



ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

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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. HUSBAND AND WIFE

	HUSBAND	WIFE
Name		
Home Address (including county)		
Home Telephone		
Home E-mail		
Mobile Telephone		
Date of Birth		
Place of Birth		
U.S. Citizen?		
Social Security Number		
Employer		
Position		
Business Address		
Business Telephone		
Fax Number		
Business E-mail		

Date/Place of Marriage

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If either Husband or Wife has been married before, please furnish the following information as to each prior marriage:

	HUSBAND	WIFE
(1) name of former spouse		
(2) date and place of the 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.

Do you currently have any prenuptial or postnuptial agreement or similar document relating to your present marriage? Yes No

If so, please provide a copy of such agreement.

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 or from a previous marriage, please describe.

[Empty text box for describing adopted children or children from a previous marriage.]

Are there special circumstances affecting Husband, Wife, or any of your descendants (health status, special educational requirements, etc.)?

[Empty text box for describing special circumstances affecting family members.]

C. PERSONS FINANCIALLY DEPENDENT UPON HUSBAND OR WIFE (Not listed above)

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP

Comments:

D. OTHER FAMILY MEMBERS

1. Husband's

Father

Mother

- a. Name
- b. Age (or year of death)
- c. Address
- d. Health
- e. Occupation

	Father	Mother
a. Name		
b. Age (or year of death)		
c. Address		
d. Health		
e. Occupation		

2. Wife's

Father

Mother

- a. Name
- b. Age (or year of death)
- c. Address
- d. Health
- e. Occupation

	Father	Mother
a. Name		
b. Age (or year of death)		
c. Address		
d. Health		
e. Occupation		

3. **Husband's Brothers and Sisters**

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

4. **Wife's 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

Empty rectangular box for comments.

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 (i) any property owned by a spouse before marriage or acquired after marriage by gift or inheritance and (ii) if any property is not titled in your joint names or held as your community property, please identify the manner in which such property is held.

A. ASSETS

		Approximate Value
1. Average cash balance: (including checking, savings, deposit certificates but not including retirement assets)	\$	
2. Securities: (including publicly traded stocks, bonds, mutual funds but not including retirement assets)	\$	
3. Primary Residence:	Value	\$
	Less Mortgage	\$
	Equity	\$
4. Other Real Estate: (Describe)	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 on life of Husband:**

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

9. **Life insurance on life of Wife:**

	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 husband and wife (one spouse, business, etc.), or was acquired before marriage, or after marriage by gift or inheritance, please identify with an asterisk (*) and provide details:

10. **Retirement Assets/Employment Benefits:** Please indicate in left column whether attributable to Husband's employment (H) or Wife's employment (W).

	Description	Approximate Death Benefit
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:

11. **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

12. **Potential Inheritance or Gifts:** If either Husband or Wife anticipates receiving a substantial gift or inheritance, please provide a general description, the anticipated source and expected value.

DESCRIPTION/ANTICIPATED SOURCE	EXPECTED VALUE

13. **Beneficial or fiduciary interests:** If either Husband or Wife (or any child or grandchild) is a beneficiary of a trust or has a power or fiduciary position with respect to any trust, or has 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 Liability |
|--|------------------------------|
| 1. Accounts payable (including credit cards) | \$ |
| 2. Any loans or debts other than mortgages shown in Part A above - (describe). | |

Description	
	\$
	\$
	\$

(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

Husband's annual compensation	\$
Wife's annual compensation	\$

Any annual income in excess of Husband's and Wife's 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:

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2. Your insurance agent:

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3. Your stock broker:

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4. Your banker or other financial adviser:

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B. Have Husband and Wife 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?

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Listed in whose name?

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Location of key:

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D. If Husband and/or Wife has at any time made donative transfers other than customary gifts (birthday, holiday, etc.), and if such transfers were in amounts in excess of \$13,000, 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. Does either Husband or Wife 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 does **Husband** want his property to pass upon his death?

1. If Wife survives Husband.

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2. If Wife does not survive Husband.

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3. If neither Wife nor any descendants (children, grandchildren, etc.) survive Husband.

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4. Special provisions with respect to specific properties or beneficiaries?

B. Generally, how does **Wife** want her property to pass upon her death?

1. If Husband survives Wife.

2. If Husband does not survive Wife.

3. If neither Husband nor any descendants (children, grandchildren, etc.) survive Wife.

4. Special provisions with respect to specific properties or beneficiaries?

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

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 Husband's Will	
Alternate Executor(s) under Husband's Will	
Executor under Wife's Will	
Alternate Executor(s) under Wife's Will	
Trustee for Wife (if Husband is deceased but Wife survives)	
Alternate Trustee(s) for Wife (if Husband is deceased but Wife survives)	
Trustee for Husband (if Wife is deceased but Husband survives)	
Alternate Trustee(s) for Husband (if Wife is deceased but Husband survives)	
Trustee for Children/Grandchildren (if both Husband and Wife deceased)	
Alternate Trustee(s) for Children/Grandchildren (if both Husband and Wife deceased)	
Guardian for Minor Children (if both Husband and Wife deceased)	
Alternate Guardian(s) for Minor Children (if both Husband and Wife deceased)	

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)

	HUSBAND	WIFE
Primary Agent		
Alternate Agent		

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

	HUSBAND	WIFE
Primary Agent		
Alternate Agent		

- 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)

	HUSBAND	WIFE
Primary Agent		
Alternate Agent		

- 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)

	HUSBAND	WIFE
Primary Guardian of the Person		
Alternate Guardian of the Person		
Primary Guardian of the Estate		
Alternate Guardian of the Estate		

- C. If either Husband or Wife has 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