

Estate Planning Questionnaire

Attach additional sheets if necessary

Date: _____

I. Client Information

Name _____

Daytime Phone _____

Evening Phone _____

Address _____

Social Security # _____

Email _____

Fax # _____

Occupation _____

Employer Name _____

Employer Address _____

Are you married? Yes No If so, date of marriage: _____

Spouse's Name _____

Social Security # _____

Daytime Phone _____

Evening Phone _____

Email _____

Fax # _____

Occupation _____

Employer Name _____

Address _____

Wisconsin Wealth Advisors, LLC.

1777 West Main Street, Suite 203, Sun Prairie, WI 53590, (608) 837-9099, (800) 727-3039, FAX (608) 825-6468, Terry.Balding@wiwealthadvisors.com

II. Children

Children by Current Marriage

1. Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____
Married? Yes No If yes, spouse's name _____
Children? Yes No
If yes name (s) _____ Birth date _____
_____ Birth date _____
_____ Birth date _____
_____ Birth date _____
2. Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____
Married? Yes No If yes, spouse's name _____
Children? Yes No
If yes name (s) _____ Birth date _____
_____ Birth date _____
_____ Birth date _____
_____ Birth date _____
3. Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____
Married? Yes No If yes, spouse's name _____
Children? Yes No
If yes name (s) _____ Birth date _____
_____ Birth date _____
_____ Birth date _____

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Birth date _____

4. Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Married? Yes No If yes, spouse's name _____

Children? Yes No

If yes name (s) _____ Birth date _____

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

Children by Prior Marriages

1. Name _____ Date of Birth _____

Address _____

Social Security Number _____ Biological Parent _____

Married? Yes No If yes, spouse's name _____

Children? Yes No

If yes name (s) _____ Birth date _____

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

2. Name _____ Date of Birth _____

Address _____

Social Security Number _____ Biological Parent _____

Married? Yes No If yes, spouse's name _____

Children? Yes No

If yes name (s) _____ Birth date _____

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

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3. Name _____ Date of Birth _____
 Address _____
 Social Security Number _____ Biological Parent _____
 Married? Yes No If yes, spouse's name _____
 Children? Yes No
 If yes name (s) _____ Birth date _____
 _____ Birth date _____
 _____ Birth date _____
 _____ Birth date _____

Miscellaneous questions regarding Children

1. Are there any adopted children in the family? Yes No
 If yes, Name(s): _____
2. Are there any children who are living as family members that have not been adopted? Yes No
 If yes, name(s) _____
4. Are there any deceased children? Yes No
 If yes, did they have children? Yes No If yes, please list below.

III. Prior Mariages

To whom:

How and when marriage ended:

III. Financial Information

Assets

Primary Residence

<u>Asset</u>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>
Primary Home			

Other Real Estate (Address/Location Type):

<u>Asset (Address and Type)</u>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>

Securities:

<u>Asset</u>	<u>Type</u> <i>(IRA,Roth,TSA,...)</i>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>

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Cash, CDs, Other Bank/Money Market Accounts:

<u>Asset</u>	<u>Type</u> <i>(IRA, Roth, TSA, ...)</i>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>

Collectibles & Antiques:

<u>Asset Description</u>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>

Personal Property, Autos, etc.:

<u>Asset Description)</u>	<u>How Title is Held</u> <i>(Husband/Wife/Both)</i>	<u>Value</u>	<u>When & How Acquired</u>

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1. Have you received any significant gifts or inheritances? Yes No

If so, indicate what value or what property was received, by whom, and when.

2. Do you anticipate any substantial gifts or inheritances? Yes No

If so, from whom and in what amount?

Liabilities

	Original Loan Amount	Pay Off Balance	Start Date (Start of Loan)	Interest Rate	Fixed or Variable	Length of Loan	Monthly Payment Amount
MORTGAGE							
First Mortgage							
Second Mortgage							
Notes Payable							
1.							
2.							
3.							
OTHER LIABILITIES							
1.							
2.							

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3.							
4.							
5.							

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Personal Life Insurance

1) **Company Name** _____

Type of Policy/Plan _____

Owner _____

Insured _____

Beneficiaries _____

When Acquired _____ Face Amount _____ Cash Value _____

2) **Company Name** _____

Type of Policy/Plan _____

Owner _____

Insured _____

Beneficiaries _____

When Acquired _____ Face Amount _____ Cash Value _____

3) **Company Name** _____

Type of Policy/Plan _____

Owner _____

Insured _____

Beneficiaries _____

When Acquired _____ Face Amount _____ Cash Value _____

4) **Company Name** _____

Type of Policy/Plan _____

Owner _____

Insured _____

Beneficiaries _____

When Acquired _____ Face Amount _____ Cash Value _____

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Employer Life Plans

1) Employer _____

Owner _____

Beneficiaries _____

When Aquired _____

2) Employer _____

Owner _____

Beneficiaries _____

When Aquired _____

3) Employer _____

Owner _____

Beneficiaries _____

When Aquired _____

4) Employer _____

Owner _____

Beneficiaries _____

When Aquired _____

Type of Policy/Plan _____

Insured _____

Face Amount _____

Type of Policy/Plan _____

Insured _____

Face Amount _____

Type of Policy/Plan _____

Insured _____

Face Amount _____

Type of Policy/Plan _____

Insured _____

Face Amount _____

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Current Income

Name _____ Annual Income: \$ _____

Name _____ Annual Income: \$ _____

Existing Documents

Do you have an existing marital property (or prenuptial or postnuptial) agreement?

Yes No If so, please provide us with a copy.

Have you executed a prior will or trust document?

Yes No If so, please provide us with a copy.

Duties

1. Trustee(s) for Revocable Trust _____

(Usually the individuals who create the trust)

Address _____

Phone _____ Email _____

Alternate selection for trustee: _____

Address _____

Phone _____ Email _____

2. Personal Representative _____

(Person or entity who manages the decedent's estate)

Address _____

Phone _____ Email _____

Alternate selection for personal representative: _____

Address _____

Phone _____ Email _____

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3. Agent/power of attorney for health care _____

(Person who makes health decisions when you are unable)

Address _____

Phone _____ Email _____

Alternate selection for agent/power of attorney for health care: _____

Address _____

Phone _____ Email _____

4. Agent/durable power of attorney: _____

(Person who can/may legally make financial decisions if are unable)

Address _____

Phone _____ Email _____

Social Security Number _____

Alternate selection for agent/durable power of attorney _____

Address _____

Phone _____ Email _____

Social Security Number _____

5. Trustee fro minor Children _____

(Person who manages/holds funds for children)

Address _____

Phone _____ Email _____

Alternate selection for trustee _____

Address _____

Phone _____ Email _____

6. Guardian for minors: _____

(An individual chosen to raise children)

Address _____

Phone _____ Email _____

Alternate selection for guardian _____

Address: _____

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