



1112 17th Ave., P.O. Box 737
Monroe, WI 53566
(608) 325-4924

ESTATE PLANNING QUESTIONNAIRE AND INFORMATION WORKSHEET

NAME/SPOUSE 1 _____

Birth Date _____

Soc. Sec. No. _____

Employer _____

Email _____

NAME/SPOUSE 2 _____

Birth Date _____

Soc. Sec. No. _____

Employer _____

Email _____

ADDRESS _____

Tel. No. (Home) _____

Tel. No. (Work) _____

Tel. No. (Home) _____

County _____

Tel. No. (Work) _____

Safe Deposit Box _____
Yes No

Bank _____

Veteran _____
Yes No

Period of Service _____

Serial No. _____

Previous Will _____
Yes No

Date _____

Location _____

Previous Trust _____
Yes No

Date _____

Location _____

CHILDREN

Name	Birth Date	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are children from a previous marriage, or no marriage?

IF NO CHILDREN -- List closest relatives

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY ADVISORS

	Name	Address
Insurance (life)	_____	_____
Insurance (other)	_____	_____
Pension Advisors	_____	_____
Doctor	_____	_____
Other	_____	_____
Other	_____	_____

INCOME

Source of Income	Monthly Amount
_____	_____
_____	_____
_____	_____
_____	_____

CHECKING & SAVINGS ACCOUNTS (Include money market funds)

Note: If co-owned, specify other owner and if Payable on Death (POD) specify beneficiary.

Bank, Credit Union and/or Savings & Loan	How owned	Type (Checking, Savings, CD)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE

Location: State/County	How owned	Mortgage Balance	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TANGIBLE PERSONAL PROPERTY (Automobiles, Antiques, Collectibles, Sporting Equipment, etc.)

Type	Value
_____	_____
_____	_____
_____	_____

RETIREMENT BENEFITS FOR SPOUSE 1

Type (Qualified, Keogh, IRA)	Value or Death Benefit	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS FOR SPOUSE 2

Type (Qualified, Keogh, IRA)	Value or Death Benefit	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKS & BONDS (include U.S. Government Bonds)

Note: If co-owned, specify other owner and if Payable on Death (POD) specify beneficiary.

Company	How owned	No. Shares	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUITIES

Company	How owned	Beneficiary if any	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS INTERESTS (C Corporations, S Corporations, Partnerships, LLCs)

Name	Type	Ownership
_____	_____	_____
_____	_____	_____

(NOTE: Please bring copies of any Buy-Sell Agreements with you to the conference with your attorney.)

LIFE INSURANCE FOR SPOUSE 1

Company	Beneficiary	Policy #	Face Amount	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE FOR SPOUSE 2

Company	Beneficiary	Policy #	Face Amount	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER ASSETS (Including Notes Receivable, Tax Shelter Partnerships, etc.)

Name	Type	Ownership
_____	_____	_____
_____	_____	_____

LIABILITIES

To Whom Payable	Amount Owning	Security
_____	_____	_____
_____	_____	_____
_____	_____	_____

MISCELLANEOUS

1. Are you or your children currently beneficiaries of any existing trusts?

Yes: No: If so, please describe: _____

2. Are you children or beneficiaries currently receiving public benefits?

Yes: No: If so, please describe: _____

3. Do you expect to inherit any property? Yes: No:

If yes, from whom? _____

When? _____ Please estimate the value: \$_____

Will the property be in trust? Yes: No:

4. Do you foresee any dramatic fluctuation in your total net worth in the next five years?

Yes: No:

If yes, please explain: _____

5. Do you currently hold any power of appointment under any trust or will?

Yes: No:

If yes, please explain: _____

6. Have you within the last year made a gift to someone of more than \$16,000?

Yes: No:

7. Do either of you have a Financial Power of Attorney: Yes: No:

If no, who do you want to name as Agent in your Financial Power of Attorney?

Spouse 1

Spouse 2

Name _____ Name _____

Address _____ Address _____

Telephone No. _____ Telephone No _____

Who do you want to name as Alternate Agent?

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

8. Do either of you have a **Health Care Power of Attorney**?

Yes: No:

If no, who do you want to name as Agent in your Health Care Power of Attorney?

Spouse 1

Spouse 2

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Who do you want to name as Alternate Agent?

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

9. Who do you want to name as **Personal Representative** of your estate?

Spouse 1

Spouse 2

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Who do you want to name as Alternate Personal Representative?

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

10. Who do you want to name as **Trustee**?

Spouse 1

Spouse 2

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Who do you want to name as Alternate Trustee?

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

11. Who do you want to name as **Guardian**?

Spouse 1

Spouse 2

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Who do you want to name as Alternate Guardian?

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____