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The following information will be helpful to us (and to you) in discussing your estate plan and preparing your Will(s). This information is confidential and will not be revealed to anyone without your permission. The financial information requested can be estimated; we do not need exact values for planning purposes. If any of the information requested is not applicable to your situation, please mark it "not applicable" or "N/A." If you have difficulty in answering any of the questions, your attorney will help you when you meet together. Note that there are explanatory footnotes at the bottom of some pages.

ESTATE PLANNING QUESTIONNAIRE

Please Print or Type

Today's Date: _____

I. FAMILY AND PERSONAL FACTS

A. YOUR INFORMATION

Full Name: _____
(First, Middle Initial, Last)

Soc. Sec. No.: _____ Birthdate: _____

Residence Address: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a citizen of the United States? Yes _____ No _____

If no, please give name and country of citizenship: _____

Date residence established in Wisconsin: _____

B. PARTNER / SPOUSE INFORMATION:

Full Name: _____
(First, Middle Initial, Last)

Soc. Sec. No.: _____ Birthdate: _____

Residence Address: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a citizen of the United States? Yes _____ No _____

If no, please give name and country of citizenship: _____

Date residence established in Wisconsin: _____

C. MARRIAGE / PARTNERSHIP INFORMATION

Marital / Domestic Partnership Status: _____

Date and Place of Marriage / Partnership: _____

Do you have a Marital or Pre-Marital Agreement? Yes _____ No _____
(If yes, please attach a copy)

D. CHILDREN

Please provide the following information on each of your children:

1. _____
Name (Full, Middle Initial, Last) _____ Date of Birth _____

Address _____

Telephone Number _____ Marital Status _____ Natural born/Adopted/Step _____

2. _____
Name (Full, Middle Initial, Last) _____ Date of Birth _____

Address

Telephone Number

Marital Status

Natural born/Adopted/Step

3. _____
Name (Full, Middle Initial, Last) _____ Date of Birth _____

Address

Telephone Number

Marital Status

Natural born/Adopted/Step

4. _____
Name (Full, Middle Initial, Last) _____ Date of Birth _____

Address

Telephone Number

Marital Status

Natural born/Adopted/Step

5. _____
Name (Full, Middle Initial, Last) _____ Date of Birth _____

Address

Telephone Number

Marital Status

Natural born/Adopted/Step

E. DECEASED CHILDREN

Did you have any children who died? _____. If yes, please provide the name, date of birth, date of death, and whether they had children of their own.

F. PRIOR RELATIONSHIPS

Have either of you been married before? Yes _____ No _____

If yes, are there outstanding obligations that affect your estate planning?

Yes __ No _____

(*Examples would be child support, maintenance, a requirement to maintain health or life insurance for the benefit of others, etc.)

Do either of you have children by a former marriage? Yes _____ No _____

If yes, please give names, ages, dates of birth, marital status and place of residence.

G. GRANDCHILDREN

Name	Date of Birth	Sex	Child Of
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any grandchildren step-grandchildren or adopted? Yes _____ No _____

H. PARENTS

1. Husband's

Father Date of Birth Living? If not, Date of Death

Address

Mother Date of Birth Living? If not, Date of Death

Address

2. Wife's

Father Date of Birth Living? If not, Date of Death

Address

Mother Date of Birth Living? If not, Date of Death

Address

I. SIBLINGS

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

Name (Full, Middle Initial, Last) Age Sibling of

Address

J. HEALTH ISSUES

Do you, your spouse, your children or other relatives have any unusual health problems or disabilities likely to affect your estate planning? Yes _____ No _____

If yes, please explain: _____

II. INVENTORY OF YOUR ESTATE

A. OTHER PERSONAL PROPERTY (i.e., non-real estate)

1. Please provide the information requested regarding all property, including the following:

Savings Accounts

Checking Accounts

Securities

Investments other than Securities

Personal and Household Property (list collectibles, antiques and individual items of unusual value separately)

Cars, Boats, etc.

Business Interests (non-stock)

Stock in Closely-Held Corporations

Stock in Subchapter S Corporations

Safe Deposit Box

Other Personal Property (include description)

A.	Item	Current Value	Titled/Names	Acquired Date & Value
B.	Item	Current Value	Titled/Names	Acquired Date & Value
C.	Item	Current Value	Titled/Names	Acquired Date & Value
D.	Item	Current Value	Titled/Names	Acquired Date & Value
E.	Item	Current Value	Titled/Names	Acquired Date & Value
F.	Item	Current Value	Titled/Names	Acquired Date & Value
G.	Item	Current Value	Titled/Names	Acquired Date & Value
H.	Item	Current Value	Titled/Names	Acquired Date & Value
I.	Item	Current Value	Titled/Names	Acquired Date & Value
J.	Item	Current Value	Titled/Names	Acquired Date & Value

2. Is any of your personal property regularly kept outside the State of Wisconsin?
Yes _____ No _____

If yes, please explain: _____

3. If you own stock in a Closely-Held Corporation, are there any restrictions on the sale of such stock or other agreements with respect to its sale? Yes _____ No _____

If yes, please provide copies stock certificates and other agreements.

4. Does either spouse own stock in a Subchapter S Corporation? Yes _____ No _____

If yes, please explain: _____

5. If either spouse owns assets titled in his or her name alone, have the assets or the income from those assets been classified as that spouse's individual property? Yes _____ No _____

If yes, please explain: _____

B. REAL ESTATE: PRINCIPAL RESIDENCE

Address: _____

Titled in Name of: _____

Date Acquired: _____ Value when Acquired: _____

Current Market Value: _____ Current Mortgage Balance: _____

C. OTHER REAL PROPERTY

1. Address: _____

Titled in Name of: _____

Date Acquired: _____ Value when Acquired: _____

Current Market Value: _____ Current Mortgage Balance: _____

2. Address: _____

Titled in Name of: _____

Date Acquired: _____ Value when Acquired: _____

Current Market Value: _____ Current Mortgage Balance: _____

3. Address: _____

Titled in Name of: _____

Date Acquired: _____ Value when Acquired: _____

Current Market Value: _____ Current Mortgage Balance: _____

D. LIFE INSURANCE

1. Company Name: _____ Policy #: _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

2. Company Name: _____ Policy #: _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

3. Company Name: _____ Policy #: _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

4. Company Name: _____ Policy #: _____

Type (whole/term/etc.) Date Acquired Owner Name of Insured

Face Value Cash Value Loans

Beneficiary

E. RETIREMENT BENEFITS (Pension Benefits, Profit Sharing, Keogh, 401(k), IRA, Bonus Plan, Deferred Compensation)

1. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

2. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

3. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

4. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

5. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

6. _____
Type of Account Owner Current Value

Company Name Beneficiaries Income

F. GIFTS/LIABILITIES/ETC.

1. List any gifts you have made over \$15,000, the date of the gift and any gift tax returns filed:

2. List current liabilities (other than mortgages):

Car Loan: _____
Name on Loan Date Acquired Current Balance

Personal Note: _____
Name on Loan Date Acquired Current Balance

Other: _____
Name on Loan Date Acquired Current Balance

3. Are you, your spouse or your children currently beneficiaries of any existing Trusts?
Yes _____ No _____

If yes, please explain: _____

4. Do you or your spouse expect to inherit any property? Yes _____ No _____

Which of you? _____ When? _____ Estimated Value: _____

Will the property be in Trust? Yes _____ No _____

5. Do you foresee any radical fluctuation in your total net worth in the next five years?
Yes _____ No _____

If yes, please explain: _____

6. Do you currently hold any powers of appointment under any Trust Agreement or Will?
Yes _____ No _____

If yes, please explain: _____

7. Do you have any lawsuits pending against you?
Yes _____ No _____

If yes, please explain: _____

III. CURRENT DISPOSITIVE INSTRUMENTS

Does Husband currently have a Will? Yes _____ No _____ Dated: _____

Does Wife currently have a Will? Yes _____ No _____ Dated: _____

Other than any Trusts in your Wills, have you or your spouse created any Trusts?
Yes _____ No _____

If yes, please explain: _____

IV. DESIRED DISTRIBUTION

A. SPECIFIC BEQUESTS/DISTRIBUTION

The following questions can be discussed in our conference, but please consider beforehand.

1. Do you want to leave any specific items to specific persons? Yes _____ No _____

If yes, please explain: _____

2. Do you want to make any charitable bequests? Yes _____ No _____

If yes, please explain: _____

3. If you own a business, do you desire a particular distribution of its stock or its assets?

B. SPOUSE

If a substantial part of your estate will be passing to your spouse, there is an option to have this pass outright or to place it in a Trust. The reasons some people use a Trust for a spouse are to ensure professional management of assets and to have someone "take care" of assets in the event of illness or disability. A Trust can also be used to ensure that assets pass to children on the surviving spouse's death. **If there were no tax savings involved, would you be interested in establishing a Trust for your spouse?** If so, please consider the following questions:

1. Should the income be paid automatically to your spouse? Yes _____ No _____
2. Should your spouse have the power to withdraw assets from the Trust?
Yes _____ No _____
3. Should such a power be limited in amount per year? Yes _____ No _____
4. Should your spouse have power to direct where the assets would go upon death?
Yes _____ No _____

C. CHILDREN

If you have children, and if something should happen to both spouses, would you want to have a Trust established for your children? If a child is under age 21 and if no Trust is established, property goes to a guardian to be distributed at age 18, or custodian for that child, to be distributed at age 21.

A Trust can last beyond age 21. If a Trust is established, it is flexible, in that money is available for the health, education, and support of the child during the Trust. If you would like such a Trust, please consider the following questions:

1. Would you want each child to receive his or her share upon attaining a certain age (25, 30, etc.), or would you want distribution to wait until the youngest child reaches a certain age?

2. At what age would you like the child to receive his or her share (at what age of the youngest child, if that is the option chose)? _____

3. Would you want a multi-stage distribution of a child's share ($\frac{1}{2}$ at age 25, $\frac{1}{2}$ at age 30, etc.)? Yes _____ No _____

If yes, please explain: _____

4. Would you want the Trustee to have discretion to make advancements of a child's ultimate share for a worthwhile purpose such as buying a home or starting a business?
Yes _____ No _____

5. If a child should die during the Trust, leaving a spouse and/or children (your grandchildren), should the child's share of the Trust go:

To the grandchildren? Yes _____ No _____

To the spouse? Yes _____ No _____

To both? Yes _____ No _____

To others? Yes _____ No _____ Who? _____

D. GUARDIAN

If you have minor children, we recommend nominating a guardian for the children if both parents should die while the children are still minors. Who do you wish to nominate? (we recommend nominating a primary and a successor)

Name: _____

Address: _____

Name: _____

Address: _____

E. PERSONAL REPRESENTATIVE

The "Personal Representative" (executor) of your estate is responsible for collecting the assets of your estate, paying the debts, expenses and taxes, and distributing the assets according to your Will. This can be either an individual (your spouse or a child) or a Trust company.

Who is your first choice to serve? _____

Second Choice? _____

F. TRUSTEES

If you create one or more Trusts in your Will, it is necessary to name a Trustee to administer the Trusts. The Trustee can be an individual or a bank with a Trust department (which not all banks have).

Who is your first choice to serve? _____

Second Choice? _____

V. MISCELLANEOUS

1. If you have named a bank as Personal Representative or Trustee, may we send a copy of your Will draft to that bank for review? Yes _____ No _____

Is there a particular Trust officer with whom you have worked? _____

2. Is there anyone else who you would like to receive copies of correspondence regarding your Wills? _____

3. Financial Power of Attorney: Wisconsin has a "durable" power of attorney, which can be used while the person giving the power of attorney is under a disability. Would you want to consider use of a durable power of attorney? Yes _____ No _____

4. Health Care Power of Attorney: Wisconsin also allows you to execute a document naming a health care agent to make health care decisions on your behalf (including decisions concerning life-support). Would you want to consider the use of such a document?
Yes _____ No _____

5. We would like copies (not originals) of the following documents:

- a. your present Wills
- b. any existing Trusts you or your spouse have created
- c. any existing Trusts of which you, your spouse or your children are beneficiaries
- d. any agreements restricting sale of Closely-Held Corporation stock or partnership interests
- e. any gift tax returns
- f. deeds to any real estate you own
- g. any Marital or Pre-Marital Agreements
- h. any unilateral statement regarding income

6. Would you like a copy of this questionnaire for your records? Yes _____ No _____