

# Estate Planning Questionnaire



LEGACY LAW  
*Group* LLC

## Locations

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**Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by LEGACY LAW GROUP, LLC and will not be shared with anyone outside of our office without your permission. Please call us if you have any questions.**

**Date Completed:** \_\_\_\_\_

**Please Print**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_ U.S. Citizen: ☐ Yes ☐ No

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone \_\_\_\_\_

Marital Status: ☐ Single ☐ Married, Date: \_\_\_\_\_ ☐ Divorced, Date: \_\_\_\_\_

☐ Widowed, Date: \_\_\_\_\_ Deceased Spouse's Name: \_\_\_\_\_

Spouse Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ U.S. Citizen: ☐ Yes ☐ No

**Military Service**

☐ Husband: Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

☐ Wife: Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

**Referred By:** \_\_\_\_\_ **Located in:** \_\_\_\_\_

Do we have your consent to thank the referral? ☐ Yes ☐ No

# CHILDREN'S INFORMATION

**Child # 1** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

## Does this child have children?

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

**Child # 2** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

## Does this child have children?

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

**Child # 3** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

**Child # 4** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

**Child # 5** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

**Child # 6** Age \_\_\_\_\_ Child of: ☐ Client Only ☐ Client & Spouse ☐ Spouse Only

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

☐ Male ☐ Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs: ☐ Medical ☐ Financial ☐ Educational

Marital Status of the Child: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<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"/>

## OTHER DEPENDENTS

Are there any persons that are dependent upon you for their support?

### **Dependent # 1**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth date \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs? ☐ Medical ☐ Educational ☐ Financial

Marital Status of this person: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

### **Dependent # 2**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth date \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs? ☐ Medical ☐ Educational ☐ Financial

Marital Status of this person: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name: \_\_\_\_\_

## PEOPLE WHO ADVISE YOU

Name & Company	Telephone
Insurance Agent _____	_____
Tax Advisor _____	_____
Family Attorney _____	_____
Business Attorney _____	_____
Financial Advisor _____	_____
Stockbroker _____	_____
Banker _____	_____
Other Advisor _____	_____

# ADDITIONAL PERSONAL INFORMATION

## Seasonal Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

When are you usually there (what months)? \_\_\_\_\_

## Other

- Have you lived outside of WI during marriage? ☐ Yes ☐ No
  - If so, what state(s)? \_\_\_\_\_

- Are any of your parents living? ☐ Yes ☐ No

If yes,  
Father of: \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Mother of: \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Father of: \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Mother of: \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

- Please indicate any charitable, church, and/or community organizations in which you have strong personal involvement:

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

- Family Pets?

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_

# NOMINATIONS FOR ESTATE PLAN

If you were incapacitated for any period of time, who would you choose to handle your *financial* affairs?

Financial Agents		You	Your Spouse
	Initial Choice		
	Back Up # 1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to make *health care* decisions for you?

Health Care Agents*		You*	Your Spouse*
	Initial Choice		
	Back Up # 1		
	Back Up # 2		

\*Ultimately, we will need the *telephone numbers of the persons identified above*.

Phone #s: \_\_\_\_\_

Who would you want to assume the legal responsibility of *managing your assets* when you are no longer able to due to disability or when you are no longer living?

Disability Trustee/ Successor Trustee		You & Your Spouse
	Initial Choice	
	Back Up # 1	
	Back Up # 2	

Who would you want to assume the legal responsibility of *distributing your estate* when you are no longer living?

Personal Representative		You	Your Spouse
	Initial Choice		
	Back Up # 1		
	Back Up # 2		

Who do you nominate to serve as *guardian* for your minor children (if any)?

Guardians		You & Your Spouse
	Initial Choice	
	Back Up # 1	
	Back Up #2	

HIPAA (Health Insurance Portability and Accountability Act) is the medical privacy act that was passed to protect your healthcare information. Our HIPAA Authorization allows you to choose who you want to receive information regarding your health and medical status. Feel free to list as many names as you would like.

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

# ESTIMATED VALUE OF MY ESTATE

It's ok to use estimated figures. Indicated whether individual or joint, & indicate owner(s).

	<u>Value</u>	<u>Company</u>
Primary Home	\$ _____	_____
Other Real Estate (value & type of property)	\$ _____	_____
Business Interests (value and entity type)	\$ _____	_____
Checking/ Money Market	\$ _____	_____
Savings Accounts	\$ _____	_____
Certificates of Deposit	\$ _____	_____
Stocks/Bonds /Mutual Funds (non IRA)	\$ _____	_____
Annuities (non-IRA)	\$ _____	_____
Retirement: IRA/Pension/TSA /401k	\$ _____	_____
Life Insurance (Death Benefit & Cash Value) Circle one:   Term   Whole Life	\$ _____	_____
Autos, Boats, RV's, etc.	\$ _____	
Personal Property (antiques, valuables)	\$ _____	
Collectible Loans or money due to you	\$ _____	
Expected Inheritance	\$ _____	
<b>Total Assets:</b> (add everything up)	\$ _____	
How much do you owe right now? (Total mortgages, loans, etc.)	\$ _____	
<b>Approximate Net Worth:</b> (Total assets minus debt)	\$ _____	

PLEASE USE THIS SPACE FOR ANY ADDITIONAL FAMILY  
INFORMATION OR FOR ANY QUESTIONS YOU MAY HAVE: