



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

## ESTATE PLANNING QUESTIONNAIRE AND INFORMATION WORKSHEET

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Employer \_\_\_\_\_  
Email \_\_\_\_\_

ADDRESS \_\_\_\_\_ Tel. No. (Home) \_\_\_\_\_  
\_\_\_\_\_ Tel. No. (Work) \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_ Bank \_\_\_\_\_  
Yes No

Veteran \_\_\_\_\_ Period of Service \_\_\_\_\_  
Yes No Serial No. \_\_\_\_\_

Previous Will \_\_\_\_\_ Date \_\_\_\_\_  
Yes No Location \_\_\_\_\_

Previous Trust \_\_\_\_\_ Date \_\_\_\_\_  
Yes No 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**

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**

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

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

Name	Type	Ownership
_____	_____	_____
_____	_____	_____

**LIABILITIES**

To Whom Payable	Amount Owing	Security
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MISCELLANEOUS**

1. Are you or your children currently beneficiaries of any existing trusts? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Are your children or beneficiaries currently receiving public benefits? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Do you expect to inherit any property? \_\_\_\_\_ If yes, from whom: \_\_\_\_\_  
When? \_\_\_\_\_ Please estimate the value: \$ \_\_\_\_\_  
Will the property be in trust? \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Do you have a Financial Power of Attorney?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, who do you want to name as agent?

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Who do you want to name as Alternate Agent?

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, who do you want to name Agent?

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Who do you want to name as Alternate Agent?

Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Personal Representative?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Trustee?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Guardian?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_