westmont@westmontlaw.net

**ESTATE PLANNING QUESTIONNAIRE**

(608) 244-9494

The following information is collected to help us discuss your options for developing an estate plan. This information is confidential and will not be revealed to anyone without your permission. Any financial information requested an be estimated. If you have any questions when filling this out, we can cover them with you at our first meeting.

Date

Name Address

Date of Birth

Daytime Phone Cell Phone Social Security No. Email Address

# MARITAL STATUS

Are you married? Yes No If so, please state your date of marriage Do you have a marital or pre-marital agreement? Yes No (If so, please provide us a copy)

If you have previously been married, please state to whom and how and when the marriage ended:

\*Please provide us with a copy of any marital settlement agreements, divorce decrees or other documents that may aﬀect your estate plan.

# CHILDREN

1. Name Date of Birth

Address

Married? Grandchildren

1. Name Date of Birth

Address

Married? Grandchildren

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1. Name Date of Birth

Address

Married? Grandchildren

1. Name Date of Birth

Address

Married? Grandchildren

1. Name Date of Birth

Address

Married? Grandchildren

Are any children not also children of your current spouse? Yes No Are there any children who have died? Yes No

Did they have children? Yes No

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

Do you, your spouse, or any of your children have any special health or support needs likely to aﬀect your estate planning? If so, please explain:

# OTHER RELATIVES OR DESIRED BENEFICIARIES

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

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# Real Estate:

**FINANCIAL INFORMATION**

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How Title Held Value at Acquisition How Title Held Value at Acquisition **Securities:**

Address Current Value $ Mortgage Balance $ Address Current Value $ Mortgage Balance $

How Title Held How and When Acquired Value $

How Title Held How and When Acquired Value $

How Title Held How and When Acquired Value $

# CD’s / Money Market / Other Bank Accounts:

Type of Account Type of Account Type of Account Type of Account

Value $ Value $ Value $ Value $

Co-Owner? Co-Owner? Co-Owner? Co-Owner?

Do any of the above accounts have a paid on death beneficiary designation? If so, please list the account and current beneficiary:

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# Life Insurance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Name of Insured** | **Owner** | **Face Value** | **Beneficiary** |
|  |  |  | $  |  |
|  |  |  | $  |  |
|  |  |  | $  |  |

**Annuities and Retirement Plans:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Type of Plan** | **Owner** | **Face Value** | **Beneficiary** |
|  |  |  | $  |  |
|  |  |  | $  |  |
|  |  |  | $  |  |

**Collectibles and Antiques:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Current Value** | **When and How Acquired** | **Value at Acquisition** |
|  | $  |  | $  |
|  | $  |  | $  |
|  | $  |  | $  |
|  | $  |  | $  |
|  | $  |  | $  |

**Personal Property, Vehicles, etc.:**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Current Value** | **Lien Balance** | **Value at Acquisition** |
|  | $  | $  | $  |
|  | $  | $  | $  |
|  | $  | $  | $  |

# DEBITS

|  |  |  |  |
| --- | --- | --- | --- |
| **Creditor** | **Incurred by** | **Amount** | **Is this debt secured by a lien on any of your property?** |
|  |  | $  |  |
|  |  | $  |  |

**CURRENT ESTATE PLAN**

Do you currently have a will? Yes No If so, when was it executed? Have you created any trusts outside of a will? Yes No If so, please provide us with a copy.

Have either of you executed any powers of attorney for healthcare or finances? Yes No

# MISCELLANEOUS

|  |  |
| --- | --- |
| Guardian for any Minor Children: | Address: |
| Alternate Guardian: | Address: |
| Personal Representative (executor): | Address: |
| Alternate Personal Representative: | Address: |
| Agent/ Power of Attorney for Healthcare: | Address: |
| Alternate Healthcare Agent: | Address: |
| Agent/ Power of Attorney for Finances: | Address: |
| Trustee: | Address: |

Do you wish to make any specific bequests? If so, please describe:

Do you wish to make any charitable gifts? If so, please indicate the organization and types of gifts: