

Estate Planning Information List

Thank you for taking time to read through this list. Please try to complete this for our appointment, to the best of your ability. If you are not able to complete everything, don't worry. You can email this to us ahead of time if you wish, to carol@wesselsllc.com. In addition, please bring along any current estate planning documents you have, such as wills, powers of attorney, or trusts. If real estate is involved in your estate planning, please bring along a copy of the deed or deeds. If you cannot locate this, we can order it if needed.

If you have any questions about this form, feel free to call 262-264-7702

I. PERSONAL INFORMATION: In this section we collect information about you, and information we may need to determine your heirs and beneficiaries.

Date: _____

Client Details: There are two entries, one for each spouse/partner. If you are single, just complete #1.

1. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ OK to use e-mail? **Yes / No**

Phone Numbers: Cell: _____ Home: _____ (cont.)

Work: _____ Which is Preferred Number? H / W / C

Social Security No. : _____ (Will collect at initial appointment)

Date of Birth: _____

2. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ OK to use e-mail? **Yes / No**

Phone Numbers: Cell: _____ Home: _____ (cont.)

Work: _____ Which is Preferred Number? H / W / C

Social Security No. : _____ (Will collect at initial appointment)

Date of Birth: _____

3. Are you married (Circle one)? **Yes / No**. If so, date of marriage: _____

Do you have an existing marital property (or prenuptial or postnuptial agreement)? **Yes / No**

If so, please provide a copy.

Are you a registered domestic partner? **Yes / No**

If so, Date: _____ County of Registration: _____

Please list prior marriages for either client:

1. Client: _____ Prior Spouse: _____

Date of Marriage: _____ Date of Divorce/Death: _____

2. Client: _____ Prior Spouse: _____

Date of Marriage: _____ Date of Divorce/Death: _____

3. Client: _____ Prior Spouse: _____

Date of Marriage: _____ Date of Divorce/Death: _____

Children:

Number of Children: _____

Does either client have children from a different relationship? **Yes / No**

If yes, please fill out separately for each client. You can add a sheet of paper.

Children of (choose): Both Clients Together--OR--Client: _____

1. Name: _____ Son Daughter Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Married: **Yes / No** Disabled: **Yes / No**

2. Name: _____ Son Daughter Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Married: **Yes / No** Disabled: **Yes / No**

3. Name: _____ Son Daughter Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Married: **Yes / No** Disabled: **Yes / No**

Are there any children who have died? **Yes / No**
 Did they have any children? **Yes / No**

Are there any adopted children in the family? **Yes / No**

Are there any children who are living as family members but who have *not* been adopted?
Yes / No

Other relatives or people you may want to include in your estate planning (You only need to list people if you think you would want to make a bequest to them):

Parents (if appropriate)

Name	Relationship	Address	Phone

Siblings (if appropriate)

Name	Relationship	Address	Phone

Other Relatives or Friends (if appropriate)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

II. Financial Information (Please note: If you have some other way that you have been keeping records of this information, such as a spreadsheet, you can provide that instead). In this section we collect information to determine what type of estate planning will work best for you.

<u>Asset Type</u>	How title is Held (<u>Husband,</u> <u>Wife,</u> <u>Both</u>)	When and How Acquired (Deed, Inheritance, Etc.)	<u>Value</u> (Less any Mortgage)	<u>Address</u>
Home				
Other Real Estate				
Same as above (If applicable)				
Securities				
Cash, CDs				

Other Bank/Money				
Market Accounts				
Collectibles and Antiques				
Vehicles				
Vehicles				
Other Investments (Describe in last cell)				

Have you received any significant gifts or inheritances? **Yes / No**

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

Do you anticipate any substantial gifts or inheritance? **Yes / No**

If so, from whom and in what amount?

Life Insurance

1.

Name of Co.: _____

Type of Policy/Plan: _____

Title Holder: _____

Whose Life Insured?: _____

Beneficiary: _____

Alternate Beneficiary: _____

When Acquired: _____

Face Amount and/or Value: _____

2.

Name of Co.: _____

Type of Policy/Plan: _____

Title Holder: _____

Whose Life Insured?: _____

Beneficiary: _____

Alternate Beneficiary: _____

When Acquired: _____

Face Amount and/or Value: _____

Do any policies provide double indemnity? **Yes / No**

If so, which ones? (Fill on line below)

Annuities

Name of Co.: _____

When Acquired: _____

Owner: _____

Cost: _____

Annuitant: _____

Current Value: _____

Beneficiary/Alternate: _____

Current Payments/Amount: _____

Retirement Plans (Eg. IRAs, 401(k), 403(b), and other Pension/Profit-Sharing Plans)

1. Name of Co.: _____

Type of Policy/Plan: _____

Title Holder: _____

When Acquired: _____

Beneficiary/Alternate: _____

Face Amount and/or Value: _____

2. Name of Co.: _____

Type of Policy/Plan: _____

Title Holder: _____

When Acquired: _____

Beneficiary/Alternate: _____

Face Amount and/or Value: _____

Present Employer

Husband / P1: _____

Annual Income: \$ _____

Wife / P2: _____ Annual Income: \$ _____

Business Interests (If you have business interests just list here and we will get additional details at the meeting):

Debts

(Other than mortgages shown above in connection with assets)

Debts you owe:

1.

To Whom?	Amount? \$	Who is Liable?
Is Debt Secured? Yes / No	By Lien? Yes / No	If yes, on what?

2.

To Whom?	Amount? \$	Who is Liable?
Is Debt Secured? Yes / No	By Lien? Yes / No	If yes, on what?

3.

To Whom?	Amount? \$	Who is Liable?
Is Debt Secured? Yes / No	By Lien? Yes / No	If yes, on what?

Debts Owed to You

<u>To Whom Payable</u>	<u>Husband, Wife, or Both</u>	<u>What Property?</u>	<u>Amount</u>

III. Agent Choices: When we complete your estate planning, you will need to pick people (or companies) you trust to do certain things, such as handle your finances, administer your probate estate, administer any trusts you create for children or disabled relatives, and make decisions about your health care. These do not all have to be the same person. We can talk about who these would be when we meet. However, when the documents are drafted we will need these peoples' names, addresses, phone numbers and (if applicable) email. So if you have those now, you can list them here. (If you have already listed them elsewhere in this document, just use the name here).

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Email</u>

IV. Other questions or concerns you have:

WESSELS LAW OFFICE LLC
 11649 N. Port Washington Rd. #210
 Mequon WI 53092
 Ph. 262-264-7702; Fax. 262-264-7706
Wesselslawoffice.com