



ESTATE PLANNING QUESTIONNAIRE

(Married Couple – Spouse 1 / Spouse 2)

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 the firm unless authorized by you.

ESTATE PLANNING QUESTIONNAIRE

Dated

I. PERSONAL AND FAMILY DATA

A. SPOUSES

| | SPOUSE 1 | SPOUSE 2 |
|------------------------------------|----------|----------|
| Name | | |
| Home Address (including county) | | |
| Preferred Telephone | | |
| Preferred Email | | |
| Date and Place of Birth | | |
| U.S. Citizen? | | |
| Employer | | |
| Occupation / Position | | |
| Business Address | | |

Date and Place of Marriage

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

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

| | SPOUSE 1 | SPOUSE 2 |
|---|----------|----------|
| 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.

Do you currently have any prenuptial or postnuptial agreements or similar documents relating to your present marriage?

Yes No

If so, please provide a copy of such agreements and documents.

B. CHILDREN

If you have any children, please furnish the following information for each child, indicating by checking the applicable box below each child, whether both Spouses are the child's parents or only one of you is the child's parent.

CHILD 1

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

Parent(s) of Child 1:

- Both Spouses
- Spouse 1 Only
- Spouse 2 Only

| | Name of Grandchild | Date of Birth |
|--|---------------------------|----------------------|
| CHILD 1's Children (your grandchildren by Child 1) | | |
| | | |
| | | |
| | | |

CHILD 2

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

Parent(s) of Child 2:

- Both Spouses
- Spouse 1 Only
- Spouse 2 Only

| | Name of Grandchild | Date of Birth |
|---|---------------------------|----------------------|
| CHILD 2's Children (your grandchildren by Child 2) | | |
| | | |
| | | |
| | | |

CHILD 3

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

Parent(s) of Child 3:

- Both Spouses
- Spouse 1 Only
- Spouse 2 Only

| | Name of Grandchild | Date of Birth |
|--|---------------------------|----------------------|
| CHILD 3's Children (your grandchildren by Child 3) | | |
| | | |
| | | |
| | | |

CHILD 4

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

Parent(s) of Child 4:

- Both Spouses
- Spouse 1 Only
- Spouse 2 Only

| | Name of Grandchild | Date of Birth |
|---|---------------------------|----------------------|
| CHILD 4's Children (your grandchildren by Child 4) | | |
| | | |
| | | |
| | | |

If there are specific concerns, special needs, or challenging circumstances affecting Spouse 1, Spouse 2, or 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 other Spouse and Children)

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

Comments:

D. OTHER FAMILY MEMBERS

SPOUSE 1's Parents

Father

Mother

Name

Home Address

Preferred Telephone

Preferred E-mail

Occupation

Health

Age (or year of death)

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

SPOUSE 2's Parents

Father

Mother

Name

Address

Preferred Telephone

Preferred Email

Occupation

Health

Age (or year of death)

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

SPOUSE 1's Siblings

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

SPOUSE 2's Siblings

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

E. COMMENTS ON PERSONAL OR FAMILY CIRCUMSTANCES NOT INDICATED ABOVE

A large, empty rectangular box with a black border, intended for providing comments on personal or 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 owned by a spouse before marriage or acquired by a spouse during marriage by gift or inheritance. Please identify such property by inserting an asterisk and initial (*S1) or (*S2) in the right-hand column to indicate whether such property is so owned or acquired by Spouse 1 or Spouse 2.

A. ASSETS

| | | Approximate Value | (*) |
|----|--|----------------------|-----|
| 1. | Average cash balance: (including cash on hand, checking and savings accounts, and certificates of deposit, but not including retirement assets) | \$ | |
| 2. | Securities: (including publicly traded stocks, bonds, mutual funds, and exchange traded funds, but not including retirement assets) | \$ | |
| 3. | Primary Residence: | Value | \$ |
| | | Less Mortgage | \$ |
| | | Equity | \$ |
| 4. | Other Real Estate: (describe, including U.S. state and county or foreign country where located) | Value | \$ |
| | | Less Mortgage | \$ |
| | | Equity | \$ |
| | | Value | \$ |
| | | Less Mortgage | \$ |
| | | Equity | \$ |
| | | Value | \$ |
| | | Less Mortgage | \$ |
| | | Equity | \$ |

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

Approximate Value (*)

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

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

6. Autos, Boats, Planes, RVs, Motorized Farm/Ranch 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 life of SPOUSE 1:**

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

9. Life insurance on life of SPOUSE 2:

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

If any life insurance policy on a spouse's life listed above is owned by someone other than both spouses (*i.e.*, owned by one spouse, closely-held business entity, revocable or irrevocable trust etc.), or was acquired before marriage or during marriage by gift or inheritance, please identify with an asterisk and provide details:

10. Retirement Assets/Employment Benefits: Please describe and indicate with an (*S1 or *S2) in the right-hand column below whether asset or benefit is attributable to Spouse 1's employment or Spouse 2's employment.

| | Custodial Financial Institution or Employer | 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. | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

11. **Closely held business interests (partnerships, proprietorships, LLCs, closely held corporations, etc.):** Please indicate with an (*S1 or *S2) in the right-hand column whether the business interest is owned only by Spouse 1 or Spouse 2, provide general information relating to the ownership, nature, and value of your business interests, and any proposed or existing arrangements relating to disposition of the owner's interest upon death.

| DESCRIPTION | VALUE | (*) |
|-------------|-------|-------|
| | \$ | |
| | \$ | |

12. **Potential Inheritance or Gifts:** If either Spouse 1 or Spouse 2 anticipates receiving a substantial gift or inheritance, please provide a general description, the anticipated source, and the anticipated value.

| DESCRIPTION / ANTICIPATED SOURCE | ANTICIPATED VALUE |
|----------------------------------|-------------------|
| SPOUSE 1 as Potential Recipient: | \$ |
| SPOUSE 2 as Potential Recipient: | \$ |

13. **Beneficial or fiduciary interests:** If either Spouse 1 or Spouse 2 is a beneficiary of a trust or has a power (e.g., a power of appointment) or a fiduciary position (e.g., a trustee) with respect to any trust, or has a life estate in any property, please indicate with an (*S1 or *S2) in the right-hand column whether such interest applies to Spouse 1 or Spouse 2, provide a general description, the circumstances, and approximate value of the trust or property, as well as a copy of the governing trust document 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 in Part A above)

Net

| |
|------------------|
| \$ |
| (\$) |
| \$ |

D. INCOME

SPOUSE 1's annual employment compensation

SPOUSE 2's annual employment compensation

Any annual income in excess of a Spouse's 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 banker:

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4. Your stock broker or other financial adviser:

| |
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B. During your marriage, has Texas always been the state of your primary residence?

Yes

No

If no, what years during your marriage has Texas not been the state of your primary residence?

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

Yes

No

If so, at what bank?

| |
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| |
|--|

Titled in whose name(s)?

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

Person(s) (other than 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 Spouse 1 or Spouse 2 has at any time made donative transfers other than customary gifts (birthday, holiday, etc.), and if such transfers to a person (donee) in any given year 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.

- E.** Does either Spouse 1 or Spouse 2 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 does **SPOUSE 1** want his/her property to pass upon his/her death?

1. If Spouse 2 survives:
2. If Spouse 2 does not survive, but descendants (children, grandchildren) survive:
3. If neither Spouse 2 nor any descendants (children, grandchildren) survive:
4. Special provisions with respect to specific properties or beneficiaries?

| |
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| |

B. Generally, how does **SPOUSE 2** want his/her property to pass upon his/her death?

1. If Spouse 1 survives:
2. If Spouse 1 does not survive, but descendants (children, grandchildren) survive:
3. If neither Spouse 1 nor any descendants (children, grandchildren) survive:
4. Special provisions with respect to specific properties or beneficiaries?

| |
|--|
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| |
| |

C. If your spouse, 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. Core 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 corporate fiduciary is to serve at the same time, please indicate.

EXECUTOR

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

Initial Executor – **Spouse 1's** Will

Alternate Executor(s) – **Spouse 1's** Will (in successive order)

Initial Executor – **Spouse 2's** Will

Alternate Executor(s) – **Spouse 2's** Will (in successive order)

| |
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| |

TRUSTEE

(designates fiduciary to administer trusts to be created for beneficiaries at your death):

Initial Trustee of trust(s) for **Spouse 1** (if survives Spouse 2)

Alternate Trustee(s) of trust(s) for **Spouse 1** (if survives Spouse 2) (in successive order)

Initial Trustee of trust(s) for **Spouse 2** (if survives Spouse 1)

Alternate Trustee(s) of trust(s) for **Spouse 2** (if survives Spouse 1) (in successive order)

Initial Trustee of trust(s) for Children/Grandchildren (if both Spouses deceased)

Alternate Trustee(s) of trust(s) for Children/Grandchildren (if both Spouses deceased) (in successive order)

| |
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| |

GUARDIAN

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

Guardian for Minor Children (if both Spouses incapacitated or deceased)

Alternate Guardian(s) for Minor Children (if both Spouses incapacitated or deceased) (in successive order)

| |
|--|
| |
| |

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 (if required).

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

SPOUSE 1

SPOUSE 2

Primary Agent

Alternate Agent(s) (in successive order)

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

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

SPOUSE 1

SPOUSE 2

Primary Agent

Alternate Agent(s) (in successive order)

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

- 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 to persons you designate)

- 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)

| | SPOUSE 1 | SPOUSE 2 |
|--|----------|----------|
| Primary Agent | | |
| Alternate Agent(s) (in successive order) | | |

- 7) **Declaration of Guardian in the event of your 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])

| | SPOUSE 1 | SPOUSE 2 |
|---|----------|----------|
| 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) | | |

- C. If either Spouse has selected a corporate fiduciary (bank or 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