



(A Professional Corporation)
ATTORNEYS AND COUNSELORS AT LAW

ARLINGTON OFFICE
2000 EAST LAMAR BLVD., SUITE 500, ARLINGTON, TX 76006
PH: (817) 277-2077 METRO: (817) 261-3508 FAX: (817) 265-7264

SOUTHLAKE OFFICE
1256 MAIN STREET, SUITE 219, SOUTHLAKE, TX 76092
PH: (817) 749-0317 ALT.: (817) 749-0315 FAX: (817) 749-0318
www.dws-law.com

FIDUCIARY QUESTIONNAIRE

1. 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 # _____

2. 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): _____

3. Children (if applicable)

	Name, Address and Telephone Number	Living	Gender	Date of Birth	Child of Decedent and Surviving Spouse	Child of Decedent Only
Child 1 Name: Address: Ph:		Y / N	M/F		Y / N	Y / N
Child 2 Name: Address: Ph:		Y / N	M/F		Y / N	Y / N
Child 3 Name: Address: Ph:		Y / N	M/F		Y / N	Y / N
Child 4 Name: Address: Ph:		Y / N	M/F		Y / N	Y / N
Child 5 Name: Address: Ph:		Y / N	M/F		Y / N	Y / N

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.

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

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.

	Institution	Account Number	Styling of Accounts (e.g. Single, Joint Account, Joint Tenants with Right of Survivorship, etc.)?	SP/CP	Balance as of Date of Death
(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.

	Institution	Account Number	Primary Beneficiary	SP/CP	Value as of Date of Death
(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.

	Location	Owner(s)	SP/C	Value as of Date of Death
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

5. **LIFE INSURANCE POLICIES:**

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

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

<p>(3) Company: _____</p> <p>Policy #: _____</p> <p>Policy Type: _____</p> <p>Insured: _____</p> <p>Owner: _____</p> <p>Beneficiary: _____</p> <p>Death Benefit: _____</p> <p>Cash Value: _____</p>	<p>(4) Company: _____</p> <p>Policy #: _____</p> <p>Policy Type: _____</p> <p>Insured: _____</p> <p>Owner: _____</p> <p>Beneficiary: _____</p> <p>Death Benefit: _____</p> <p>Cash Value: _____</p>
---	---

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:

- (a) The entity's employer (or taxpayer) identification number and address;
- (b) Any past or pending litigation (civil or criminal);
- (c) Any threatened or potential future litigation (civil or criminal);
- (d) Any past, present, or contemplated bankruptcy proceedings;
- (e) Any executory contract obligations (i.e., responsibilities the entity has to fulfill under a contract), or any contracts in default;
- (f) A description of the debts listed on the financial statements;
- (g) Any debts, guarantees, or contingent liabilities not listed on the financial statements; and
- (h) 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.

	Description	Owner(s)	SP/CP	Value as of Date of Death
(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.

	Kind/Type	Person Responsible	Secured/ Unsecured	Value as of Date of Death
(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:
