

## Estate Planning Questionnaire



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**General Information**

Client #1

Client #2

**Full Legal Name:**

\_\_\_\_\_

**Full Legal Name:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Birth-date:**

\_\_\_\_\_

**Birth-date:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_

Street

Street

City, State, Zip and County

City, State, Zip and County

**Telephone and Fax Numbers:**

\_\_\_\_\_

**Telephone and Fax Numbers:**

\_\_\_\_\_

Home

Home

Work

Work

Cell

Cell

Fax

Fax

**E-mail Addresses:**

\_\_\_\_\_

**E-mail Addresses:**

\_\_\_\_\_

Home

Home

Work

Work

**Occupation:**

\_\_\_\_\_

**Occupation:**

\_\_\_\_\_

Title

Title

Work Street Address

Work Street Address

Work City, State, and Zip

Work City, State, and Zip

## Children / Beneficiaries

List all of your children, if any, regardless whether they will be beneficiaries under your estate plan. Also list any grandchildren, friends or charities that you want to be beneficiaries of your estate.

<u>Name</u>	<u>Address</u>	<u>Birth-date</u>
Full legal name	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
<hr style="border: 1px solid black;"/>		
Full legal name	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
<hr style="border: 1px solid black;"/>		
Full legal name	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
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Full legal name	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
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Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
<hr style="border: 1px solid black;"/>		
Full legal name	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	Share of Estate(s)
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*\*Please list additional beneficiaries on the back side of this page; or, if you are completing this form electronically, please include the additional information in a separate e-mail or Microsoft Word document.*

## Advisors

Client #1

Client #2

**Accountant:**

**Accountant:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**Financial Advisor:**

**Financial Advisor:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**Insurance Agent (life, LTC, umbrella):**

**Insurance Agent (life, LTC, umbrella):**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**Private Banker / Trust Officer:**

**Private Banker / Trust Officer:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**Other Advisor:**

**Other Advisor:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Type of Advisor

\_\_\_\_\_  
Type of Advisor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**Summary of Assets**

<u>Assets</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Title Held (H, W, both)</u>	<u>Total Value</u>
Checking, Savings, Money Market	_____	_____	_____	\$ _____
Certificates of Deposit	_____	_____	_____	\$ _____
Traditional IRA / 401(k) / 403(b), etc.	_____	_____	_____	\$ _____
Roth IRA / 401(k)	_____	_____	_____	\$ _____
<u>Non-tax</u> deferred Brokerage Accts.	_____	_____	_____	\$ _____
Individual Stocks and Bonds	_____	_____	_____	\$ _____
Life Insurance ( <i>death benefit values</i> )	_____	_____	_____	\$ _____
Life Insurance ( <i>cash values</i> )	_____	_____	_____	\$ _____
Real Estate Equity	_____	_____	_____	\$ _____
Annuities	_____	_____	_____	\$ _____
Stock Options ( <i>current values</i> )	_____	_____	_____	\$ _____
Closely Held Business Interests	_____	_____	_____	\$ _____
Cars, Boats, Planes, etc.	_____	_____	_____	\$ _____
Valuable Tangible Personal Property	_____	_____	_____	\$ _____
Other _____	_____	_____	_____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____	_____	\$ _____

**Estate Plan Design Information**

This section addresses the information we need to design your custom estate plan. The persons you name in the following sections will act for you if you become disabled and upon your death. All individual persons named should have a history of responsible behavior.

**Guardian for Minor Children**

If you have children under the age of 18, list in order of preference whom you wish to be guardian of your minor children. The guardians are named in your Will.

	<u>First Choice for Guardian</u>	<u>Relationship</u>
Name		
	<u>Second Choice for Guardian</u>	<u>Relationship</u>
Name		

**Executor**

The Executor is the person or qualified corporation that is responsible for filing your Will with the probate court and administering your probate estate, if any. Spouses are often the first choice for each other.

	<u>Client #1</u>	<u>Client #2</u>
<b>First Choice:</b>	Name	Name
	Relationship	Relationship
<b>Second Choice:</b>	Name	Name
	Relationship	Relationship
<b>Third Choice:</b>	Name	Name
	Relationship	Relationship

## Trustee

If you set up a Living Trust or a Trust established under your Will, the Trustee is the person or qualified corporation that is responsible for managing your assets upon your disability and/or death. Spouses are often the first choice for each other.

	<u>Client #1</u>	<u>Client #2</u>
<b>First Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Second Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Third Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship

## Power of Attorney for Property / Finances Agent

The agent for your Power of Attorney for Property is the person who manages your financial affairs if you become disabled. If you have a Trustee, the same order should apply. Spouses are often the first choice for each other.

	<u>Client #1</u>	<u>Client #2</u>
<b>First Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Second Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Third Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship

## Power of Attorney for Health Care Agent

The agent for your Power of Attorney for Health Care is the person who makes health care decisions for you if you are not able to communicate decisions yourself. Spouses are often the first choice for each other.

	<u>Client #1</u>	<u>Client #2</u>
<b>First Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Second Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship
<b>Third Choice:</b>	_____	_____
	Name	Name
	_____	_____
	Relationship	Relationship

## Living Will

If you become terminally ill, and such illness is irreversible, and your death is imminent, do you want your doctors to *refrain* from using heroic measures (i.e., heart-lung machine, feeding tube, etc.) to keep you alive? (If you answer "yes," you are indicating that you want a Living Will. If you answer "no," you are indicating that you do not want a Living Will.)

**Client #1**             Yes             No

**Client #2**             Yes             No

## Questions

If you have children or other beneficiaries whom you do not want to receive their entire inheritance unless they have reached certain ages, please indicate when they should receive distributions (*e.g., one-third at age 25, one-half of the balance at age 30, and the balance at age 35, etc.*). *Also, please indicate if there is anyone you specifically do not want to receive anything from your estate.*

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Do any of your beneficiaries have a disability? If yes, please indicate which beneficiary(ies) is/are disabled, and briefly describe the disability(ies). If you believe that a beneficiary is likely to develop a *future* disability, please describe.

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Do you have any financial obligations as a result of a prior divorce or separation? If so, please describe. Please also provide a copy of any divorce decree, settlement agreement, or marital agreement.

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Do you have Umbrella Liability Insurance? If yes, please indicate the \$ level of your coverage.

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Do you have Long-term Care Insurance that covers long-term nursing home or in-home nursing care?

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Do you expect to receive an inheritance? If yes, from whom, and approximately how much?

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Is there anything else that you would like us to know relative to your estate planning?

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**Acknowledgement**

The information I have provided herein is accurate to the best of my knowledge. The Law Office of David Watson, LLC may rely on the information herein in preparing my custom estate plan.

**Client #1**

**Client #2**

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

### **Documents Needed for Data Gathering**

- ◆ Completed Estate Planning Questionnaire
- ◆ Current Will
- ◆ Current Trust (created by you or by others for your benefit)
- ◆ Current Powers of Attorney and Living Wills
- ◆ Personal Income Tax Return (last year only)
- ◆ Business Tax Return (last year only)
- ◆ Life / Health / Disability / Umbrella Insurance Policies
- ◆ Brokerage Statements (last month only) and Stock Certificates (copies only)
- ◆ Retirement Account Statements (last month only)
- ◆ Savings, Checking and Money Market Statements (last month only)
- ◆ Employee Benefit Plan Descriptions (Pension, Profit Sharing, Group Insurance, etc.) and Beneficiary Designation Forms
- ◆ Business Buy-Sell Agreements and Employment Contracts
- ◆ Pre-Nuptial or Post-Nuptial Agreements and Divorce Decrees / Property Settlements
- ◆ Gift Tax Returns
- ◆ Homeowner's Insurance Policy and Personal Property Riders
- ◆ Deed(s) to Real Estate and Title Insurance Policies
- ◆ Titles to Cars, Trucks, Boats and Planes
- ◆ Copy of Financial Profile created by you or your financial advisor
- ◆ Any Additional Documents That You Think I Should Be Aware Of