

CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE

Our goal is to make sure that your estate plan is appropriate for your family and situation. This questionnaire is designed to help you organize the information that we are likely to need in order to accomplish that. We do not intend for it to be cumbersome or to require a lot of work. You do not need to answer every question or complete every line. If you are not sure how to answer a question, provide the best answer you can and make a note to ask about it at our meeting. You can use estimated values or attach copies of account statements or financial statements if you prefer. Just keep in mind that providing us with as much information as possible will allow us to complete your plan more efficiently and cost-effectively.

All of the information that you provide to us with the questionnaire or at our meetings is protected by the attorney-client privilege and will not be disclosed to anyone outside of our office without your consent.

Names: _____

Date of Completion: _____



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GENERAL INFORMATION

How were you referred to us? _____

CLIENT 1

CLIENT 2

Name: _____ Name: _____
 (as you normally sign documents) (as you normally sign documents)

Address: _____

Home Phone No.: _____

Cell Phone No.: _____ Cell Phone No.: _____

Business No.: _____ Business No.: _____

Fax No.: _____ Fax No.: _____

SS No.: _____ SS No.: _____

Date of Birth: _____ Date of Birth: _____

E-mail Address: _____ E-mail Address: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Date of Wisconsin Residency: _____ Date of Wisconsin Residency: _____

U. S. Citizen: Yes No

U. S. Citizen: Yes No

Date of Marriage: _____

Prior Marriage? Yes No
 How Terminated? Death Divorce

Prior Marriage? Yes No
 How Terminated? Death Divorce

ADVISORS:

| | Name | Address | Telephone Number |
|------------------------------------|------|---------|------------------|
| Life insurance agent: | | | |
| Stock broker or financial advisor: | | | |
| Accountant: | | | |
| Other attorney: | | | |

Children, Grandchildren or Other Beneficiaries (Identify any children by a prior marriage, any beneficiaries who have special needs and any beneficiaries who are not U.S. citizens. Please list their names as they should appear in your documents.)

| | | | | |
|---------------------|--------------|---|----------------|-----------------|
| Name of Beneficiary | Address | | Phone Number | Date of Birth |
| | | | | |
| Social Security No. | Relationship | Sex | Name of Spouse | No. of Children |
| | | <input type="radio"/> M <input type="radio"/> F | | |

| | | | | |
|---------------------|--------------|---|----------------|-----------------|
| Name of Beneficiary | Address | | Phone Number | Date of Birth |
| | | | | |
| Social Security No. | Relationship | Sex | Name of Spouse | No. of Children |
| | | <input type="radio"/> M <input type="radio"/> F | | |

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| | | | | |
|---------------------|--------------|---|----------------|-----------------|
| Name of Beneficiary | Address | | Phone Number | Date of Birth |
| | | | | |
| Social Security No. | Relationship | Sex | Name of Spouse | No. of Children |
| | | <input type="radio"/> M <input type="radio"/> F | | |

| | | | | |
|---------------------|--------------|---|----------------|-----------------|
| Name of Beneficiary | Address | | Phone Number | Date of Birth |
| | | | | |
| Social Security No. | Relationship | Sex | Name of Spouse | No. of Children |
| | | <input type="radio"/> M <input type="radio"/> F | | |

Please describe any special needs or circumstances relating to your children, grandchildren or other beneficiaries:

| | CLIENT 1 | CLIENT 2 |
|---|--|--|
| Do you have an existing will? If yes, please furnish a copy of each will. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have any marital property or prenuptial agreements? If yes, please furnish a copy. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have a financial power of attorney? If yes, please furnish a copy of each document. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have a healthcare power of attorney or other advance medical directive? If yes, please furnish a copy of each document | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you created any trusts during your lifetime? If yes, please furnish a copy. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have any significant health problems? If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have any financial obligations arising from previous marriages, such as support, maintenance or property division? If yes, please furnish a copy of the divorce judgment. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you made any gifts under a uniform gift to minors act? If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you a beneficiary of any trust? If yes, please furnish a copy or explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you expect to receive significant gifts or inheritances? If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you made gifts (other than to charities) in excess of \$10,000 per donee per year? If yes, please itemize on page 9 | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you a party to any business buyout or restrictive agreements? If yes, please furnish a copy. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you an owner of any non-publicly traded stock or do you have an interest in an S Corporation, LLC, LLP, FLP or other closely held business entity? If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have long-term care insurance? If yes, please furnish a copy. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you own a property jointly with someone other than your spouse? If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you own any personal property which should be separately addressed in your estate plan (works of art, collections, Packer tickets, etc.) If yes, please explain on page 9. | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Gifts of specific items of personal property: (Please indicate whether the gifts should be made at death of client 1, at death of client 2, or after both deaths (B).)

| Item: | Recipient: | 1 | 2 | B |
|-------|------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts of money to specific person(s) or to charities, churches or other nonprofit organizations:

| Amount: | Recipient: | 1 | 2 | B |
|---------|------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FIDUCIARIES

When we meet we will discuss the persons you wish to name to act on your behalf to make health care decisions or manage your assets. We will also discuss the persons you want to appoint to manage and distribute your assets for you after your death and to serve as guardians for any minor children. We will need the following information for each person you wish to name in any of these fiduciary capacities:

- Full legal name (the name he or she uses when signing legal documents)
- Address
- Telephone numbers

REAL ESTATE

| Property Address | Type of Property | Owner | Mortgage Holder (if any) | Balance Owed on Mortgage | Value |
|------------------|------------------|-------|--------------------------|--------------------------|-------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

Please Attach Copies of the Following Documents for Each Parcel Described Above:

1. Original or copy of deed
2. Copy of current real estate tax bill

BANK ACCOUNTS (savings accounts, checking accounts, certificates of deposit, money market accounts)

Note: Bank accounts held in IRAs should be listed on page 8

| Institution & Location | Account Number | Owner | Payable Upon Death Beneficiary? | Balance |
|------------------------|----------------|-------|---------------------------------|---------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Do you have a safe deposit box? YES NO If so where? _____

BROKERAGE ACCOUNTS (STOCKS, MUTUAL FUNDS AND BONDS)

Note: Stocks and mutual funds held in IRAs should be listed on page 8

| Name of Brokerage Company | No. of Shares | Owner | Transfer on Death Beneficiary? | Value |
|---------------------------|---------------|-------|--------------------------------|-------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

MONEY OWED TO YOU

| Name of Borrower | Documentation | Security | Amount |
|------------------|---------------|----------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

LIABILITIES (estimates are fine)

| Type | Amount |
|----------------------------|--------|
| Home Mortgage | \$ |
| Other Real Estate Mortgage | \$ |
| Credit Card Debt | \$ |
| Business Loan | \$ |
| Personal Loan | \$ |
| Other Debts: | \$ |
| | \$ |

LIFE INSURANCE ON CLIENT 1'S LIFE

(Please attach copies of recent statements)

| Insurance Co and Policy Number | Policy Owner | Type of Policy | Primary Beneficiary | Contingent Beneficiary | Approx. Cash Surrender Value | Face Amount on Death | Comments as to loans, settlement options, etc. |
|--------------------------------|--------------|----------------|---------------------|------------------------|------------------------------|----------------------|--|
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |

LIFE INSURANCE ON CLIENT 2'S LIFE

(Please attach copies of recent statements)

| Insurance Co and Policy Number | Policy Owner | Type of Policy | Primary Beneficiary | Contingent Beneficiary | Approx. Cash Surrender Value | Face Amount on Death | Comments as to loans, settlement options, etc. |
|--------------------------------|--------------|----------------|---------------------|------------------------|------------------------------|----------------------|--|
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |

CLIENT 1'S IRAs, 401(K)s, DEFERRED COMPENSATION, ANNUITIES, ETC.

(Please attach copies of recent statements)

| Company or Custodian | Account or Policy Number | Description (IRA, Roth IRA, 401(k), etc.) | Primary Beneficiary | Contingent Beneficiary | Value |
|----------------------|--------------------------|---|---------------------|------------------------|-------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

CLIENT 2'S IRAs, 401(K)s, DEFERRED COMPENSATION, ANNUITIES, ETC.

(Please attach copies of recent statements)

| Company or Custodian | Account or Policy Number | Description (IRA, Roth IRA, 401(k), etc.) | Primary Beneficiary | Contingent Beneficiary | Value |
|----------------------|--------------------------|---|---------------------|------------------------|-------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

SECTION 529 (EDUCATION SAVINGS PLAN) ACCOUNTS

| Company or Plan | Account Number | Owner | Beneficiary | Value |
|-----------------|----------------|-------|-------------|-------|
| | | | | \$ |
| | | | | \$ |

CHECKLISTS

Items to provide us prior to our initial meeting:

- Completed questionnaire
- Copies of all current estate planning documents:
 - Wills
 - Trust agreements
 - Marital property or prenuptial agreements
 - Powers of attorney for finances and property
 - Powers of attorney for health care
 - Living wills
- Copies of the deed and real estate tax bill for:
 - Home
 - Any other real estate
- Copies of recent statements for:
 - Life insurance
 - IRAs
 - 401(k)s
 - Pensions
 - Deferred compensation plans
 - Annuities
- Copies of other documents affecting your estate plan such as:
 - Divorce judgments
 - Business buyout or restrictive agreements
 - Trust agreements under which you are a beneficiary
 - Promissory notes owed to you

Other items which you should document for your records:

- Wishes regarding your funeral, burial or memorial
- Facts for your obituary
- User names and passwords for all computers and electronic devices and for all online accounts (personal and financial)