



Date: _____

ESTATE PLANNING QUESTIONNAIRE

GENERAL

A. General Information

	<u>Husband(or Single Person)</u>	<u>Wife</u>
Name		
Home Address		
Home Telephone		
Business Name and Address		
Business Telephone		
E-mail Address		
Occupation		
Date of Marriage		
Prior Marriage?		
Birth Date		
Social Security No.		
United States Citizen?		

B. Names, Addresses & Ages of Living Children

	#1	#2
Name		
Address		
Date of Birth		
Marital Status		
Social Security No.		
Is this child presently supported by you?	_____ Yes _____ No	_____ Yes _____ No
Do any children have special needs that require continuing support (i.e. disability)?	_____ Yes _____ No	Describe:

	#3	#4
Name		
Address		
Date of Birth		
Marital Status		
Social Security No.		
Is this child presently supported by you?	_____ Yes _____ No	_____ Yes _____ No
Do any children have special needs that require continuing support (i.e. disability)?	_____ Yes _____ No	Describe:

C. Names, Addresses & Ages of Living Parents

Husband or Single Person:	
Wife:	

ASSETS AND LIABILITIES

List here all assets and debts. Indicate estimated current values to the nearest \$1,000, if possible. Property owned jointly by spouses should be listed in the “joint” column. Property owned as tenants in common should be listed half in the husband’s column and half in the wife’s column.

	Husband or <u>Single</u>	<u>Wife</u>	<u>Joint</u>
1. Cash, checking, accounts, savings accounts, savings bonds and money market investments	\$ ()	\$ ()	\$ ()
2. Marketable stocks and bonds	\$ ()	\$ ()	\$ ()
3. Partnership interests	\$ ()	\$ ()	\$ ()
4. Stock in closely-held corporations	\$ ()	\$ ()	\$ ()
5. Principal residence (Mortgage)	\$ ()	\$ ()	\$ ()
6. Other residential property in Wisconsin (Mortgage)	\$ ()	\$ ()	\$ ()
7. Other residential property not in Wisconsin (Mortgage)	\$ ()	\$ ()	\$ ()
8. Investment real estate in Wisconsin (Mortgage)	\$ ()	\$ ()	\$ ()
9. Investment real estate not in Wisconsin (Mortgage)	\$ ()	\$ ()	\$ ()

	Husband or <u>Single</u>	<u>Wife</u>	<u>Joint</u>
10. Automobiles, boats and airplanes (Liens)	\$ ()	\$ ()	\$ ()
11. Antiques and collections	\$ ()	\$ ()	\$ ()
12. Household furniture and furnishings	\$ ()	\$ ()	\$ ()
13. HR-10 and IRA Accounts	\$ ()	\$ ()	\$ ()
Name of Beneficiary			
14. Other significant property:			
15. Debts other than mortgages deducted above: (Indicate purpose of debt, such as "student loan," "vacation", etc.			
	()		()
	()		()
	()		()

Please Note any additional assets or liabilities on a separate paper.

EMPLOYMENT DEATH BENEFITS

A. Wife's Benefits:

1. Name of plan: _____

2. Present value of death benefit: _____

3. Name(s) of beneficiary: _____

Primary _____

Secondary _____

B. Husband's Benefits:

1. Name of plan: _____

2. Present value of death benefit: _____

3. Name(s) of beneficiary: _____

Primary _____

Secondary _____

LIFE INSURANCE

	Face Amount	Present Cash Value**
A. ON LIFE OF HUSBAND OR SINGLE PERSON		
1. Owned by husband (or single person)	\$	\$
2. Owned by wife or someone else	\$	\$
B. ON LIFE OF WIFE		
1. Owned by wife	\$	\$
2. Owned by husband or someone else	\$	\$
C. ON LIFE OF CHILDREN OR OTHERS		
1. Owned by husband (or single person)	\$	\$
2. Owned by wife	\$	\$

**Net after any outstanding loans

OTHER INFORMATION

	<u>Husband</u>	<u>Wife</u>
Any interest as a beneficiary of a trust or estate?		
Potential inheritance?		
Gifts made or received in excess of \$1,000 per person per year		
Have you guaranteed any loans made to others (such as children or corporations)? If so, indicate date, amount, lender and borrower.		
Any pre- or post-marital property agreement?		
Last year's salary or other compensation		
Other income last year		
Any significant health problems?		
Have you signed either a financial power of attorney or power of attorney for health care?		