

ESTATE PLANNING QUESTIONNAIRE



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PERSONAL INFORMATION

Please print legibly or type your responses

Date Completed _____

Your Name

Full Legal Name _____ Nickname _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Employer _____ Position _____

Work Telephone (_____) _____ Retirement Date (if applicable) _____

Work address _____ City _____ State _____ Zip _____

Married: date _____ Divorced: date _____ Widowed: date _____ Single

Are you a U.S. Citizen? Yes No If no, explain: _____

Are you a Wisconsin resident? Yes No

Hobbies/Collections: _____

Spouse

Full Legal Name _____ Nickname _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

Cell Phone (_____) _____ E-Mail Address _____

Employer _____ Position _____

Work Telephone (_____) _____ Retirement Date (if applicable) _____

Work address _____ City _____ State _____ Zip _____

Divorced: date _____ Widowed: date _____

Are you a U.S. Citizen? Yes No If no, explain: _____

Are you a Wisconsin resident? Yes No

Hobbies/Collections: _____

ADDITIONAL PERSONAL INFORMATION

Seasonal Address

Seasonal Address _____ City _____

State _____ Zip _____ County _____

Seasonal Telephone (_____) _____

When can you be reached here: _____

Additional

In what states have you lived while married to your current spouse? During what period of time did you reside there? State _____ years _____

State _____ years _____

State _____ years _____

State _____ years _____

Family Pets: _____

Are any of your parents living? Yes ___ No ___

Complete information for your living parents:

Name(s) _____ Name(s) _____

Relationship _____ Relationship _____

City _____ State _____ City _____ State _____

Name(s) _____ Name(s) _____

Relationship _____ Relationship _____

City _____ State _____ City _____ State _____

List any charitable, church, and/or community organizations with which you have had a strong personal involvement in your lifetime.

Husband: _____

Wife: _____

CHILDREN'S INFORMATION

Child #1 **Child of:** Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child #2 **Child of:** Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CHILDREN'S INFORMATION

Child #3 Child of: Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child #4 Child of: Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CHILDREN'S INFORMATION

Child #5 **Child of:** Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child #6 **Child of:** Husband & Wife Husband Wife

Child's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Grandchildren's Names	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

List friends or relatives who are dependent upon you for support.

Dependent # 1

Dependent's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Children of Dependent #1	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Dependent # 2

Dependent's Full Legal Name _____ Nickname _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____ E-Mail Address _____

Highest Level of Education Completed: High School Vocational College Graduate School

Work Telephone (_____) _____ Employer _____

Position _____ Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Education _____ Employer _____ Position _____

Children of Dependent #2	Parents	DOB	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

IMPORTANT FAMILY QUESTIONS

#	Please Check “Yes” or “No” for Your Answer	YES	NO
1.	Do you have a child with a learning disability?		
2.	Do any of your children receive governmental support or benefits?		
3.	Are any of your children institutionalized?		
4.	Do any of your children or beneficiaries have any other special needs or circumstances that are a concern to you?		
5.	Do you provide primary or other major financial support to adult children?		
6.	Do you or your spouse have any health concerns?		
7.	Are you or your spouse receiving disability or other governmental benefits other than social security?		
8.	Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, <u>please furnish a copy.</u>)		
9.	Have you or your spouse ever signed a pre- and/or post-marriage contract? (<u>Please furnish a copy.</u>)		
10.	Are you making payments pursuant to a divorce or property settlement agreement? (<u>Please furnish a copy.</u>)		
11.	Have you or your spouse ever filed Federal or State gift tax returns? (<u>Please furnish a copy.</u>)		
12.	Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (<u>Please furnish copies.</u>)		
13.	Have you or your spouse completed previous wills, trusts, or estate planning documents? (<u>Please furnish copies.</u>)		
14.	Do you wish to benefit any charities in your planning?		

IMPORTANT FAMILY QUESTIONS

Please elaborate on all Yes answers from the preceding page to the Family Questions.

Question # Explanation

Question # Explanation

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Question # Explanation

GUARDIANS FOR MINOR CHILDREN

Who do you wish to be the guardian of your children? Specify in order of preference

1. Name: _____ Relationship: _____
Home address _____ City _____ State _____ Zip _____
Home Telephone (_____) _____ Cell Telephone (_____) _____

2. Name: _____ Relationship: _____
Home address _____ City _____ State _____ Zip _____
Home Telephone (_____) _____ Cell Telephone (_____) _____

3. Name: _____ Relationship: _____
Home address _____ City _____ State _____ Zip _____
Home Telephone (_____) _____ Cell Telephone (_____) _____

MEDICAL INSTRUCTIONS

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support? (*See How to Select Your Health Care Agent Worksheets*)

HUSBAND (or single person)

1st Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

2nd Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

3rd Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

4th Name _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

WIFE

1st Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

2nd Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

3rd Name: _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

4th Name _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Cell Phone _____

PROFESSIONAL ADVISORS

CPA: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Personal Banker: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Financial Advisor: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Name of Stock Broker: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Family Attorney: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Life Insurance Agent: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Life Insurance Agent: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Life Insurance Agent: _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

ASSET SUMMARY

FAIR MARKET VALUE TODAY

DOLLAR VALUE

ASSETS	Husband's	Wife's	Joint
Real Estate			
Cash Accounts			
Investment Accounts			
Stocks			
Retirements Plans			
Pension Plans			
Life Insurance Policies			
Annuities			
Bonds			
Personal Effects			
Monies Owed to You			
Partnership & LLC's Interests			
Corporate Business Interests			
Sole Proprietorship Interests			
Anticipated Inheritance, Gift, or Judgment			
Oil, Gas, and Mineral Interests			
Other Assets			
TOTAL ASSETS			

LIABILITIES	Husband's	Wife's	Joint
Loans payable			
Accounts payable			
Real estate mortgages payable			
Loans against life insurance			
Unpaid taxes			
Other obligations			
TOTAL LIABILITIES			
NET ESTATE			

ANNUAL INCOME	Husband's	Wife's	Joint
Salary/wages			
Investment Income & Dividends			
Social Security			
Pension/Retirement Plans			
Other			
TOTAL INCOME			