

CONFIDENTIAL

ESTATE PLANNING INFORMATION WORKSHEET

I. PERSONAL INFORMATION

Name (First, Middle, Last) _____
Also known as _____ Date of Birth _____ SS# _____
Home Address _____
Home Telephone No. _____ County of Residence _____ US Citizen? _____
Occupation _____ Employer _____
Business Address _____
Business Telephone No. _____ Annual Income _____
E-mail Address _____ It is okay to communicate with me via e-mail.

Spouse's Information (If applicable)

Name (First, Middle, Last) _____
Also known as _____ Date of Birth _____ SS# _____
Home Address _____
Home Telephone No. _____ County of Residence _____ US Citizen? _____
Occupation _____ Employer _____
Business Address _____
Business Telephone No. _____ Annual Income _____
E-mail Address _____ It is okay to communicate with me via e-mail.

Marriage Information (If applicable)

Date of Marriage _____ Date of Wisconsin Residency _____
Do you have an existing marital property (or prenuptial or postnuptial) agreement? Yes No
If so, please provide a copy.
Previous Marriages _____ To Whom _____
Date Previous Marriage Terminated _____ How Terminated _____

Children (attach additional sheets if necessary)

Name (First, Middle, Last, Maiden) _____
Address _____
Date of Birth _____ Married _____ Spouse's Name _____
Grandchildren's Names and DOB _____

Name (First, Middle, Last, Maiden) _____
Address _____
Date of Birth _____ Married _____ Spouse's Name _____
Grandchildren's Names and DOB _____

Name (First, Middle, Last, Maiden) _____
Address _____
Date of Birth _____ Married _____ Spouse's Name _____
Grandchildren's Names and DOB _____

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- Are any children not also children of the current spouse? Yes No
Are there any children who have died? Yes No
Did they have any children? Yes No
Are there any adopted children in the family? Yes No
Are there any children who are living as family members
but who have *not* been adopted? Yes No
If yes, indicate below:

Other Children

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Relatives *Parents (if appropriate)*

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Siblings (if appropriate)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Relatives (if appropriate)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

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II. FINANCIAL INFORMATION

Assets you own individually or with your spouse:

<u>Asset Description</u>	<u>How Titled</u>	<u>When and How Acquired</u>	<u>Estimated Value</u>	<u>Estimated Debt</u>
Home				
Other Real Estate				
Securities/ Brokerage Accounts				
Cash/CD's Money Market Accounts				
Collectibles/ Antiques				
Personal Property/ Automobiles				
Notes Receivable to You				

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Debts

(Other than mortgages shown above in connection with assets)

<u>To Whom Payable</u>	<u>Who is Liable?</u> <u>(H, W, Both)</u>	<u>Is Debt Secured by</u> <u>Lien? On What Property?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ Whose Life Insured _____

Beneficiary _____

When Acquired _____ Face Amount and/or Value _____

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ Whose Life Insured _____

Beneficiary _____

When Acquired _____ Face Amount and/or Value _____

Do any policies provide double indemnity? Yes No Which ones? _____

Employment Plans

(e.g., HR-IO, IRAs, and Other Pension/Profit-Sharing Plans)

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ When Acquired _____

Beneficiary _____ Face Amount and/or Value _____

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ When Acquired _____

Beneficiary _____ Face Amount and/or Value _____

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Business/ Employment:

Do you own a business? If so, please supply a copy of the most recent financial statement for your business. If there is a partnership or shareholder agreement, please supply a copy of the agreement.

If your business is a partnership, what is your interest and who are the partners? If it is a corporation, how much and what kind of stock is outstanding and who owns it (and in what amounts)? _____

If you have a written employment agreement with any corporation, please supply a copy of the agreement.

Debt:

Are you obligated to leave any part of your estate to any particular person or in any particular way? _____

Are you obligated to provide any support to a former husband or wife or any children from a previous marriage? If so, please provide a copy of the divorce agreement or decree.

References:

Please supply the names and address for the following people:

Accountant _____

Insurance Agents _____

Investment Advisors _____

Regular Banker _____

III. APPOINTMENTS

Guardians (If applicable):

If you were not able to care for your minor or disabled children, who would you choose to care for them?

First Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Have you talked to these people about taking care of your children if you were not able to? _____

Health Care Agents:

If you were not able to make decisions about your health care, who would you choose to make those decisions for you?

First Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

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Second Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Have you talked to these people about your health care decisions? _____

First Choice (Spouse):

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice (Spouse):

Name _____ Relationship _____ Phone Number _____

Address _____

Have you talked to these people about your health care decisions? _____

Personal Representatives/Executor:

Who would you nominate to serve as the person responsible for administration of your estate? This person is responsible for collection all the property at the time of your death, paying debts and expenses, and distributing the remaining property to the people named as your will.

First Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

First Choice (Spouse):

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice (Spouse):

Name _____ Relationship _____ Phone Number _____

Address _____

Trustees:

If part of your estate plan involves setting up a trust (for children, for example), who would you nominate to be trustee to watch over and distribute the money in the trust?

First Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

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Financial Agents:

Who do you want to name as your financial agent? This person would have the right to sign your name on legal documents.

First Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

Second Choice:

Name _____ Relationship _____ Phone Number _____

Address _____

IV. OTHER INFORMATION AND PERSONAL CONCERNS

Documents:

Please bring copies of the following documents when you come in for your first visit:

- Your present wills
- Any trusts you have created
- Any declarations regarding medical treatment
- Any marital property agreements
- Any powers of attorney
- Any gift tax returns you have filed
- All business documents: last financial report, partnership/shareholder agreements
- Written employment agreements
- Copies of the deeds to real estate that you own

What are the most important issues to you when planning your estate? _____

Spouse: _____

Please share any additional information you feel would help us in preparing your estate plan:

Thank you for completing this Worksheet. You have taken an important step towards planning your estate.