Business Telephone	
Fax Number	
Business E-mail	

If you have been married, please furnish the following information as to each prior marriage:

(1) name of spouse

(2) date and place of marriage

(3) place, date and cause (death, divorce, etc.) of termination of the marriage

(4) divorce obligations to or from former spouse (if any)

Please provide a copy of any agreement or judicial order respecting a divorce.

B. CHILDREN

	NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	OCCUPATION
1. Child					
Child's Spouse					
Child's Children (i.e. your grandchildren)					

	NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	OCCUPATION
2. Child					
Child's Spouse					
Child's Children (i.e. your grandchildren)					

	NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	OCCUPATION
3. Child					
Child's Spouse					
Child's Children (i.e. your grandchildren)					

	NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	OCCUPATION
4. Child					
Child's Spouse					
Child's Children (i.e. your grandchildren)					

If any of your children are adopted, please describe.

Are there special circumstances affecting you or any of your children or grandchildren (health status, special educational requirements, etc.)?

C. PERSONS FINANCIALLY DEPENDENT UPON CLIENT (Not listed above)

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP

Comments:

D. OTHER FAMILY MEMBERS

	<u>Father</u>	<u>Mother</u>
(a) Name		
(b) Age (or year of death)		
(c) Address		
(d) Health		
(e) Occupation		

Brothers and Sisters

NAME	ADDRESS	AGE (OR YEAR OF DEATH)	NAME OF SPOUSE IF MARRIED	NAME(S) OF CHILDREN (IF ANY)

E. COMMENTS ON FAMILY CIRCUMSTANCES NOT INDICATED ABOVE

II. FINANCIAL DATA

If you have a recent comprehensive financial statement, please simply attach to the Questionnaire and skip this Item II.

In completing this Item II, please identify any property that is not titled in your individual name and identify the manner in which such property is held.

A. ASSETS

		<u>Approximate Value</u>
1. <u>Average cash balance:</u> (including checking, savings, deposit certificates but not including retirement assets)	\$	
2. <u>Securities:</u> (including publicly traded stocks, bonds, mutual funds but not including retirement assets)	\$	
3. <u>Primary Residence:</u>	Value	\$
	Less Mortgage	\$
	Equity	\$

4. Other Real Estate: (Describe)

	Value	\$			
	Less Mortgage	\$			
	Equity		\$		

	Value	\$			
	Less Mortgage	\$			
	Equity		\$		

	Value	\$			
	Less Mortgage	\$			
	Equity		\$		

Approximate
Value

5. Autos, Boats or Planes:

\$
\$
\$
\$

6. Livestock:

\$
\$

7. Other assets: (including unusually valuable household furnishings, mineral interests, loans receivable from others, Uniform Transfer to Minors Act (UTMA) Accounts, Section 529 Plans, etc.)

\$
\$
\$
\$

8. Life insurance:

	FIRST POLICY	SECOND POLICY	THIRD POLICY
Insurance Company			
Policy No.			
Type of Policy			
Present Beneficiary			
Approximate Cash Value			
Death Benefit			
Annual Premium			

If any life insurance policy listed above is owned by someone other than you (child, business, etc.), please identify with an asterisk (*) and provide details below:

9. Retirement Assets/Employment Benefits:

	<u>Description</u>	<u>Approximate Death Benefit</u>
Traditional IRAs		\$
		\$
Roth IRAs		\$
		\$
401(k) Plan		\$
		\$
Pension Plan		\$
		\$
Thrift Plan		\$
		\$
Profit-Sharing Plan		\$
		\$

Other benefits, such as nonqualified deferred compensation or stock options.

Description:		\$
		\$
		\$

Person to contact for information at place of employment:

10. Closely held business interests (partnerships, proprietorships, closely held corporations): Please provide general information relating to the ownership, nature and value of your business and proposed or existing arrangements relating to disposition of the interest of an owner upon death.

DESCRIPTION	VALUE

11. Potential Inheritance or Gifts: If you anticipate receiving a substantial gift or inheritance, please provide a general description, the anticipated source and expected value.

DESCRIPTION/ANTICIPATED SOURCE	EXPECTED VALUE

12. Beneficial or fiduciary interests: If you (or any child or grandchild) are a beneficiary of a trust or have a power or fiduciary position with respect to any trust, or have any estate in property for life, please provide a general description of the circumstances and approximate value as well as a copy of the trust agreement or deed.

DESCRIPTION	VALUE

B. LIABILITIES

	Approximate <u>Liability</u>
1. Accounts payable (including credit cards)	\$
2. Any loans or debts other than mortgages shown in Part A above - (describe).	

<u>Description</u>	
	\$
	\$
	\$

(Place an asterisk (*) by any debt or mortgage which is covered by credit life insurance.)

C. SUMMARY OF ASSETS AND LIABILITIES

Total Assets (including death benefit of life insurance and retirement assets)	\$
Less Total Liabilities (other than mortgages already taken into account above)	(\$)
Net	\$

D. INCOME

Compensation

\$

Any income in excess of compensation - [describe source(s)]

Description

\$
\$
\$

III. MISCELLANEOUS DATA

A. List below the name, address and telephone number of:

- 1. The accountant or other person who prepares your income tax return:
- 2. Your insurance agent:
- 3. Your stock broker:
- 4. Your banker or other financial adviser:

B. Have you always lived in Texas? Yes No

If not, what year did you move to Texas?

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C. Do you have a safety deposit box? Yes No

If so, what bank?

Listed in whose name?

Location of key:

D. If you have at any time made donative transfers other than customary gifts (birthday, holiday, etc.), and if such transfers were in amounts in excess of \$12,000, please indicate the dates, recipients and values of the transfers, the general nature of the gift property, and if United States gift tax returns were filed in connection therewith. If gift tax returns were filed, please provide copies.

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E. Military Service Yes No

Branch

Serial No.

Dates of Service

Reserve Status

F. Do you have an executed will, trust, power of attorney, directive to physicians, or other estate planning instrument? If so, please provide a copy. Yes No

IV. DISPOSITION OF PROPERTY

A. Generally, how do you want your property to pass upon your death?

1. If no descendants (children, grandchildren, etc.) survive you.
2. Special provisions with respect to specific properties or beneficiaries?

B. If a beneficiary is not a citizen of the United States, please indicate.

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V. SELECTION OF FIDUCIARIES

A. Primary Estate Planning Documents

List below the name of the persons (or bank or other corporate fiduciary) that you wish to have serve in the following fiduciary capacities. If more than one person or entity is to serve at the same time, please indicate.

Executor under Will

Alternate Executor(s) under Will

Trustee

Alternate Trustee(s)

Trustee for Children/Grandchildren

Alternate Trustee(s) for Children/Grandchildren

Guardian for Minor Children

Alternate Guardian(s) for Minor Children

B. Ancillary Estate Planning Documents

Please indicate which (if any) of the following ancillary estate planning documents you are interested in and provide the name, **address and telephone number** of the persons that you wish to designate as your agent (if required).

- 1) Statutory Durable Power of Attorney (designates an agent to make financial decisions for you)

Primary Agent

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Alternate Agent

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- 2) Medical Power of Attorney (designates an agent to make health care decisions for you in the event of incapacity)

Primary Agent

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Alternate Agent

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- 3) Directive to Physicians and Family or Surrogates (provides directives to your physicians and family regarding the provision of life-sustaining medical treatment - also referred to as a "living will")

- 4) Statement Regarding Anatomical Gift (provides for organ donation upon your death)

- 5) Authorization to Release Medical Information (allows health care providers to release your private medical information)

- 6) Appointment of Agent to Control Disposition of Remains (provides specific directions for the disposition of your remains and designates an agent to provide for such disposition)

Primary Agent

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Alternate Agent

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- 7) Declaration of Guardian in the event of Later Incompetence or Need of Guardian (designates an individual to serve as the legal guardian of your person (to make personal decisions) and/or of your estate (to make financial decisions) if the need arises)

Primary Guardian of the Person

Alternate Guardian of the Person

Primary Guardian of the Estate

Alternate Guardian of the Estate

- C. If you have selected a bank or other corporate fiduciary to serve as executor or trustee, may the bank or other corporate fiduciary be given a copy of this questionnaire? Yes No

VI. REMARKS

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