

John F. Hager
David P. Dewick
Matthew C. Zuengler
David J. Fenlon
Brian T. Flood *
*Also licensed in Illinois



200 South Washington Street
Suite 401
Green Bay, WI 54301
(920) 430-1900
fax (920) 430-1909
www.hdz-law.com

Date: _____

Name: _____

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE
AND FINANCIAL SURVEY

PERSONAL INFORMATION

A. CLIENTS:

Husband's Full Name: _____

Also Known As: _____

Birth Date: _____ Social Security No.: _____

Occupation: _____ Employer: _____

Wife's Full Name: _____

Also Known As: _____

Birth Date: _____ Social Security No.: _____

Occupation: _____ Employer: _____

Address: _____

City, Township or Village: _____ County: _____

Telephone No.: (Home) _____ (Fax No.) _____

(Husband Work) _____ (Wife Work) _____

(Husband Cell) _____ (Wife Cell) _____

E-Mail Address: _____

Date of Marriage: _____

Any prior marriages? Husband: Yes _____ No _____ Wife: Yes _____ No _____

If yes, any children from prior marriages?

Husband: Yes _____ No _____ Wife: Yes _____ No _____

B. CHILDREN:

	<u>Full Name</u>	<u>Birth Date</u>	<u>Spouse's Name (if married)</u>	<u>Address and Telephone No.</u>
1	_____	_____	_____	_____ _____ _____
2	_____	_____	_____	_____ _____ _____
3	_____	_____	_____	_____ _____ _____
4	_____	_____	_____	_____ _____ _____
5	_____	_____	_____	_____ _____ _____
6	_____	_____	_____	_____ _____ _____

C. GRANDCHILDREN:

	<u>Full Name</u>	<u>Birth Date</u>	<u>Parents' Names</u>	<u>Address and Telephone No.</u>
1	_____	_____	_____	_____ _____ _____
2	_____	_____	_____	_____ _____ _____
3	_____	_____	_____	_____ _____ _____
4	_____	_____	_____	_____ _____ _____
5	_____	_____	_____	_____ _____ _____
6	_____	_____	_____	_____ _____ _____

Are all of the above persons United States citizens? Yes _____ No _____

If not, please explain: _____

Are any children or grandchildren adopted? Yes _____ No _____

Have any of the above-named persons been previously married? Yes _____ No _____

If so, please explain: _____

Does any child or grandchild have a health problem, handicap, or other special needs?

Yes _____ No _____

Are there any other special circumstances relating to a child or grandchild?

Yes _____ No _____

If so, please explain: _____

Have any of your children or grandchildren predeceased you? Yes _____ No _____

If so, please explain: _____

D. CURRENT ESTATE PLAN:

Do you have a Will at the present time?*(1)

Husband: Yes _____ No _____

Wife: Yes _____ No _____

Location of Original Will(s):

Husband: _____ Wife: _____

Do the two of you have an existing Prenuptial, Postnuptial, or other Marital Property Agreement?*(2) Yes _____ No _____

Location of Agreement: _____

Location of Safe Deposit Box (if any): _____

*(1) Please provide us with a copy of your current Last Will and Testament.

*(2) Please provide us with a copy of your Prenuptial, Postnuptial or other Marital Property Agreement.

E. TRUSTS:

Do you or any member of your family have any relationship to any existing Trust, as donor, trustee, or beneficiary?*(3) Yes _____ No _____

If so, please explain: _____

*(3) Please provide us with a copy of any trust documents in which you or a member of your family has an interest.

F. ESTATES:

Has any member of your family in the past received an inheritance from an estate?

Yes _____ No _____

If so, please explain: _____

Does any member of your family anticipate that he or she will receive a substantial inheritance in the future? Yes _____ No _____

If so, please explain: _____

G. GIFTS:

Has any member of your family in the past received a significant lifetime gift from any individual? Yes _____ No _____

If so, please explain: _____

Have you ever filed Gift Tax Returns in the past?*(4) Yes _____ No _____

If so, please explain: _____

*(4) Please provide copies of any Gift Tax Returns filed.

H. LAWSUITS/LEGAL ACTIONS:

Does any member of your family anticipate that he or she will receive a substantial sum of money as a result of a pending lawsuit or legal action? Yes _____ No _____

If so, please explain: _____

I. ADVISORS' NAMES AND ADDRESSES:

Financial Advisor or Stock Broker: _____

Accountant: _____

Insurance Agent: _____

Banker: _____

FINANCIAL INFORMATION

A. REAL ESTATE:*⁽⁵⁾

1. Address: _____

Owner (Individual/Joint): _____ When Acquired: _____

Type of Property: _____ Estimated Value: \$ _____

Mortgagee: _____ Mortgage Balance: \$ _____

2. Address: _____

Owner (Individual/Joint): _____ When Acquired: _____

Type of Property: _____ Estimated Value: \$ _____

Mortgagee: _____ Mortgage Balance: \$ _____

3. Address: _____

Owner (Individual/Joint): _____ When Acquired: _____

Type of Property: _____ Estimated Value: \$ _____

Mortgagee: _____ Mortgage Balance: \$ _____

4. Address: _____

Owner (Individual/Joint): _____ When Acquired: _____

Type of Property: _____ Estimated Value: \$ _____

Mortgagee: _____ Mortgage Balance: \$ _____

*⁽⁵⁾ Please provide us with copies of any Deeds and your most recent real estate tax bills.

B. BANK ACCOUNTS:*⁽⁶⁾

1. Location of Account (including address): _____

Type of Account (savings, checking, CD): _____

Account Number: _____

Owner (Individual/Joint): _____ When Acquired: _____

Balance: \$ _____

*⁽⁶⁾ Please provide us with copies of your most recent account statements.

B. BANK ACCOUNTS (continued):*⁽⁶⁾

2. Location of Account (including address): _____

Type of Account (savings, checking, CD): _____
Account Number: _____
Owner (Individual/Joint): _____ When Acquired: _____
Balance: \$ _____
3. Location of Account (including address): _____

Type of Account (savings, checking, CD): _____
Account Number: _____
Owner (Individual/Joint): _____ When Acquired: _____
Balance: \$ _____
4. Location of Account (including address): _____

Type of Account (savings, checking, CD): _____
Account Number: _____
Owner (Individual/Joint): _____ When Acquired: _____
Balance: \$ _____

*⁽⁶⁾ Please provide us with copies of your most recent account statements.

C. INVESTMENT ACCOUNTS (Brokerage Accounts, Mutual Funds, Dividend Reinvestment Accounts, etc.):*⁽⁷⁾

1. Name and Address of Company: _____

Account Number: _____ Current Value: \$ _____
Owner (Individual/Joint): _____ When Acquired: _____
2. Name and Address of Company: _____

Account Number: _____ Current Value: \$ _____
Owner (Individual/Joint): _____ When Acquired: _____

*⁽⁷⁾ Please provide us with copies of your most recent account statements.

C. INVESTMENT ACCOUNTS (Brokerage Accounts, Mutual Funds, Dividend Reinvestment Accounts, etc.) (continued):*⁽⁷⁾

3. Name and Address of Company: _____

Account Number: _____ Current Value: \$ _____

Owner (Individual/Joint): _____ When Acquired: _____

4. Name and Address of Company: _____

Account Number: _____ Current Value: \$ _____

Owner (Individual/Joint): _____ When Acquired: _____

5. Name and Address of Company: _____

Account Number: _____ Current Value: \$ _____

Owner (Individual/Joint): _____ When Acquired: _____

⁽⁷⁾ Please provide us with copies of your most recent account statements.

D. STOCK OWNERSHIP (Personally Held Certificates):*⁽⁸⁾

1. Name and Address of Company: _____

Owner (Individual/Joint): _____ When Acquired: _____

Number of Shares: _____ Cost Basis: \$ _____

Current Value: \$ _____

2. Name and Address of Company: _____

Owner (Individual/Joint): _____ When Acquired: _____

Number of Shares: _____ Cost Basis: \$ _____

Current Value: \$ _____

⁽⁸⁾ Please provide us with copies of your stock certificates.

D. STOCK OWNERSHIP (Personally Held Certificates) (continued):*⁽⁸⁾

3. Name and Address of Company: _____

Owner (Individual/Joint): _____ When Acquired: _____

Number of Shares: _____ Cost Basis: \$ _____

Current Value: \$ _____

Location of Certificates: _____

*⁽⁸⁾ Please provide us with copies of your stock certificates.

E. BONDS, SAVINGS BONDS, TREASURY BILLS, etc.:*⁽⁹⁾

1. Description: _____

Owner (Individual/Joint): _____ When Acquired: _____

Date Due: _____ Value: \$ _____

2. Description: _____

Owner (Individual/Joint): _____ When Acquired: _____

Date Due: _____ Value: \$ _____

3. Description: _____

Owner (Individual/Joint): _____ When Acquired: _____

Date Due: _____ Value: \$ _____

Location of Bonds: _____

*⁽⁹⁾ Please provide us with copies of your most recent account statements.

F. RETIREMENT PLANS:*⁽¹⁰⁾

1. Name of Plan (including Contact Name and Address): _____

Plan Participant: _____ Type of Plan: _____
Account Number: _____ Current Balance: \$ _____
Payment in the Event of Death: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Who Makes the Contributions: _____

2. Name of Plan (including Contact Name and Address): _____

Plan Participant: _____ Type of Plan: _____
Account Number: _____ Current Balance: \$ _____
Payment in the Event of Death: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Who Makes the Contributions: _____

3. Name of Plan (including Contact Name and Address): _____

Plan Participant: _____ Type of Plan: _____
Account Number: _____ Current Balance: \$ _____
Payment in the Event of Death: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Who Makes the Contributions: _____

⁽¹⁰⁾ Please provide us with copies of your most recent account statements.

G. INDIVIDUAL RETIREMENT ACCOUNTS (IRAs):*⁽¹¹⁾

1. Location of IRA (including Contact Name and Address): _____

Account Number: _____ Current Balance: \$ _____
Owner: _____ Rollover? _____ ROTH? _____
Payment in Event of Death:\$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____

2. Location of IRA (including Contact Name and Address): _____

Account Number: _____ Current Balance: \$ _____
Owner: _____ Rollover? _____ ROTH? _____
Payment in Event of Death:\$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____

3. Location of IRA (including Contact Name and Address): _____

Account Number: _____ Current Balance: \$ _____
Owner: _____ Rollover? _____ ROTH? _____
Payment in Event of Death:\$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____

4. Location of IRA (including Contact Name and Address): _____

Account Number: _____ Current Balance: \$ _____
Owner: _____ Rollover? _____ ROTH? _____
Payment in Event of Death:\$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____

⁽¹¹⁾ Please provide us with copies of your most recent account statements.

H. LIFE INSURANCE: ^{*(12)}

1. Name of Company (including Agent Name and Address): _____

Policy Number: _____ Type of Policy: _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Face Amount: \$ _____ Cash Value: \$ _____
Outstanding Loans: \$ _____ When Acquired: _____
Annual Premium and Source of Funds: \$ _____

2. Name of Company (including Agent Name and Address): _____

Policy Number: _____ Type of Policy: _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Face Amount: \$ _____ Cash Value: \$ _____
Outstanding Loans: \$ _____ When Acquired: _____
Annual Premium and Source of Funds: \$ _____

3. Name of Company (including Agent Name and Address): _____

Policy Number: _____ Type of Policy: _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Face Amount: \$ _____ Cash Value: \$ _____
Outstanding Loans: \$ _____ When Acquired: _____
Annual Premium and Source of Funds: \$ _____

4. Name of Company (including Agent Name and Address): _____

Policy Number: _____ Type of Policy: _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Face Amount: \$ _____ Cash Value: \$ _____
Outstanding Loans: \$ _____ When Acquired: _____
Annual Premium and Source of Funds: \$ _____

^{*(12)} Please bring your life insurance policies for our review.

I. ACCOUNTS AND NOTES RECEIVABLE:^{*(13)}

1. From (Name and Address): _____

Owner: _____ Date Due: _____
Amount: \$ _____ When Acquired: _____
2. From (Name and Address): _____

Owner: _____ Date Due: _____
Amount: \$ _____ When Acquired: _____

^{*(13)} Please provide a copy of any promissory notes you may have.

J. BUSINESS INTERESTS:

Do you have an interest in a closely held corporation, partnership, limited liability company, joint venture, professional corporation, or other business venture? If so, please list such interests:

1. Name and Address of Entity: _____

Owner: _____ Ownership Interest: _____
Estimated Value: \$ _____ When Acquired: _____
2. Name and Address of Entity: _____

Owner: _____ Ownership Interest: _____
Estimated Value: \$ _____ When Acquired: _____

K. PERSONAL EFFECTS:

Please list all items having significant market value, such as jewelry, art, antiques, rare musical instruments, autos, boats, collections, etc. (*Normal household furnishings need not be listed.*)

1. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____
2. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____
3. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____
4. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____

K. PERSONAL EFFECTS (continued):

5. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____
6. Description: _____ Estimated Value: \$ _____
Owner: _____ When Acquired: _____

L. LIABILITIES (other than real estate mortgages listed in real estate section):

1. Creditor (Name and Address): _____
_____ When Acquired: _____
Amount Due: \$ _____ Date Payable: _____
2. Creditor (Name and Address): _____
_____ When Acquired: _____
Amount Due: \$ _____ Date Payable: _____

M. PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING DOCUMENTS FOR OUR REVIEW:

1. Your current Last Wills and Testaments, Estate Plan Documents, and Marital Agreements, if applicable.
2. Any trust documents in which you or a member of your family has an interest.
3. Any gift tax returns previously filed by either one of you.
4. Any deeds or other evidence of the form of ownership of your real estate and the most recent real estate tax bills.
5. Your most recent account statements for your bank accounts, certificates of deposit, investment accounts, retirement plans, and Individual Retirement Accounts.
6. Your stock certificates and savings bonds.
7. Any promissory notes you may have.
8. Please bring your life insurance policies for our review.

MATTERS FOR CONSIDERATION

The following items should be considered by you since decisions will be necessary in the applicable areas prior to completion of your estate plan documents:

1. **Personal Representative**. It is necessary that you select a Personal Representative who will be nominated in your Last Will and Testament and who will be appointed by the Court to be directly responsible for the collection, inventory and protection of the property in your estate, the determination and payment of expenses and taxes, including the filing of necessary tax returns, the determination of the persons entitled to shares of your estate and the distribution of assets to the proper parties. A bank or trust company may be designated if you wish. Also, more than one person, or an individual and a bank or trust company, may be named to act as Co-Personal Representatives. A successor Personal Representative should also be considered in the event the initial Personal Representative dies, resigns or is for any other reason unable to act.

Who do you wish to appoint as Personal Representative, Co-Personal Representative or successor Personal Representative?

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

2. **Trustee**. In the event your estate plan will include provisions for a Trust (which is likely to be the case if you have minor children or grandchildren, or have significant assets), it will be necessary to designate the individual or individuals, or bank or trust company, or individual and bank or trust company, to serve as Trustee or Co-Trustee. The Trustee holds, administers and distributes the assets coming into its possession on behalf of the Trust beneficiaries. A successor Trustee should also be considered in the event the initial Trustee dies, resigns or is for any other reason unable to act.

Who do you wish to appoint as Trustee, Co-Trustee or successor Trustee?

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

At what ages do you wish the Trustee to distribute the Trust funds to the beneficiaries (i.e., age 23, or one-half at age 23 and one-half at age 30, etc.)?

3. **Guardian.** If you die with minor children surviving you and there is no surviving spouse, your Last Will and Testament permits you to nominate the individual or individuals you wish to serve as Guardians for such minor children until attainment of the age of majority (i.e., 18). The Guardian or Guardians appointed by the Court are entrusted with making all of the decisions with respect to such minor children as a parent would normally make with respect to his or her own children. A successor Guardian should also be considered in the event the initial Guardian dies, resigns or is for any other reason unable to act.

Who do you wish to appoint as Guardian(s) or successor Guardian(s) of your minor children?

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

4. **Failure of Issue.** Generally, your estate plan will have as its primary objective the financial protection of your spouse, children and grandchildren, etc. However, it is conceivable that assets of your estate may remain undistributed at a time when there is neither a spouse nor any lineal descendant living, a situation which is referred to as "failure of issue." In such a situation, unless a specific provision is made in your Last Will and Testament to cover this event, such remaining assets would be distributed to your heirs at law in the order determined under the Wisconsin Statutes. You may wish to alter this plan of distribution by providing for the distribution of assets to your relatives in an order other than the statutory order, or to individuals who do not constitute heirs at law, or to charitable, religious, educational or other institutions. You should consider who would be the "takers in default" in this event.

5. **Charitable Gifts/Bequests.** You should consider as part of your estate plan whether there are charitable organizations that you wish to benefit with a financial bequest or a devise of real property.

Do you have any charities that you wish to benefit? Yes _____ No _____

Full Name and Address: _____

Amount and Type of Bequest: \$ _____

Full Name and Address: _____

Amount and Type of Bequest: \$ _____

6. **Financial Durable Power of Attorney.** At this time, you may want to consider designating an attorney-in-fact to act for you in the event you are unable to act with regard to your financial matters as a result of incapacitation or otherwise. The durable Power of Attorney allows you to appoint an Attorney-in-Fact to make financial decisions for you in the event that you are unable to make these decisions for yourself. The Durable Power of Attorney can be effective immediately upon execution or can become effective only upon your subsequent disability or incapacity.

Do you wish to execute a Financial Durable Power of Attorney?

Yes _____ No _____

Do you wish your Financial Durable Power of Attorney to be effective immediately or upon subsequent disability?

Immediately _____ Upon Subsequent Disability or Incapacity _____

Who do you wish to appoint as your Attorney-in-Fact or alternate Attorney-in-Fact?

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

7. **Health Care.** You should consider advance directive documents to plan for your future health care decisions. Wisconsin has two advance directive documents: the Power of Attorney for Health Care and the Declaration to Physicians (or “Living Will”). The Power of Attorney for Health Care allows you to appoint a Health Care Agent to make health care decisions for you in the event that you are unable to make these decisions for yourself. A Living Will is a signed declaration to your physician specifying your wishes regarding life-sustaining medical treatment in the event of a terminal condition or a persistent vegetative state.

Do you wish to execute a Declaration to Physicians (Living Will)?

Yes _____ No _____

Do you wish to execute a Power of Attorney for Health Care?

Yes _____ No _____

Who do you wish to appoint as your Health Care Agent or alternate Health Care Agent?

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Full Name and Address: _____

Telephone Number: _____ Relationship: _____

Name and Address of Family Physician: _____

8. **Long-Term Care.** Please advise as to whether you desire for us to make a referral as to long-term care insurance opportunities.

Do you wish for us to refer you to a long-term care insurance specialist?

Yes _____ No _____



Relationships Mattersm