



the law office of  
**DAVID WATSON**, LLC

## Estate Planning Questionnaire

**The Law Office of David Watson, LLC**

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## Estate Planning Questionnaire

### Client #1 General Information

Full Legal Name:

Birthdate:

### Home Address

Street Address:

City:

State:

Zip/Postal Code:

County:

### Telephone and Fax Numbers

Cell Phone:

Home Phone:

Work Phone:

Fax Number:

### Email Addresses

Home Email:

Work Email:

### Occupation

Title:

Company Name:

Street Address:

Work City:

State:

Zip/Postal Code:

### Client #2 General Information

Full Legal Name:

Birthdate:

### Home Address

Street Address:

City:

State:

Zip/Postal Code:

County:

### Telephone and Fax Numbers

Cell Phone:

Home Phone:

Work Phone:

Fax Number:

### Email Addresses

Home Email:

Work Email:

### Occupation

Title:

Company Name:

Street Address:

Work City:

State:

Zip/Postal Code:



## 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.

**1.**

Full Legal Name:	Relationship:	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**2.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**3.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**4.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**5.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



## Children/Beneficiaries\* Continued...

**6.**

Full Legal Name:	Relationship:	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**7.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**8.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**9.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**10.**

Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

*\* If you have more than 10 beneficiaries, 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 email or Microsoft Word document.*



## Advisors

### CLIENT #1 ADVISORS

#### Accountant

Accountant Name:

Firm Name:

Phone:

#### Financial Advisor

Financial Advisor Name:

Firm Name:

Phone:

#### Insurance Agent (Life, LTC, Umbrella)

Agent Name:

Firm Name:

Phone:

#### Private Banker/Trust Officer:

Banker/Officer Name:

Firm Name:

Phone:

#### Other Advisors:

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:

### CLIENT #2 ADVISORS

#### Accountant

Accountant Name:

Firm Name:

Phone:

#### Financial Advisor

Financial Advisor Name:

Firm Name:

Phone:

#### Insurance Agent (Life, LTC, Umbrella)

Agent Name:

Firm Name:

Phone:

#### Private Banker/Trust Officer:

Banker/Officer Name:

Firm Name:

Phone:

#### Other Advisors:

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:



## Summary of Assets

Assets	Client #1	Client #2	Title Held (H, W, Both)	Total Value
Checking, Savings, Money Market				\$
Certificates of Deposit				\$
Traditional IRA   401(k)   403(b), etc.				\$
Roth IRA   401(k)				\$
Non-Tax Deferred Brokerage Accounts				\$
Individual Stocks and Bonds				\$
Life Insurance (Death Benefit Values)				\$
Life Insurance (Cash Values)				\$
Real Estate Equity				\$
Annuities				\$
Stock Options (Current Value)				\$
Closely Held Business Interests				\$
Cars, Boats, Planes, etc.				\$
Valuable Tangible Personal Property				\$
Other:				\$
Other:				\$
Totals:	\$	\$		\$



## 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.

#### CLIENT #1 GUARDIANS

##### First Choice

Name:

Relationship

Phone:

##### Second Choice

Name:

Relationship:

Phone:

#### CLIENT #2 GUARDIANS

##### First Choice

Name:

Relationship

Phone:

##### Second Choice

Name:

Relationship:

Phone:

### 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.

#### CLIENT #1 EXECUTORS

##### First Choice

Name:

Relationship

Phone:

##### Second Choice

Name:

Relationship:

Phone:

##### Third Choice

Name:

Relationship:

Phone:

#### CLIENT #2 EXECUTORS

##### First Choice

Name:

Relationship

Phone:

##### Second Choice

Name:

Relationship:

Phone:

##### Third Choice

Name:

Relationship:

Phone:



## 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.*

### CLIENT #1 TRUSTEE

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:

### CLIENT #2 TRUSTEE

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:

## 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.*

### CLIENT #1 POA FOR PROPERTY/FINANCES AGENT

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:

### CLIENT #2 POA FOR PROPERTY/FINANCES AGENT

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:





## 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.

### CLIENT #1 POA FOR HEALTHCARE AGENT

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:

### CLIENT #2 POA FOR HEALTHCARE AGENT

#### First Choice

Name:

Relationship

Phone:

#### Second Choice

Name:

Relationship:

Phone:

#### Third Choice

Name:

Relationship:

Phone:

## 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 LIVING WILL

☐

Yes

☐

No

### CLIENT #2 LIVING WILL

☐

Yes

☐

No



## Additional Questions Continued...

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

☐

Yes

☐

No

6. Do you expect to receive an inheritance?

☐

Yes

☐

No

If yes, from whom, and approximately how much?

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

☐

Yes

☐

No

If yes, please describe.

8. Would you like a full report outlining all of your available public information on assets owned, unclaimed assets, possible adverse information, business and employment records, permits, and licenses (\$35)?

☐

Yes

☐

No

## 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 SIGNATURE

Printed Name:

Date:

Signature:

### CLIENT #2 SIGNATURE

Printed Name:

Date:

Signature:



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### Checklist of 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