

PERSONAL

SELF	First Name	MI	Last Name
	Sex	Date of Birth	US Citizen ___ Yes ___ No
	Mobile Phone #	Alternate Phone#	Email Address

Address	City	State	Zip Code
City/Town/Village (circle one)	County		

Marital Status: Single Married Separated Divorced Widowed, Date: _____

Date of Marriage	Place of Marriage (city, state)
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Has Wisconsin always been your state of residence? Yes No
 Has Wisconsin always been your Spouse's state of residence? Yes No

SPOUSE	First Name	MI	Last Name
	Sex	Date of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile Phone #	Alternate Phone #	Email Address

Do you have children? Yes No
 Are you the guardian of another person? Yes No

CHILDREN AND/OR OTHER FAMILY MEMBERS (Beneficiaries)

Child/Beneficiary #1

First Name	MI	Last Name
Date of Birth	Relationship	

Add additional Child/Beneficiaries

ESTIMATED VALUE OF MY ESTATE

(Please use estimated figures, round where necessary. Or you can attach a personal financial statement.)

Primary Home	_____
Other Real Estate	_____
Business Interests	_____
Checking Accounts / Money Market Accounts	_____
Regular Savings Accounts	_____
Certificates of Deposit	_____

Stocks and/or Bonds / Mutual Funds _____
Life Insurance (Death Benefit) _____
Annuities _____
IRA / Pension _____
Autos, Boats, RV's, etc. _____
Personal Property _____
Collectible Loans or Other Money Due to You _____
Expected Inheritance _____
Other Assets _____

Total Assets: (add everything up) \$ _____
Approximately how much do you owe right now? (total mortgages, loans, etc.) \$ _____
Approximate Net Worth: (subtract the two) \$ _____

OTHER ADVISORS

	Name	Telephone
Financial Advisor:	_____	_____
Life Insurance Agent:	_____	_____
Referred By:	_____	_____

GENERAL INFORMATION

- What are your motivations for estate planning?
 Probate avoidance;
 Guardianship for minor children;
 Planning for a child with disabilities or special needs
 Business/farm planning
 Other: _____
- Are you (or your spouse) (or children) receiving Social Security, disability, or other governmental benefits? Yes No
- Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Yes No
- Do you own a business or farm? Yes No

Are you (or your spouse) in the Military Service?

You Yes No Branch: _____ Length of Service: _____
Spouse Yes No Branch: _____ Length of Service: _____

PERSONAL REPRESENTATIVE

This person will work with Probate Court in distributing your property. If you are married, we will assume your Spouse will be your first choice of Personal Representative.

Alternate Personal Representative for Self

_____	_____
First Name, MI, Last Name	Relationship
<i>Second Alternate Personal Representative for Self</i>	

_____	_____
First Name, MI, Last Name	Relationship
<i>Alternate Personal Representative for Spouse</i>	

First Name, MI, Last Name
Second Alternate Personal Representative for Spouse

Relationship

First Name, MI, Last Name

Relationship

GUARDIAN FOR MINOR CHILDREN

If you have minor children or adult children with special needs, you will appoint a guardian to care for them upon your death. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

First Guardian

First Name, MI, Last Name
Second Guardian

Relationship

First Name, MI, Last Name

Relationship

DISTRIBUTIONS OF PERSONAL PROPERTY

Your assets will be first distributed to Spouse. Personal property will be distributed pursuant to a written list (memorandum) that you may prepare later. Any property not listed on the memorandum will be distributed to spouse, if spouse is no longer alive, or you are not married, we must select how money will be distributed to your beneficiaries under your trust. Our recommendation is for you to select one of the two following options regarding how and when distributions are to be made from your estate:

1. Outright. (The beneficiary receives the distribution upon the death of the second spouse. This option provides no protection to beneficiaries from creditors, predators, or from themselves.)
2. Structured Trust with staged distribution. (Customizable [see example below] and provides the beneficiaries protection from creditors, predators, and from themselves.)

Most Common

Other

Age	% of remaining trust assets
25	1/3
30	1/2
35	All

Age	% of remaining trust assets

SPECIFIC GIFTS N/A

Now that we set the general rule for distribution of property to beneficiaries, are there any specific gifts you would like to make to another party? List any specific gifts of real estate or cash you wish to make to certain individuals or charities (i.e., church, school, hospital, non-profit group). Do not include personal property such as jewelry, collections, hunting items, tools, etc. those items will be handled in the memorandum indicated earlier.

Person Making
the Gift
(Self or Spouse)

Individual or
Charity

Address, City,
State, Zip Code

Amount
or
Property

Contingent on
Spouse
predeceasing?

- Yes No
 Yes No
 Yes No
 Yes No

Add Another

REMOTE CONTINGENT BENEFICIARY

Finally, in the remote event that no one listed above is alive to receive your property our default provision is that your property will be divided one-half to Husband’s heirs-at-law and one-half to Wife’s heirs-at-law. If you do not like this option, indicate below how you wish your property to be distributed.

I wish to give my property to the following named individuals and/or charities

DESIGNATION OF TRUSTEE

After the death of the surviving spouse, who do you want to manage any trusts for beneficiaries? The testamentary trust trustee can be the same person as the guardian, personal representative, or could be a different person or institution.

First Trustee for Children’s Trust

First Name, MI, Last Name Relationship
Alternate Trustee for Children’s Trust

First Name, MI, Last Name Relationship

DURABLE POWER OF ATTORNEY

This document is relevant if you are unable to act for yourself while you are alive. If you are unable to make financial decisions for yourself, who would you want to make those decisions for you? Often the same person serves as your Personal Representative or Trustee. If you are married we will assume your first agent will be your spouse.

Alternate Agent for Self

First Name, MI, Last Name Relationship
Second Alternate Agent for Self

First Name, MI, Last Name Relationship
Alternate Agent for Spouse

First Name, MI, Last Name Relationship
Second Alternate Agent for Spouse

First Name, MI, Last Name Relationship

HEALTH CARE POWER OF ATTORNEY

This person will make health care decisions for you if you are unable to make them for yourself.

Alternate Agent for Self

First Name, MI, Last Name Relationship
Second Alternate Agent for Self

First Name, MI, Last Name Relationship
Alternate Agent for Spouse

First Name, MI, Last Name Relationship
Second Alternate Agent for Spouse

First Name, MI, Last Name Relationship

PLEASE ANSWER THE FOLLOWING:

QUESTION	SELF		SPOUSE	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. I give my agent permission to admit me to a nursing home or Community-Based Residential Facility (long-term, non-recuperative/respice care)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I give my agent permission to withhold or withdraw a feeding tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I give my agent permission to make health care decision if I am pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If I have a <u>Terminal Condition</u> I give my agent permission to withhold or withdraw a feeding tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If I am in a <u>Persistent Vegetative State</u> I give my agent permission to withhold or withdraw a feeding tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If I am in a <u>Persistent Vegetative State</u> I do not want Life-Sustaining Procedures used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANATOMICAL GIFTS – OPTIONAL – MAY ONLY SELECT ONE

QUESTION	Self	Spouse
1. I wish to donate only the following organs or parts		
2. I wish to donate any needed organ or part		
3. I wish to donate my body for anatomical study if needed		
4. I refuse to make an anatomical gift		

HIPAA AUTHORIZATION

Medical records are generally subject to HIPAA confidentiality restrictions. Medical providers generally will not share medical records with just anyone. This document will provide you with a universal release in which you allow providers to share information with those you designate. What individuals do you wish to have authority to obtain your medical records?

Self

First Name, MI, Last Name

Relationship

First Name, MI, Last Name

Relationship

Spouse

First Name, MI, Last Name

Relationship

First Name, MI, Last Name

Relationship