



VALLEY CROSSING LAW

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

Cell

Work

Phone: _____

Phone: _____

Phone: _____

Email (Home): _____

Email (Work): _____

Date of Birth: _____

Soc. Sec. No.: _____

Prior Marriage(s)?

Yes

No

Details (divorce/death, dates): _____

Other Details: _____

Spouse's Full Name:

Address, City, State, Zip:

Home

Cell

Work

Phone: _____

Phone: _____

Phone: _____

Email (Home): _____

Email (Work): _____

Date of Birth: _____

Soc. Sec. No.: _____

Prior Marriage(s)?

Yes

No

Details (divorce/death, dates): _____

Other Details: _____

Child 1

Full Name:

Relationship (eg., "our son" or "wife's son"):

Address, City, State, Zip:

Home

Cell

Work

Phone: _____

Phone: _____

Phone: _____

Email (Home): _____

Email (Work): _____

Date of Birth: _____

Married? Yes No

Spouse: _____

Children?

Yes No

Names and ages: _____



Child 2

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 Spouse: _____
Children? Yes No *Names and ages:* _____

Child 3

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 Spouse: _____
Children? Yes No *Names and ages:* _____

Child 4

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 Spouse: _____
Children? Yes No *Names and ages:* _____



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

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

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

Fund Manager <i>(eg., Prudential)</i>	Last 4 of Acct. #	Description <i>(eg., 3M 401(k))</i>	Primary Beneficiary	Contingent 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.

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



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

Holder <i>(eg., Ameritrade)</i>	Titled Owner <i>(H, W, joint)</i>	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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Tell Us Who You Want to Receive Your Assets after You Die. *Describe who you want to receive your assets and property after your death. Include any specific gifts to individuals or charities, or by category (for instance, all to my spouse, but if spouse dies before me, all to my children in equal shares). Note any differences between spouses.*



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 Affairs After Your Death (Personal Representative, Trustee, Executor or Administrator)

Husband's Choices

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 Financial Affairs During Your Life (Agent, Durable Power of Attorney or POA)

Husband's Choices

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 Health Care Decisions During Your Life (If you are unable. Health Care Agent.)

Husband's Choices

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:	_____	_____

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.*

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