

Client Questionnaire for Estate Planning

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This questionnaire facilitates our first meeting to develop your estate plan, which may include any of the following: basic will, testamentary trust, power of attorney, living will, marital property agreement, and or a living trust. The information will not be revealed to anyone without your written permission.

BIOGRAPHICAL INFORMATION

Your complete legal name? _____

Your street address:_____

City: _____ County: _____ State:_____ Zip:_____

Phone number:_____ Email address:_____

What is your date of birth? _____ Are you a U.S. Citizen? Yes No

What is your occupation? _____

Do any of the following describe your family structure?

- Step-children
- committed relationship, but not legally married
- foster child / guardian of a minor child

Do any of your family/relatives receive Medicaid (based on income, different from Medicare)

Yes No

Which of the following have you previously completed? It may be beneficial to bring it to our meeting.

- Will
- Trust
- Marital property agreement
- Postnuptial agreement
- Power of Attorney

What is your marital status?

- Single, never married
- Married
 - While married, did you live in any of the following states: Louisiana, Texas, New Mexico, Arizona, Nevada, California, Washington, or Idaho? Yes No
 - What is your spouse's complete legal name?

- Please provide any other name(s) your spouse has gone by:

- What date were you married?

- What state / country were you married in? -----
- What date did you and your spouse establish residency in Wisconsin?

- Married, currently separated [please complete spouse information in the prior bullet].
- Partnered
- Divorced (date _____) (State Issued _____)
- Widowed

Do you have children? ____Yes ____No

If yes, please provide child(ren)'s name and age:

1. _____
2. _____
3. _____
4. _____

*List any additional children or dependents on a separate sheet.

Under Wisconsin law, the only legal way for you to nominate a guardian of your minor child is in your will. Who would you wish the court to nominate as guardian?

Primary Guardian

Name and location:_____

Secondary Guardian

Name and location:_____

Do you have any grandchildren? ____Yes ____N

If yes, please provide child(ren)'s name and age:

5. _____
6. _____
7. _____
8. _____

*List any additional children or dependents on a separate sheet.

Do you have any other dependents or relatives you would like to include in your estate plan?

Yes No

If yes, please explain:

For Pet Owners. If you have a pet(s), would you like to make plans for the animal(s) in the event of your death? You have an option to create a pet trust in your will that allows you to place any animal(s) you own at the time of your death into a trust along with money to pay for vet bills, grooming, boarding, etc. Would you like your will to include a pet trust? If yes, please complete the following:

Primary Caretaker's full legal name and city/state of residence.

Secondary Caretaker's full legal name and city/state of residence.

Pet Trustee's full legal name and city/state of residence.

Secondary Pet Trustee's full legal name and city/state of residence.

Upon the death of the last animal associated with the trust, where would you direct any unused funds in the trust? Naming either a caretaker or an animal focused nonprofit are commonly mentioned.

FINANCIAL INFORMATION

In order to assess your potential need for estate tax planning, please provide the following:

Please also indicate in the 3rd box whether the asset is owned jointly or individually and in the 4th box whether or not there is a beneficiary on the asset.

Assets	please provide current values	Owned jointly or individually?	Is there a Beneficiary?
Checking Account(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Account(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual Fund(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Treasury Bills	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bond(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuites	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Fund(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash value of pension(s)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock options	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equity value of business	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
401(k)	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
KEOGH or other retirement fund	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Indiv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
529 Plans	\$	Successor owner?	Beneficiary?

Intellectual property	\$	Describe	-
Home(s) and other real estate [] check if properties are out of state	\$	____Joint ____Indiv.	____Yes ____No
Automobiles and recreational vehicles	\$	____Joint ____Indiv.	____Yes ____No
Furnishings	\$	____Joint ____Indiv.	____Yes ____No
Collectibles	\$	____Joint ____Indiv.	____Yes ____No
Jewelry	\$	____Joint ____Indiv.	____Yes ____No
Farm equipment	\$	____Joint ____Indiv.	____Yes ____No
Royalties	\$		
Digital Assets (domain names, etc.)	\$	____Joint ____Indiv.	____Yes ____No
Total Assets:	\$-----		

Liabilities – please provide the current amounts owed

Mortgage(s)	\$ _____
Personal Loan(s)	\$ _____
Home equity loan(s)	\$ _____
Car loan(s)	\$ _____
Other installment loan(s)	\$ _____
Life insurance loan(s)	\$ _____
Loan(s) against investments	\$ _____
Credit card debt	\$ _____
Other liabilities	\$ _____
Total Liabilities	\$ _____

Have you made any gifts, other than to charities, in any one year to any person which exceeded \$15,000? ____Yes ____No.

Have you made a loan to another person that exceeded \$15,000 in one calendar year?

____Yes ____No.

If yes, have you notified your accountant of these actions? ____Yes ____No

Do you anticipate being the beneficiary of an inheritance? ____Yes ____No

If yes, please estimate the value of the inheritance: \$ _____

PLANNING FOR ILLNESS

Wisconsin law does not assume that a spouse, adult children or other immediate statutory relatives may make your financial or health care decisions for you if you cannot. One can avoid the court process of establishing a guardian if you are ill or injured by created powers of attorney.

Power of Attorney for Finances: Wisconsin law allows you to designate another person as your financial agent, allowing him/her to make important financial decisions when you are alive but too sick to act. Note: Wisconsin Law does not assume a spouse can act for you. Please designate your spouse first if that is your wish.

Would you like to create a power of attorney for finances? Yes No

If yes, please provide the following information for an agent and an alternative agent:

Agent's legal name: _____

Complete address: _____

Telephone number: _____

Alternate Agent's legal name: _____

Complete address: _____

Telephone number: _____

Power of Attorney for Health Care: Wisconsin law allows you to designate another as your health care agent, allowing him/her to make health care decisions if you are alive but too sick to act. Note: Wisconsin Law does not assume a spouse can act for you. Please designate your spouse first if that is your wish.

Would you like to create a power of attorney for health care? ____Yes ____No

If yes, please provide the following information for an agent and an alternative agent:

Primary Agent's legal name: _____

Alternate Agent's legal name: _____

Included in our office's POA for Health is a Living Will: Wisconsin law allows you to create a "living will", a document allowing you to capture your end of life wishes if you are not able to communicate. Please check "yes" if your wishes are to not have a ventilator, respirator, or feeding tube if there is no hope of recovery. We can discuss this in more detail when we meet. ____Yes ____No

PLANNING FOR DEATH

There are two types of property, probate and non-probate. A will allows you to leave your probate property to whom ever you choose. Probate property may include your home, car, personal belongings, and money in your checking account depending on its title or beneficiary designation. In contrast, non-probate property is property that has a beneficiary designation, such as your life insurance or retirement account. Without a will, the State would distribute your probate property according to statutory guidelines. Your will allows you to designate to whom you would like your probate property to go to upon your death. During our meeting we will discuss these different types of property, and how you can ensure that they will pass to the person you wish upon your death. In order to develop your estate plan, please consider the following questions:

Upon your death, who would receive your probate assets?

If that person(s) did not survive you, then who would receive your probate assets?

If that person(s) did not survive you, then who would receive your probate assets?

*If you have included your minor children above, please complete Attachment A.

Do you wish to make any charitable bequests? ____ Yes ____ No. If yes, please provide the nonprofit's name, address, and whether it is the national, state, or local organization.

1. _____
2. _____
3. _____

- For additional charities, list on a separate sheet of paper.

An important aspect of your will is to name a Personal Representative, also known as your executor. This individual is responsible for collecting your estate's assets, paying any debts, expenses, taxes, or other liabilities, and then distributing assets according to the instructions in your will. This can either be an individual (e.g. your spouse, sibling) or the trust department of a bank, or both. Who do you wish to designate as your personal representative as well as an alternative personal representative?

Primary personal representative

Name and location: _____

Secondary personal representative

Name and location: _____

- Would you like a list of local banks or trust departments? Yes No

Attachment A

If you have minor children or dependents, such as parents or siblings with special needs, you can create a trust fund to control the distribution of your property upon your death. If no trust is established, property goes to a guardian or custodian for that child and will be distributed to the child at age 18. However, a trust can hold assets for a child beyond age 18, and is managed by a trustee under parameters you may create. If you think you might like to establish a trust, please consider the following questions:

- Would you want each child to receive his or her share upon attaining a certain age (e.g. 25, 30, etc.) or level of education, or would you want distribution to wait until the youngest child reaches a certain age or level of education?
- Would you prefer for there to be one common trust or a separate trust for each child?
- Would you want the trustee to have discretion to make advancements of a child's share for a worthwhile purpose, such as the purchase of a home?
- If a child should die before the assets are distributed out of the trust, and that child left a spouse and our children, should the deceased child's share pass to their heirs?
- Are there other family members, such as parents or siblings with special needs that would benefit from the controls of a trust should you predecease them? Would you like these individuals to be included in the same trust if you have minor children?

If you create a trust in your will, it is necessary to name a trustee to administer the trusts. A trustee invests and manages assets and prepares tax returns. The trustee can be an individual or a bank with a trust department; you can name co-trustees. Who is your primary and secondary choice to serve as a trustee?

Primary trustee

Name and location: _____

Secondary trustee

Name and location: _____

- Would you like a list of local banks and organizations that can act as an institutional trustee?

____Yes ____No