

ESTATE PLANNING QUESTIONNAIRE

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 can be estimated. If you have any questions when filling this out, we can cover them with you at our first meeting.

Date _____

Name _____

Daytime Phone _____

Address _____

Cell Phone _____

Social Security No. _____

Date of Birth _____

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 _____

2. Name _____ Date of Birth _____

Address _____

Married? _____ Grandchildren _____

3. Name _____ Date of Birth _____

Address _____

Married? _____ Grandchildren _____

4. Name _____ Date of Birth _____

Address _____

Married? _____ Grandchildren _____

5. 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

FINANCIAL INFORMATION

Real Estate:

How Title Held _____ Address _____

Value at Acquisition _____ Current Value \$ _____ Mortgage Balance \$ _____

How Title Held _____ Address _____

Value at Acquisition _____ Current Value \$ _____ Mortgage Balance \$ _____

Securities:

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 _____ Value \$ _____ Co-Owner? _____

Type of Account _____ Value \$ _____ Co-Owner? _____

Type of Account _____ Value \$ _____ Co-Owner? _____

Type of Account _____ Value \$ _____ Co-Owner? _____

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

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.:

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: _____

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