



**ESTATE PLANNING QUESTIONNAIRE**  
*(Single Person)*

**CONFIDENTIAL\***

**WINSTEAD PC**

AUSTIN

DALLAS

FORT WORTH

HOUSTON

SAN ANTONIO

THE WOODLANDS

Winstead Estate Planning Attorney (Primary)

\* **CONFIDENTIAL** The information supplied in response to this Questionnaire is confidential. It will be used only in the formulation of recommendations to you for estate planning. It will not be shared with anyone outside of Winstead PC unless authorized by you.

# ESTATE PLANNING QUESTIONNAIRE

Dated

## I. PERSONAL AND FAMILY DATA

### A. CLIENT

Name

Home Address  
(including county)

Preferred Telephone

Preferred Email

Date and Place of Birth

U.S. Citizen?

Employer

Occupation / Position

Business Address

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

|   | Former Spouse | Former Spouse |
|---|---------------|---------------|
| Name of former spouse   |               |               |
| Date and place of former marriage   |               |               |
| Date, place, and cause (death, divorce, etc.) of termination of former marriage |               |               |

Do you currently have any obligations to a former spouse under a property settlement agreement or judicial order?

Yes  No  Do not know

If so, please describe and provide a copy of any such agreement or judicial order.

**B. CHILDREN**

If you have any children, please furnish the following information for each child.

**CHILD 1**

|                     | <b>CHILD 1</b> | <b>Child 1's Spouse</b> |
|---------------------|----------------|-------------------------|
| Name                |                |                         |
| Home Address        |                |                         |
| Preferred Telephone |                |                         |
| Preferred E-mail    |                |                         |
| Occupation          |                |                         |
| Date of Birth       |                |                         |

|   | <b>Name of Grandchild</b> | <b>Date of Birth</b> |
|---|---------------------------|----------------------|
| <b>CHILD 1's Children</b><br>(your grandchildren by<br>Child 1) |                           |                      |
|   |                           |                      |
|   |                           |                      |
|   |                           |                      |

**CHILD 2**

|                     | <b>CHILD 2</b> | <b>Child 2's Spouse</b> |
|---------------------|----------------|-------------------------|
| Name                |                |                         |
| Home Address        |                |                         |
| Preferred Telephone |                |                         |
| Preferred E-mail    |                |                         |
| Occupation          |                |                         |
| Date of Birth       |                |                         |

|   | <b>Name of Grandchild</b> | <b>Date of Birth</b> |
|---|---------------------------|----------------------|
| <b>CHILD 2's Children</b><br>(your grandchildren by<br>Child 2) |                           |                      |
|   |                           |                      |
|   |                           |                      |
|   |                           |                      |

**CHILD 3**

|                     | <b>CHILD 3</b> | <b>Child 3's Spouse</b> |
|---------------------|----------------|-------------------------|
| Name                |                |                         |
| Home Address        |                |                         |
| Preferred Telephone |                |                         |
| Preferred E-mail    |                |                         |
| Occupation          |                |                         |
| Date of Birth       |                |                         |

|   | <b>Name of Grandchild</b> | <b>Date of Birth</b> |
|---|---------------------------|----------------------|
| <b>CHILD 3's Children</b><br>(your grandchildren by<br>Child 3) |                           |                      |
|   |                           |                      |
|   |                           |                      |
|   |                           |                      |

**CHILD 4**

|                     | <b>CHILD 4</b> | <b>Child 4's Spouse</b> |
|---------------------|----------------|-------------------------|
| Name                |                |                         |
| Home Address        |                |                         |
| Preferred Telephone |                |                         |
| Preferred E-mail    |                |                         |
| Occupation          |                |                         |
| Date of Birth       |                |                         |

|   | <b>Name of Grandchild</b> | <b>Date of Birth</b> |
|---|---------------------------|----------------------|
| <b>CHILD 4's Children</b><br>(your grandchildren by<br>Child 4) |                           |                      |
|   |                           |                      |
|   |                           |                      |
|   |                           |                      |

If there are specific concerns, special needs, or challenging circumstances affecting you, any of your children, grandchildren, or other family members (physical or emotional health status, educational requirements, etc.), please describe.

**C. PERSONS FINANCIALLY DEPENDENT UPON YOU (Other than Minor Children)**

| Name | Relationship | Age |
|------|--------------|-----|
|      |              |     |
|      |              |     |
|      |              |     |
|      |              |     |

Comments:

**D. OTHER FAMILY MEMBERS**

**Your Parents**

**Father**

**Mother**

Name

Home Address

Preferred Telephone

Preferred E-mail

Occupation

Health

Age (or year of death)

|  |  |  |
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**Your Siblings**

**Name**

**Address / Telephone**

**Age (or  
year of  
death)**

**Names / Ages of Sibling's Children**

| Name | Address / Telephone | Age (or year of death) | Names / Ages of Sibling's Children |
|------|---------------------|------------------------|------------------------------------|
|      |                     |                        |                                    |
|      |                     |                        |                                    |
|      |                     |                        |                                    |
|      |                     |                        |                                    |

**E. COMMENTS ON PERSONAL OR 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 any property that is not titled in your individual name and identify the manner in which such property is titled.

### A. ASSETS

|    |  | Approximate<br>Value  |
|----|--|---|
| 1. | <b>Average cash balance:</b> (including cash on hand, checking and savings accounts, and certificates of deposit, but not including retirement assets) | \$ <input style="width: 80%; height: 20px;" type="text"/>               |
| 2. | <b>Securities:</b> (including publicly traded stocks, bonds, mutual funds, and exchange traded funds, but not including retirement assets)             | \$ <input style="width: 80%; height: 20px;" type="text"/>               |
| 3. | <b>Primary Residence:</b>  | Value \$ <input style="width: 80%; height: 20px;" type="text"/>         |
|    | Less Mortgage  | \$ <input style="width: 80%; height: 20px;" type="text"/>               |
|    | Equity   | \$ <input style="width: 80%; height: 20px;" type="text"/>               |
| 4. | <b>Other Real Estate:</b> (describe, including U.S. state and county or foreign country where located)   |   |
|    |  | Value \$ <input style="width: 80%; height: 20px;" type="text"/>         |
|    |  | Less Mortgage \$ <input style="width: 80%; height: 20px;" type="text"/> |
|    |  | Equity \$ <input style="width: 80%; height: 20px;" type="text"/>        |
|    |  |   |
|    |  | Value \$ <input style="width: 80%; height: 20px;" type="text"/>         |
|    |  | Less Mortgage \$ <input style="width: 80%; height: 20px;" type="text"/> |
|    |  | Equity \$ <input style="width: 80%; height: 20px;" type="text"/>        |

**5. Mineral Interests:** (describe, including U.S. state and county or foreign country where located)

**Approximate Value**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

|    |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
|    |

**6. Autos, Boats, Planes, RVs, Motorized Recreation / Farm / Ranch Vehicles and Equipment:**

|  |
|--|
|  |
|  |
|  |
|  |
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|  |
|  |

|    |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

7. **Other assets:** (including unusually valuable household furnishings, collections, physical precious metals, livestock, loans receivable, digital assets [cryptocurrency, asset tokens, etc.], Uniform Transfer to Minors Act (UTMA) Accounts, Section 529 Plans, etc.)

**Approximate Value**

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |

8. **Life insurance on Your life:**

|                             | <b>First Policy</b> | <b>Second Policy</b> | <b>Third Policy</b> |
|-----------------------------|---------------------|----------------------|---------------------|
| Insurance Company           |                     |                      |                     |
| Policy No.                  |                     |                      |                     |
| Type of Policy              |                     |                      |                     |
| Owner(s)                    |                     |                      |                     |
| Primary Beneficiary(ies)    |                     |                      |                     |
| Contingent Beneficiary(ies) |                     |                      |                     |
| Approximate Cash Value      |                     |                      |                     |
| Death Benefit               |                     |                      |                     |
| Annual Premium              |                     |                      |                     |

**9. Retirement Assets/Employment Benefits:**

|                      | Description | Approximate Value |
|----------------------|-------------|-------------------|
| Traditional IRAs     |             | \$                |
|                      |             | \$                |
| Roth IRAs            |             | \$                |
|                      |             | \$                |
| 401(k) Plans         |             | \$                |
|                      |             | \$                |
| Pension Plans        |             | \$                |
|                      |             | \$                |
| Profit-Sharing Plans |             | \$                |
|                      |             | \$                |

|   |  |    |
|---|--|----|
| Other benefits, such as Supplemental Savings Plans, Nonqualified Deferred Compensation, Restricted Stock, Warrants, or Stock Options. |  | \$ |
|   |  | \$ |
|   |  | \$ |
|   |  | \$ |

10. **Closely held business interests** (partnerships, proprietorships, LLCs, closely held corporations, etc.): Please provide general information relating to the ownership, nature, and value of your business interests and any proposed or existing arrangements relating to disposition of your interest 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 the anticipated value.

| DESCRIPTION / ANTICIPATED SOURCE | ANTICIPATED VALUE |
|----------------------------------|-------------------|
|                                  | \$                |
|                                  | \$                |

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

| DESCRIPTION | VALUE |
|-------------|-------|
|             | \$    |
|             | \$    |

**B. LIABILITIES**

**Approximate Liability**

- 1. Accounts payable (including credit cards, but not routine residential utilities and maintenance)
- 2. Any loans payable or debts other than mortgages shown in Part A above, (describe below)

|    |
|----|
| \$ |
|----|

**Description**

|  |
|--|
|  |
|  |
|  |

|    |
|----|
| \$ |
| \$ |
| \$ |

**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**

Annual employment compensation

|    |
|----|
| \$ |
|----|

Any annual income in excess of employment 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 returns

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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.** Has your primary residence always been in Texas?

Yes

No

If no, what year did you move to Texas?

|  |
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**C.** Do you have a safety deposit box?

Yes

No

If so, at what bank?

|  |
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|  |
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Titled in whose name(s)?

|  |
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|  |
|--|

Person(s) other title holder whose name(s) and signature(s) are on SD box card for authorized access to safety deposit box?

|  |
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**D.** If you have at any time made donative transfers other than customary gifts (birthday, holiday, etc.) to or for the benefit of an individual (other a U.S. citizen spouse) (such individual, a “donee”) in any given year that were in a collective amount in excess of the then applicable gift tax annual exclusion (e.g., \$18,000 in 2024; \$17,000 in 2023; \$16,000 in 2022, etc.), please indicate the donee, dates, and values of the gifts to such donee in the given year, the general nature of the gifted property, and if a United States gift tax return for the given year was filed to report the gifts. If gift tax returns were filed, please provide copies.

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**E.** Do you have an executed will, trust, power of attorney (financial or medical), directive to physicians, or other estate planning document? If so, please provide a copy of each document.  Yes  No

#### IV. DISPOSITION OF PROPERTY

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

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

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**B.** If a child, grandchild, or other intended beneficiary of your estate 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 corporate fiduciary (bank or trust company) 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

(designates fiduciary to administer your will and probate estate):

Initial Executor

|  |
|--|
|  |
|--|

Alternate Executor(s) (in successive order)

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|  |
|--|

#### TRUSTEE

(designates fiduciary to administer (i) trust you create for yourself upon your resignation as Trustee or your incapacity and (ii) trusts to be created for beneficiaries at your death):

Initial Successor Trustee of trust you create for yourself to serve upon your resignation as Trustee or upon your incapacity

|  |
|--|
|  |
|--|

Alternate Successor Trustee of trust you create for yourself to serve upon your resignation as Trustee or upon your incapacity

|  |
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|--|

Initial Trustee of trust(s) for Children/Grandchildren

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|--|
|  |
|--|

Alternate Trustee(s) of trust(s) for Children/Grandchildren (in successive order)

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#### GUARDIAN

(designates person to serve as guardian of your minor children)

Primary Guardian for Minor Children (if both you and child's other parent incapacitated or deceased)

|  |
|--|
|  |
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Alternate Guardian(s) for Minor Children (if both you and child's other parent incapacitated or deceased) (in successive order)

|  |
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## 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 each person that you wish to designate as your agent.

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

Primary Agent

Alternate Agent(s) (in successive order)

|  |
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|  |

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

Primary Agent

Alternate Agent(s) (in successive order)

|  |
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|  |
|  |

- 3)  **Directive to Physicians and Family or Surrogates** (provides directives to your physicians and family regarding the provision of artificial 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 agent to arrange for such disposition)

Primary Agent

Alternate Agent(s) (in successive order)

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

Primary Guardian of the Person

Alternate Guardian(s) of the Person (in successive order)

Primary Guardian of the Estate

Alternate Guardian(s) of the Estate (in successive order)

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

**VI. REMARKS**