



ESTATE PLANNING WORKSHEET

The information we are asking you to provide on this Worksheet is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and drafting estate planning documents. Preparation of this entire Worksheet is not mandatory prior to your initial appointment, but if we are able to review the completed Worksheet prior to, or at your appointment, it will help facilitate our recommendations and analysis for your initial appointment. The information requested on this Worksheet is very important to us, because it will enable us to better understand your present situation and your wishes for the future, which will enable us to make an informed recommendation for your estate plan that will allow you to accomplish your estate planning goals (i.e. avoid probate, minimize death tax consequences, distribute assets to desired beneficiaries, etc.).

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If the information for each spouse differs, make a copy of this Worksheet so each spouse has a separate one. For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To complete this Worksheet, please fill in the wife's blanks if you are female and the husband's blanks if you are male.

Date _____ Phone Number _____

HUSBAND:

First Middle Initial Last

Date of Birth Social Security Number

Occupation: _____ (If retired, list former occupation: _____)

WIFE:

First Middle Initial Last

Date of Birth Social Security Number

Street City State Zip

County _____

Occupation: _____ (If retired, list former occupation: _____)

Marital Status: __ Married __ Divorced
 __ Separated __ Single (including widowed and not remarried)

What is your primary motivation for considering estate planning? *(Select one or more)*

- __ Probate Avoidance __ Estate Tax Planning
 __ Guardianship for Minor Children __ Business or Farm Planning
 __ Other: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

	<u>Husband</u>		<u>Wife</u>	
1. Do you presently have a will? If yes, location of original will: _____	__ Yes	__ No	__ Yes	__ No
2. Do you presently have a trust? If yes, please explain: _____	__ Yes	__ No	__ Yes	__ No
3. Are you interested in avoiding probate of your estate?	__ Yes	__ No	__ Yes	__ No
4. Do you anticipate any inheritance of significance in the future?	__ Yes	__ No	__ Yes	__ No
5. Were there any previous marriages?	__ Yes	__ No	__ Yes	__ No
6. Are any of your children not from your current marriage?	__ Yes	__ No	__ Yes	__ No
7. Do any of your children or other beneficiaries have disabilities?	__ Yes	__ No	__ Yes	__ No
8. Do you own a farm or business?	__ Yes	__ No	__ Yes	__ No
a. If yes, do any of your children work in the business with you?	__ Yes	__ No	__ Yes	__ No
b. If yes, does the child working in the business have an ownership interest in the business?	__ Yes	__ No	__ Yes	__ No
9. Are you a U.S. citizen?	__ Yes	__ No	__ Yes	__ No
10. Have you entered into any agreement with your spouse (such as a pre-nuptial or community property agreement)?	__ Yes	__ No	__ Yes	__ No

11. Are there any serious health problems? Yes No Yes No

If yes, please describe briefly: _____

12. Do you own a long-term care (nursing home) insurance policy? Yes No Yes No
If not, would you like us to refer you to a long-term care insurance professional? Yes No

13. Do you hold everything jointly with your spouse, or is some property separate? All Joint (except IRA's, pensions, etc.) Some separate

ADVISORS:

Please provide us with the names, addresses and telephone numbers of the following, if applicable:

Accountant: _____

Financial Advisor: _____

Insurance Agent: _____

Banker: _____

Family Doctor: _____

CHILD(REN) OR OTHER BENEFICIARIES:

Please complete the following information for each of your children or other beneficiaries. *** If more space is needed, please attach a separate sheet with the requested information for each additional child or beneficiary. ***

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Date of Birth: _____

Date of Birth: _____

Social Security No.: _____

Social Security No.: _____

Marital Status: _____

Marital Status: _____

Address (if living away from home):

Address (if living away from home):

Telephone No.: _____

Telephone No.: _____

Is this beneficiary presently supported by you?
 Yes No

Is this beneficiary presently supported by you?
 Yes No

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Date of Birth: _____

Date of Birth: _____

Social Security No.: _____

Social Security No.: _____

Marital Status: _____

Marital Status: _____

Address (if living away from home):

Address (if living away from home):

Telephone No.: _____

Telephone No.: _____

Is this beneficiary presently supported by you?
_____ Yes _____ No

Is this beneficiary presently supported by you?
_____ Yes _____ No

GRANDCHILD(REN):

Please complete the following information for each of your grandchildren. *** If more space is needed, please attach a separate sheet with the requested information for each additional grandchild. ***

<u>Name</u>	<u>Parent</u>	<u>Date of Birth</u>

PARENTS:

Husband's parents (indicate date of death if necessary):

Dad's Name: _____

Mom's Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Wife's parents (indicate date of death if necessary):

Dad's Name: _____ Mom's Name: _____

Address: _____ Address: _____

Telephone No.: _____ Telephone No.: _____

Is financial support furnished or anticipated to be furnished:

To your parents? _____ Yes _____ No

To anyone else besides your children? _____ Yes _____ No

**If yes, please explain: _____

INCOME / ASSET / LIABILITY INFORMATION:

*****If you have a current financial statement, it may be attached in lieu of completing I-III on pages 5 through 8 of this Worksheet*****

I. Income

Please list your income/liability information in the appropriate category below. Attach a separate page if necessary.

	<u>Husband</u>	<u>Wife</u>	<u>Community/Joint</u>
Earned Monthly Income from Labor	\$ _____	\$ _____	\$ _____
Monthly Social Security Income	\$ _____	\$ _____	\$ _____
Monthly Pension Income	\$ _____	\$ _____	\$ _____
Other Monthly Income	\$ _____	\$ _____	\$ _____

II. Assets

A. *Cash, Bank Accounts, Money Market Funds, Treasury Bills, and Certificates of Deposit (not including IRAs and retirement plans) – Please bring to your appointment the most recent account statements for your bank accounts, money market accounts, certificates of deposit, etc.*

<u>Name of Institution</u>	<u>Account #</u>	<u>How Titled?</u> (husband, wife, joint)	<u>Value</u>
TOTAL			

- B. Brokerage Accounts / Mutual Funds (not including IRAs and retirement plans) – Please bring to your appointment the most recent account statements for your brokerage accounts mutual funds.**

<u>Name of Institution</u>	<u>Account #</u>	<u>How Titled?</u> (husband, wife, joint)	<u>Value</u>
TOTAL			

- C. Stocks – Please bring to your appointment copies of any stock certificates for your individually held stocks.**

<u>Name Company / Fund</u>	<u>No. of Shares</u>	<u>How Titled?</u> (husband, wife, joint)	<u>Value</u>
TOTAL			

- D. Bonds (including U.S. Savings Bonds) – Please bring to your appointment copies of any bonds for your individually held bonds, including U.S. Savings Bonds.**

<u>Name Company / Fund</u>	<u>Face Amount</u>	<u>How Titled?</u> (husband, wife, joint)	<u>Value</u>
TOTAL			

E. Real Estate – Please bring to your appointment copies of the deeds and most recent real estate tax bills for any real estate parcels you own.

<u>Property Address / Tax Parcel No.</u>	<u>How Titled? (husband, wife, joint)</u>	<u>Type (i.e. personal residence, vacation, rental) and Year Acquired?</u>	<u>Fair Market Value</u>	<u>Current Mortgage Balance (if any)</u>	<u>Equity</u>
				TOTAL EQUITY	

F. Business Interests – Please bring to your appointment any copies of recent financial statements and employment, deferred compensation, split dollar insurance, death benefit, buy-sell or redemption agreements

<u>Name of Business</u>	<u>Type? (i.e. sole proprietorship, LLC, Corporation)</u>	<u>Principal business activity</u>	<u>Percent of ownership interest</u>	<u>Approximate value of ownership interest</u>
				TOTAL

G. Life Insurance – Please bring to your appointment copies of your individually held life insurance policies.

<u>Name of Insurance Company</u>	<u>Policy No.</u>	<u>Owner/Insured</u>	<u>Beneficiary</u>	<u>Death Benefit</u> <i>(Note any outstanding loans)</i>
				TOTAL

H. Retirement Benefits (i.e. pension, profit-sharing, 401(k), IRA, ESOP, etc.) – Please bring to your appointment the most recent account statements for your retirement benefits accounts.

<u>Company</u>	<u>Type of Plan</u>	<u>Participant</u>	<u>Beneficiary</u>	<u>Value</u>
TOTAL				

I. Annuities – Please bring to your appointment the most recent account statements for your annuities.

<u>Company</u>	<u>Contract Number</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Value</u>
TOTAL				

J. Personal Effects – i.e. Automobiles, boats, jewelry, household furnishings, antiques, etc.

<u>Type of Asset</u>	<u>Owner</u>	<u>Value</u>
TOTAL		

III. Liabilities

<u>Type of Liability (i.e. mortgage, credit card, loan, etc.)</u>	<u>Amount</u>
TOTAL	

NET WORTH: If you added the value of all property owned by you and your spouse, including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own (except death benefits on life insurance), what is the approximate total value of the estate of you and your spouse? _____

GIFT TAX RETURNS:

1. Have you ever made gifts of cash or property in excess of \$10,000.00? ___ Yes ___ No
2. If the answer to 1 is yes, were federal or state gift tax returns filed? ___ Yes ___ No
**If yes, please bring copies of the return(s) to your appointment.*
3. Have you ever inherited any cash or other property? ___ Yes ___ No
4. Have you ever made gifts by creating a trust? ___ Yes ___ No
**If yes, please bring a copy of the trust document to your appointment.*
5. Are you a beneficiary of an existing trust created by someone else? ___ Yes ___ No
 If yes, do you currently hold a power of appointment under the trust? ___ Yes ___ No
 If yes, please describe briefly: _____

APPOINTMENTS:

1. **PERSONAL REPRESENTATIVE.** The Will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

***** We will need the full name (including middle initial), address, and telephone number for each individual.**

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, you and your spouse, could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, after the death of both you and your spouse.

SUCCESSOR TRUSTEE: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

***** We will need the full name (including middle initial), address and telephone number for each individual.**

3. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues and nursing home admission if you are unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

HEALTH CARE AGENT: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

***** We will need the full name (including middle initial), address and telephone number for each individual.**

4. **ATTORNEY-IN-FACT/DURABLE POWER OF ATTORNEY.** An attorney-in-fact is the individual you give authority to act on your behalf with respect to most financial and/or business matters. This individual can be appointed in one of two ways: (i) effective immediately, or (ii) with a “springing power”, meaning that their power is effective only upon your disability or incapacitation. The determination of your disability or incapacitation will be made by two physicians or a physician and a psychologist who have personally examined you. In the event of your physical or mental incapacity or disability, the attorney-in-fact is then operative

ATTORNEY-IN-FACT: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

***** We will need the full name (including middle initial), date of birth and social security number for each individual.**

5. **AUTHORIZATION FOR FINAL DISPOSITION.** In Wisconsin, the Authorization for Final Disposition is a document that enables an individual to designate a representative to make arrangements for an individual’s funeral and final disposition on his/her behalf after death. The document also allows an individual to provide his/her chosen representative information about the individual’s preferences, suggestions and directions for final disposition and funeral services.

Would you be interested in having an Authorization for Final Disposition prepared for you?
____ Yes ____ No **If yes, please provide the following information:

REPRESENTATIVE: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

***** We will need the full name (including middle initial), address and telephone number for each individual.**

PLAN OF DISTRIBUTION:

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. **ASSETS REMAINING / DISTRIBUTION OF RESIDUE.** After providing for specific gifts, briefly describe how you would want your remaining assets to be distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

___ All to spouse; then equally between children, and if a child doesn't survive, the deceased child's children would take the share of the deceased child.

___ All to spouse, then equally between surviving children

___ All to spouse, then _____

___ As follows: _____

3. **ASSETS TO 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 at the surviving spouse's death. Putting tax considerations aside, would you be interested in establishing a trust for your spouse? Yes ___ No ___

If so, please consider the following questions:

1. Should the income be paid automatically to the surviving spouse?

Yes___ No___

2. Should the surviving spouse have the power to withdraw assets from the trust?

Yes___ No ___

Should such a power be limited to a specific amount per year? Yes ___ No ___

3 Should the surviving spouse have power to direct where the assets would go at his/her death? Yes ___ No ___

4. **ULTIMATE DISTRIBUTION / TAKERS IN DEFAULT.** You might want to provide for the distribution of your property if neither you, your spouse nor your children and/or other beneficiaries named above survive (i.e. distant relatives, close friends, charities, etc.).

**PLEASE COMPLETE THIS SECTION ONLY IF YOU
HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES:**

1. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

GUARDIAN: _____
ALTERNATE: _____

***** We will need the full name (including middle initial), address and telephone number for each individual.**

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children/beneficiaries until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the money invested wisely and use it for the education, support, etc. of the children/beneficiaries, until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person. However, caution should be observed when naming the same person as guardian and testamentary trustee in light of the inherent conflict of interest that arises by having the same person serve in both capacities (i.e. no checks and balances).

TESTAMENTARY TRUSTEE: _____
ALTERNATE: _____

***** We will need the full name (including middle initial), address and telephone number for each individual.**

3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 25, 1/3 at 30, and 1/3 at 35. You may use any age or combination of ages that you choose.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate or note any questions you may have.
