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## FIDUCIARY QUESTIONNAIRE

### Client Information (Executor/Trustee of Trust)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Fax # \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

### Decedent Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address at time of death: \_\_\_\_\_

Decedent's SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Death Certificate attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Original Will (if any) attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Trust (if any) attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Surviving Spouse (if any): \_\_\_\_\_

Spouse's SSN# (if any): \_\_\_\_\_

Name of Deceased Spouse(s) (if any): \_\_\_\_\_ Date of Death \_\_\_\_\_

Name of Divorced Spouse(s) (if any): \_\_\_\_\_

Date of Divorce(s) (if any): \_\_\_\_\_

When and where Divorce(s) was filed (City, County, State): \_\_\_\_\_

**CHILDREN (if applicable)**

	<b>Name</b>	<b>Living</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Child of Decedent and Surviving Spouse</b>	<b>Child of Decedent Only</b>
Child 1		Y / N	M/F		Y / N	Y / N
Child 2		Y / N	M/F		Y / N	Y / N
Child 3		Y / N	M/F		Y / N	Y / N
Child 4		Y / N	M/F		Y / N	Y / N
Child 5		Y / N	M/F		Y / N	Y / N

	<b>Address</b>	<b>Phone Number</b>
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

## FINANCIAL INFORMATION

**Asset Inventory:** Please complete the following information pertaining to the property and assets of the Decedent. If Decedent is survived by a spouse and any property is the separate property of Decedent, please write “SP” in the SP/CP column. If the property is community property, write “CP” instead. If you have a current financial statement, please attach it, but complete this listing as well as it does require more detail.

1. **SAVINGS/CHECKING ACCOUNTS:** List each financial institution, the account number, and the total value of deposits as of the Decedent’s date of death.

	<i>Institution</i>	<i>Account Number</i>	<i>Styling of Accounts (e.g. Single, Joint Account, Joint Tenants with Right of Survivorship, etc.)?</i>	<i>SP/CP</i>	<i>Balance as of Date of Death</i>
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					

2. **BROKERAGE ACCOUNTS:** List each brokerage account, the account number, and the total value of investments with that broker as of the Decedent’s date of death.

	<i>Institution</i>	<i>Account Number</i>	<i>Styling of Accounts (e.g. Single, Joint Account, Joint Tenants with Right of Survivorship, etc.)?</i>	<i>SP/CP</i>	<i>Balance as of Date of Death</i>
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					

3. **RETIREMENT/IRA ACCOUNTS:** List institutions, account numbers, and the total value of each account as of the Decedent's date of death.

	<i>Institution</i>	<i>Account Number</i>	<i>Primary Beneficiary</i>	<i>SP/CP</i>	<i>Value as of Date of Death</i>
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					

4. **REAL ESTATE:** List property(ies) and the approximate value of each property as of the Decedent's date of death.

	<i>Location</i>	<i>Owner(s)</i>	<i>SP/CP</i>	<i>Value as of Date of Death</i>
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

5. **LIFE INSURANCE POLICIES:**

(1) Company: _____	(2) Company: _____
Policy #: _____	Policy #: _____
Policy Type: _____	Policy Type: _____
Insured: _____	Insured: _____
Owner: _____	Owner: _____
Beneficiary: _____	Beneficiary: _____
Death Benefit: _____	Death Benefit: _____
Cash Value: _____	Cash Value: _____

<b>(3)</b> Company: _____ Policy #: _____ Policy Type: _____ Insured: _____ Owner: _____ Beneficiary: _____ Death Benefit: _____ Cash Value: _____	<b>(4)</b> Company: _____ Policy #: _____ Policy Type: _____ Insured: _____ Owner: _____ Beneficiary: _____ Death Benefit: _____ Cash Value: _____
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**6. BUSINESS(ES) OR ENTITY(IES) OWNED:**

**Instructions:** For each business or entity owned by Decedent, please attach recent financial statements (balance sheet and a profit and loss for the most recent fiscal year). We will also need a statement attached which lists and describes the following matters for each entity:

- The entity’s employer (or taxpayer) identification number and address;
- Any past or pending litigation (civil or criminal);
- Any threatened or potential future litigation (civil or criminal);
- Any past, present, or contemplated bankruptcy proceedings;
- Any executory contract obligations (i.e., responsibilities the entity has to fulfill under a contract), or any contracts in default;
- A description of the debts listed on the financial statements;
- Any debts, guarantees, or contingent liabilities not listed on the financial statements; and
- All property, casualty, and liability insurance carried by the entity, including coverage limits, and all changes to that insurance within the past two (2) years.

**(1)** Name of Business: \_\_\_\_\_

Entity type: \_\_\_\_\_

Owner: \_\_\_\_\_ SP/CP: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Value as of Date of Death: \_\_\_\_\_

**(2)** Name of Business: \_\_\_\_\_

Entity type: \_\_\_\_\_

Owner: \_\_\_\_\_ SP/CP: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Value as of Date of Death: \_\_\_\_\_

7. **OTHER ASSETS:** If you need additional space, please use the back of this sheet.

	<i>Description</i>	<i>Owner(s)</i>	<i>SP/CP</i>	<i>Value as of Date of Death</i>
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

8. **LIABILITIES/DEBT (CONTINGENT/ACTUAL):**

*Instructions:* “Liabilities” here include not only actual debts owed by the Decedent, but contingent liabilities (like guarantees) that may or may not come due in the future. It is important to list every contingent liability of the Decedent, no matter how remote the possibility. Please use the back of this sheet and/or attach other sheets for further description if necessary.

	<i>Kind/Type</i>	<i>Person Responsible</i>	<i>Secured/ Unsecured</i>	<i>Value as of Date of Death</i>
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

**MISCELLANEOUS**

Did Decedent have a safe-deposit box?  Yes  No

Location of safe-deposit box: \_\_\_\_\_

Location of important papers: \_\_\_\_\_

Did Decedent make gifts to any one person exceeding \$13,000 in any one calendar year?

Yes  No

Has Decedent's Spouse/Partner made gifts to any one person exceeding \$13,000 in any one calendar year?  Yes  No

Has Decedent ever filed a Federal Gift Tax Return?  Yes  No

If Yes, Years of Returns filed: \_\_\_\_\_

Has Decedent's Spouse/Partner ever filed a Federal Gift Tax Return?  Yes  No

If Yes, Years of Returns filed: \_\_\_\_\_

Are there any other legal issues of which I should be aware?  Yes  No

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_