

Estate Planning Questionnaire

Completing the following to the best of your ability prior to your initial meeting with your attorney will help assure that you have all needed information at the meeting, help the attorney understand your family and asset picture to recommend the appropriate estate planning tools to most effectively handle your estate, and identify any special concerns. Feel free to add to the form or provide the information in a different format (for instance, bringing account statements or a personal

financial statement). Tell us about your family.

Your Full Name:			
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Email (Home):		Email (Work):	
Date of Birth:		Soc. Sec. No.:	
Prior Marriage(s)?	es 🗆 No Deta	ails (divorce/ death, dat	tes):
Spouse's Full Name:			
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Email (Home):		Email (Work):	
Date of Birth:		Soc. Sec. No.:	
Prior Marriage(s)?	es 🗆 No Deta	ails (divorce/ death, dat	tes):
Child 1 Full Name: Relationship (eg., "our son" or "wife's son"):			
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Email (Home):		Email (Work):	
Date of Birth:	Married?	— □ Yes □ No Spo	ouse:
Children? ☐ Yes ☐ No	— o Names and age.		

Estate Planning Questionnaire Page 2



Children? ☐ Yes ☐ No	o Names and ages:		
Date of Birth:	Married? \square	Yes □ No Spe	ouse:
Email (Home):		_ Email (Work):	
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Child 4 Full Name: Relationship (eg., "our son" or "wife's son"):			
Children? ☐ Yes ☐ No	o Names and ages:		
Date of Birth:	Married?	Yes □ No Spe	ouse:
Email (Home):		_ Email (Work):	
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Child 3 Full Name: Relationship (eg., "our son" or "wife's son"):			
Children?	Names and ages:		
Date of Birth:	Married? \square	Yes □ No Spe	ouse:
Email (Home):		_ Email (Work):	
Address, City, State, Zip: Home Phone:	Cell Phone:		Work Phone:
Child 2 Full Name: Relationship (eg., "our son" or "wife's son"):			



Tell Us About Your Concerns. Describe any special concerns, such as children or grandchildren with special needs, adopted children, health concerns, maintenance obligations from prior relationships, expected inheritance, family dynamics or any other information you think would be helpful as we discuss and prepare your estate plan. Include an questions you have.
Tell Us About Your Existing Plan. Do you or your spouse have any existing estate plan documents such as a will, a trust, a marital property agreement, a prenuptial agreement, health care power of attorney, advanced directive or living will, financial power of attorney or durable power of attorney?
☐ Yes ☐ No If yes, provide details and bring a copy to your meeting.

Tell Us About Your Assets. Attach additional sheets, if needed, or provide in a different format if more convenient (for example, personal financial statement provided to bank).

Real Estate. Be sure to include life estate or remainder interests or ownership in parents' property, etc.

Property	Type of	Owner Listed on		
Address	Property/Acreage	Deed	Amount Owed	Value
	Residence			
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Bank Accounts. Include accounts such as checking, savings, certificates of deposit (CDs), money market.

Financial Institution	Last 4 of Acct. #	Payable on Death (POD) Beneficiaries	Balance
		,	\$
			\$
			\$
			\$
			\$
			\$



Valley Crossing Law Husband Retirement. Include traditional/Roth IRA, 401(k), 403(b) or any deferred compensation or annuities.

Fund Manager	Last 4 of	Description	Primary	Contingent	
(eg., Prudential)	Acct. #	(eg., 3M 401(k))	Beneficiary	Beneficiary	Value
					\$
					\$
					\$
					\$
					\$

Wife Retirement. Include traditional/Roth IRA, 401(k), 403(b) or any deferred compensation or annuities.

Fund Manager	Last 4 of		Primary	Contingent	
(eg., Prudential)	Acct. #	(eg., 3M 401(k))	Beneficiary	Beneficiary	Value
					\$
					\$
					\$
					\$
					\$

Life Insurance on Husband's Life.

Company & Policy #	Owner of Policy	Type of policy	Primary Beneficiary	Contingent Beneficiary	Cash Value	Death Value
					\$	\$
					\$	\$
					\$	⇔
					\$	\$

Life Insurance on Wife's Life.

	,, 110 0 =110.					
Company &	Owner of	Type of	Primary	Contingent	Cash	Death
Policy #	Policy	policy	Beneficiary	Beneficiary	Value	Value
					\$	\$
					1	T
					\$	\$
					\$	\$
					\$	\$



Valley Crossing Law *Investments.* Include investment accounts, stocks, mutual funds, bonds, notes receivable, etc.

Holder	Titled Owner		
(eg., Ameritrade)	(H, W, joint)	Description (Acct. #, # of shares, other info)	Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Other Assets. List any other items of value not included above. Business ownership, collectibles, unique property, etc.

Titled Owner	Description	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

1 1	sets and property after your death. Include any specific gifts to individuals or charities, or by category (for instanc my spouse, but if spouse dies before me, all to my children in equal shares). Note any differences between spouses						

Estate Planning Questionnaire Page 6



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Tell Us Who You Want to Help. If you have chosen individuals or entities to assist with your affairs after your death and/or during your life, please provide us with their contact information. We can discuss these decisions in more detail at our meeting. For now, assume that spouses will act for each other; list here who would assist in the event neither of you is able to handle matters.

Handling Your Aft	fairs After Your Death (Personal R	epresentative, Trustee, Executor or Administrator)
	<u>Husband's Choices</u>	Wife's Choices
Primary Full Name:		
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		
Alternate Full Name:		
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		
Handling Your Fir	nancial Affairs During Your Life	: (Agent, Durable Power of Attorney or POA)
Primary Full Name:	<u>Husband's Choices</u>	<u>Wife's Choices</u>
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		

Estate Planning Questionnaire Page 7



Alternate Full Name:		VALLEY CROSSING LAW
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		
Handling You	r Health Care Decisions During Your	Life (If you are unable. Health Care Agent.)
Primary Full Name:	<u>Husband's Choices</u>	Wife's Choices
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		
Alternate Full Name:		
Relationship:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Email:		
Specific wishes (eg. organ donation):		



Handling the Care of Your Children and Managing Children's Finances (Guardian nominations and Trustee of trust to manage financial affairs until children are of age)

Guardian Trustee (Finances) **Primary** Full Name: Relationship: Address: City, St, Zip: Home Phone: Cell Phone: Email: **Alternate** Full Name: Relationship: Address: City, St, Zip: Home Phone: Cell Phone: Email:

Distribution plan for assets going to children (age of distribution, all at once or over several years, etc.)

Tell Us How We Can Help. If you have any questions or concerns prior to your meeting, please contact us. Alternatively, bring a list of your questions and concerns to your meeting so that all of those issues can be addressed. We look forward to assisting you.

Christine A. Rasmussen

christine@valleycrossinglaw.com

Bridget M. Finke bridget@valleycrossinglaw.com

940 7th Avenue P.O. Box 34 Baldwin, WI 54002 715.688.4045