



Attorney Marsha L. Tesar
David B. Lund of counsel

200 S. Main Street
DeForest, Wisconsin 53532
Telephone: (608) 846-2200
Facsimile: (608) 846-2242
www.tesarlaw.com attys@tesarlaw.com

The following information will be helpful to us (and to you) in discussing your estate plan and preparing your wills. This information is confidential and will not be revealed to anyone without your permission. The financial information requested can be estimated; we do not need exact values for planning purposes. If any of the information requested is not applicable to your situation, please mark it "not applicable" or "N/A." If you have difficulty in answering any of the questions, your attorney will help you when you meet together. Note that there are explanatory footnotes at the bottom of some pages.

ESTATE PLANNING QUESTIONNAIRE

PLEASE PRINT OR TYPE

Today's Date: _____

I. FAMILY AND PERSONAL FACTS

A. YOUR INFORMATION:

Name (as you wish it to appear in your will): _____

Soc. Sec. No.: _____ Birthdate: _____

Residence Address: _____

Business Address: _____

Home Telephone No.: _____ Business Telephone No.: _____

Cell Phone No.: _____ Email Address: _____

Are you a citizen of the United States? Yes ___ No ___

If no, please give name and country of citizenship: _____

B. YOUR SPOUSE'S INFORMATION:

Name (as you wish it to appear in your will): _____

Soc. Sec. No.: _____ Birthdate: _____

Residence Address: _____

Business Address: _____

Home Telephone No.: _____ Business Telephone No.: _____

Cell Phone No.: _____ Email Address: _____

Are you a citizen of the United States? Yes ___ No ___

If no, please give name and country of citizenship: _____

C. MARRIAGE INFORMATION

Date and place of Marriage: _____

Date residence established in Wisconsin: Husband: _____ Wife: _____

Do you have a marital or pre-marital agreement? Yes ___ No ___
(If yes, please attach a copy.)

D. CHILDREN

Please provide the following information on each of your children:

1. _____
Name Date of Birth/Age

Address

Telephone Number Marital Status Natural born/Adopted/Step

2. _____
Name Date of Birth/Age

Address

Telephone Number Marital Status Natural born/Adopted/Step

3. _____
Name Date of Birth/Age

Address

Telephone Number Marital Status Natural born/Adopted/Step

4. _____
Name Date of Birth/Age

Address

Telephone Number Marital Status Natural born/Adopted/Step

5. _____
Name Date of Birth/Age

Address

Telephone Number Marital Status Natural born/Adopted/Step

E. DECEASED CHILDREN

Did you have any children who died? _____ If so, please provide the name, date of birth, date of death, and whether they had children of their own

F. PRIOR RELATIONSHIPS

Have either of you been married before? Yes ____ No ____

If so, are there outstanding obligations* that affect your estate planning? Yes ___ No ___
(*Examples would be child support, maintenance, a requirement to maintain health or life insurance for the benefit of others, etc.)

Do either of you have children by a former marriage? Yes ___ No ___
If so, please give names, ages, dates of birth, marital status and place of residence.

I. BROTHERS AND SISTERS

NAME	SIBLING OF?	AGE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. HEALTH ISSUES

Do you, your spouse, your children or other relatives have any unusual health problems or disabilities likely to affect your estate planning? Yes _____ No _____

If so, please explain: _____

II. INVENTORY OF YOUR ESTATE

A. Other Personal Property (*i.e.*, non-real estate).

1. Please provide the information requested regarding all property, including the following:

- Savings Accounts
- Checking Accounts
- Securities
- Investments Other than Securities
- Personal and Household Property
(list collectibles, antiques and individual items of unusual value separately)
- Cars, Boats, Etc.
- Business Interests (non-stock)
- Stock in Closely-Held Corporations
- Stock in Subchapter S Corporations
- Safe Deposit Box
- Any Other Personal Property (please describe)

	DESCRIPTION	CURRENT VALUE	TITLED IN NAME(S) OF	DATE ACQUIRED AND VALUE
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____

2. Is any of your personal property regularly kept outside the State of Wisconsin?
 Yes _____ No _____

Please describe:

Location: _____

3. If you own stock in a closely-held corporation, are there any restrictions on the sale of such stock or other agreements with respect to its sale? ___ Yes ___ No

Please describe: _____

4. Does either spouse own stock in a Subchapter S Corporation? Yes _____ No _____
 If yes, please give details: _____

5. If either spouse owns assets titled in his or her name alone, have the assets or the income from those assets been classified as that spouse's individual property?

Yes _____ No _____

If yes, please describe asset: _____

B. REAL ESTATE: PRINCIPAL RESIDENCE

Location: _____

Title in Name of: _____

Date Acquired _____ Value at Acquisition _____

Current Market Value _____ Current Mortgage Balance _____

C. OTHER REAL PROPERTY

1. Location: _____

Title in Name of: _____

Date Acquired _____ Value at Acquisition _____

Current Market Value _____ Current Mortgage Balance _____

2. Location: _____

Title in Name of: _____

Date Acquired _____ Value at acquisition _____

Current Market Value _____ Current Mortgage Balance _____

3. Location: _____

Title in Name of: _____

Date Acquired _____ Value at Acquisition _____

Current Market Value _____ Current Mortgage Balance _____

D. LIFE INSURANCE

1. Company Name: _____ Policy # _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

2. Company Name: _____ Policy # _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

3. Company Name: _____ Policy # _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

4. Company Name: _____ Policy # _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

E. Retirement Benefits.

	HUSBAND OR WIFE	EMPLOYER	DEATH BENEFIT (if any)	BENEFICIARY
1. Pension Benefits	_____	_____	_____	_____
2. Profit Sharing	_____	_____	_____	_____
3. Keogh	_____	_____	_____	_____
4. 401(k)	_____	_____	_____	_____

- 5. IRA _____
- 6. Bonus Plan _____
- 7. Deferred Compensation _____

F. GIFTS/LIABILITIES/ETC

1. List any gifts you have made over \$10,000, the date of the gift, and any gift tax returns filed:

2. **Current liabilities** (other than mortgages):

	LOAN IN NAME OF WHICH SPOUSE	DATE LOAN INCURRED	CURRENT BALANCE	SECURED?
Car Loan	_____	_____	_____	_____
Personal Note	_____	_____	_____	_____
Other	_____	_____	_____	_____

3. Are you, your spouse or your children currently beneficiaries of any existing trusts?

If so, please describe: _____

4. Do you or your spouse expect to inherit any property? Yes _____ No _____

Which of you? _____

When ? _____ Estimated value? _____

Will the property be in trust? Yes _____ No _____

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

If so, please explain: _____

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

If so, please explain: _____

7. Do you have any lawsuits pending against you? _____

III. CURRENT DISPOSITIVE INSTRUMENTS

Does husband currently have a will? Yes _____ No _____ Dated: _____

Does wife currently have a will? Yes _____ No _____ Dated: _____

Other than any trusts in your wills, have you or your spouse created any trusts?
Yes _____ No _____ If so, please describe: _____

IV. DESIRED DISTRIBUTION

The following questions can be discussed in our conference, but please consider beforehand.

1. Do you want to leave any specific items to specific persons? Yes _____ No _____
If yes, please describe: _____

2. Do you want to make any charitable bequests? Yes _____ No _____
If yes, please describe: _____

3. **SPOUSE:** If a substantial part of your estate will be passing to your spouse, there is an option to have this pass outright or to place it in a trust. The reasons some people use a trust for a spouse are to ensure professional management of assets and to have someone to “take care” of assets in the event of illness or disability. A trust can also be used to ensure that assets pass to children on the surviving spouse’s death. **If there were no tax savings involved, would you be interested in establishing a trust for your spouse?** If so, please consider the following questions:

a. Should the income be paid automatically to your spouse? Yes _____ No _____

b. Should your spouse have the power to withdraw assets from the trust? Yes _____ No _____

c. Should such a power be limited in amount per year? Yes _____ No _____

d. Should your spouse have power to direct where the assets would go upon death?
Yes _____ No _____

4. **CHILDREN:** If you have children, and if something should happen to both spouses, would you want to have a trust established for your children? If a child is under age 21 and if no trust is established, property goes to a guardian to be distributed at age 18, or custodian for that child, to be distributed at age 21.

A trust can last beyond age 21. If a trust is established, it is flexible, in that money is available for the health, education, and support of the child during the trust. If you would like such a trust, please consider the following questions:

a. Would you want each child to receive his or her share upon attaining a certain age (e.g., 25, 30, etc.), or would you want distribution to wait until the youngest child reaches a certain age? _____

b. At what age would you like the child to receive his or her share (at what age of the youngest child, if that is the option chosen)? _____

c. Would you want a multi-stage distribution of a child's share (e.g., 1/2 at age 25, 1/2 at age 30)? Yes _____ No _____

If yes, how would you like it set up? _____

d. Would you want the trustee to have discretion to make advancements of a child's ultimate share for a worthwhile purpose such as buying a home or starting a business? Yes _____ No _____

e. If a child should die during the trust, leaving a spouse and/or children (your grandchildren), should the child's share of the trust go:

To the grandchildren? Yes _____ No _____

To the spouse? Yes _____ No _____

To both? Yes _____ No _____

To others? Yes _____ No _____

5. **GUARDIAN:** If you have minor children, we recommend nominating a guardian for the children if both parents should die while the children are still minors. Who do you wish to nominate? (we recommend nominating a primary and a successor)

Name: _____

Address: _____

Name: _____

Address: _____

6. **PERSONAL REPRESENTATIVE:** The "personal representative" (executor) of your estate is responsible for collecting the assets of your estate, paying the debts, expenses and taxes, and distributing the assets according to your will. This can be either an individual (e.g., your spouse) or a trust company.

Who is your first choice to serve as personal representative? _____

Second choice? _____

7. **TRUSTEES:** If you create one or more trusts in your will, it is necessary to name a trustee to administer the trusts. The trustee can be an individual or a bank with a trust department (which not all banks have).

Who is your first choice to serve as trustee? _____

Second choice ? _____

If you name a bank as trustee, is there an individual you would wish to name as advisor to the trustee on matters of distribution?

8. If you own a business, do you desire a particular distribution of its stock or its assets?
- _____

V. MISCELLANEOUS

1. If you have named a bank as personal representative or trustee, may we send a copy of your will draft to that bank for review? Yes _____ No _____

Is there a particular trust officer with whom you have worked? _____

2. Is there anyone else who you would like to receive copies of correspondence regarding your wills?

3. **FINANCIAL POWER OF ATTORNEY:** Wisconsin has a "durable" power of attorney, which can be used while the person giving the power of attorney is under a disability. Would you want to consider use of a durable power of attorney? Yes _____ No _____

4. **HEALTH CARE POWER OF ATTORNEY:** Wisconsin also allows you to execute a document naming a health care agent to make health care decisions on your behalf (including decisions concerning life-support). Would you want to consider the use of such a document? Yes _____ No _____

5. **We would like copies (not originals) of the following documents:**

- a. your present wills;
- b. any existing trusts you or your spouse have created;
- c. any existing trusts of which you, your spouse or your children are beneficiaries;
- d. any agreements restricting sale of closely-held corporation stock or partnership interests;
- e. any gift tax returns;
- f. deeds to any real estate you own;
- g. any marital or pre-marital agreements; and
- h. any unilateral statement regarding income.

6. Would you like a copy of this questionnaire for your records? Yes _____ No _____