# Estate Planning Questionnaire



#### **Locations**

5740 Grande Market Drive, Suite D Appleton, WI 54913

916 Willard Drive, Suite 201 Green Bay, WI 54304

> 135 South Main Street Clintonville, WI 54929

www.legacylawllc.com

Tel: 920-560-4651 Fax: 920-221-0114 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 Comp	oleted:			
Please Print First Name		Middle	Last	
Name Used to	o Sign Legal Document	ts (please print)		
Nickname		Social	Security Number	
Home address	S	City	State/ZIP_	
County of Re	sidence	U.S. Cit	tizen:  Yes No	
Home telepho	one		Cell phone	
Birth date			Email	
Employer		_ Position	Business Telephone	
Marital Status	s: 🗆 Single 📮 Marri	ed, Date:	Divorced, Date:	
	☐ Widowed, Date: _		Deceased Spouse's Name:	
Spouse Name	<u> </u>	Middle	Last	
Name Used to	o Sign Legal Document	ts (please print)		
Nickname		_ Social Security	y Number	
Birth date	/ /	_ Age	Email	
Employer		Position	Business Telephone	
Cell phone			U.S. Citizen:  Yes No	
Military Serv	<u>ice</u>			
☐Husband:	Branch	Length o	of Service	
□Wife:	Branch	Length o	of Service	
Referred By	/ <b>:</b>		Located in:	

#### **CHILDREN'S INFORMATION**

<b>Child # 1</b> Age	_ Child of:	☐Client Only	Client & S	-	•
First Name	Middle	·	Last		
□Male□Female Nickna	ame		_		
Home address					
City					
Home telephone		Cell p	hone		
Birth date/	/	_Social Securit	ty Number	_	
Employer		_Occupation			
Child's Special Needs:	☐ Medical	☐ Financial	☐ Educationa	1	
Marital Status of the Child:	☐ Married	☐ Divorced	☐ Widowed	☐ Single	e
If Married, Spouse's Name:				<u> </u>	
<b>Does this child have childr</b> Children's Names			Child Step-Child		· —
Children's Names			<u> </u>		<del></del>
	_	_			
	Child of:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Client & S	pouse $\Box$	Spouse Only
Child # 2 Age	Child of:Middle	Client Only	Client & S	pouse $\Box$	Spouse Only
<b>Child # 2</b> Age	Child of:Middle	Client Only	Client & S  Last	pouse $\Box$	Spouse Only
Child # 2 Age	Child of:Middle	Client Only	Client & S  Last	pouse $\Box$	Spouse Only
Child # 2 Age  First Name  □Male □ Female Nickname  Home address	Child of:Middle	Client Only  State	Client & S  Last  Zip	pouse $\Box$	Spouse Only
Child # 2 Age	Child of:Middle	StateCell p	Client & S  Last  Zip	pouse $\Box$	Spouse Only
Child # 2 Age   First Name	Child of:Middle_ ame/	StateCell p	Client & S LastZip hone ty Number	pouse -	Spouse Only
Child # 2 Age   First Name	Child of:Middle_ ame/	StateCell p _Social Securit _Occupation	Client & S LastZip hone ty Number	pouse -	Spouse Only
Child # 2 Age   First Name Nickname   □Male □ Female Nickname   Home address City   Home telephone /   Birth date /   Employer	Child of:Middle_ ame/	State Cell p Social Securit Occupation Financial	Client & S Last Zip ty Number	pouse —	
Child # 2 Age  First Name  Male □ Female Nickname  Home address  City  Home telephone  Birth date/  Employer  Child's Special Needs:	Child of:Middle_ ame	State Cell p Social Securit Occupation Financial Divorced	Client & S Last Zip hone ty Number Educationa U Widowed	pouse —	

<u>Child # 3</u> Age (	Child of:	☐Client Only	□Client & S	pouse $\square$	Spouse Only
First Name	Middle	I	_ast		
□Male□Female Nickname_			_		
Home address					
City					
Home telephone		Cell pl	none		
Birth date / /		_Social Security	y Number		-
Employer		_Occupation			
Child's Special Needs:	Medical	☐ Financial	☐ Educational		
Marital Status of the Child:	Married	☐ Divorced	☐ Widowed	☐ Single	2
If Married, Spouse's Name:				_	
Does this child have children? Children's Names	Ages	Birth-Cl	hild Step-Child		Special Needs
Child # 4         Age         C           First Name		-			
□Male□Female Nickname_					
Home address					
City		State	Zip		
Home telephone		Cell pl	none		
Birth date//		_Social Security	y Number	-	-
Employer		Occupation			
Child's Special Needs:			☐ Educational		
Marital Status of the Child:   \[ \begin{array}{c} \text{I}	Married	☐ Divorced	☐ Widowed	☐ Single	e
If Married, Spouse's Name:				_	
Does this child have children? Children's Names	Ages		hild Step-Child	Adopted	Special Needs
		_			

<u>Child # 5</u> Age	_ Child of:	☐Client Only	☐Client & S	pouse $\square$	Spouse Only
First Name	Middle	I	_ast		
□Male□Female Nickna	me		_		
Home address					
City		_State	Zip		
Home telephone		Cell pl	none		
Birth date /	/	_Social Securit	y Number	-	-
Employer		_Occupation			
Child's Special Needs:	☐ Medical	☐ Financial	☐ Educationa	l	
Marital Status of the Child:	☐ Married	☐ Divorced	☐ Widowed	☐ Single	e
If Married, Spouse's Name: _				_	
Does this child have children's Names	Ages	Birth-C	hild Step-Child		Special Needs
Child # 6 Age		_			_
□Male□Female Nicknar	me		_		
Home address					
City		State	Zip		
Home telephone		Cell pl	none		
Birth date/	/	_Social Securit	y Number	-	-
Employer		_Occupation			
Child's Special Needs:			☐ Educationa		
Marital Status of the Child:	☐ Married	☐ Divorced	☐ Widowed	☐ Single	e
If Married, Spouse's Name: _				_	
Does this child have children's Names	Ages		hild Step-Child	Adopted	Special Needs
		_			

#### **OTHER DEPENDENTS**

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

#1

**Dependent** 

Dependent's Full Legal Name					
Relationship:					
Birth date					
Home address		City_		State	Zip
Special Needs?	☐ 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 A	ADVISE	YOU	
	Name & Con	npany		Telephone	
Insurance Agent					
Tax Advisor —					
Family Attorney					
Business Attorney					
Financial Advisor					
Stock Broker					
Banker					
Other Advisor					

#### ADDITIONAL PERSONAL INFORMATION

#### **Seasonal Address**

Street Address		
City	State	Zip
When are you usually the	nere (what months)?	
<u>Other</u>		
o 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
<ul> <li>Please indicate any strong personal inv</li> </ul>	y charitable, church, and/or community or volvement:	ganizations in which you have
Name	Loca	tion
Name	Loca	tion
Name	Loca	tion
o Family Pets?		
Name	□ Dog □ Cat □	Other:
Name	□ Dog □ Cat □	Other:
Name	Dog	Other:

### NOMINATIONS FOR ESTATE PLAN

		You	Your Spouse
Financial Agents	Initial Choice		
· ·	Back Up # 1		
	Back Up #2		
If you were incapaci decisions for you?	tated for any peri	iod of time, who would you cho	pose to make <i>health care</i>
·		You*	Your Spouse*
Health Care Agents*	Initial Choice		_
	Back Up # 1		
	Back Up # 2		
*Ultimately, we will nee	d the addresses and	telephone numbers of the persons ide	ntified above. Please consider
providing this information	on on a separate shee	et as you complete this form.	
2	1	•	
3371 1.1		1 1 '1''' C '	, 1
		legal responsibility of managin	<i>ig your assets</i> when you are no
longer able to due to	disability or who	en you are no longer living?	
		You &Y	Your Spouse
Disability Trustee/	Initial Choice		
	Back Up # 1		
Successor Trustee  Who would you war	Back Up # 2	egal responsibility of <i>distributi</i>	ng your estate when you are no
Successor Trustee  Who would you war	Back Up # 2	•	
Successor Trustee  Who would you war longer living?	Back Up # 2  at to assume the l	egal responsibility of <i>distributi</i> You	ng your estate when you are no
Successor Trustee  Who would you war longer living?	Back Up # 2  Int to assume the l  Initial Choice	•	
Successor Trustee  Who would you war longer living?	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1	•	
Successor Trustee  Who would you war longer living?	Back Up # 2  Int to assume the l  Initial Choice	•	
Who would you war longer living? Personal Representative	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2	You	Your Spouse
Who would you war longer living? Personal Representative	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living?  Personal Representative  Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2	You  Ardian for your minor children	Your Spouse
Who would you war longer living? Personal Representative Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living? Personal Representative Who do you nomina	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living?  Personal Representative  Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1	You  Ardian for your minor children	Your Spouse  (if any)?
Successor Trustee	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1	•	
Successor Trustee  Who would you war longer living?  Personal Representative	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living?  Personal Representative  Who do you nomina	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living?  Personal Representative  Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living? Personal Representative Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living?  Personal Representative  Who do you nomina	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice	You  Ardian for your minor children	Your Spouse  (if any)?
Who would you war longer living? Personal Representative Who do you nomina Guardians	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  Ardian for your minor children  You & Y	Your Spouse  (if any)?  Your Spouse
Who would you war longer living? Personal Representative Who do you nomina Guardians	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  Ardian for your minor children	Your Spouse  (if any)?  Your Spouse
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insu	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  Ardian for your minor children You & You & You & You and Accountability Act) is the	Your Spouse  (if any)?  Your Spouse  medical privacy act that was
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insurpassed to protect you	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  You  Ardian for your minor children You & You & You & You and Accountability Act) is the formation. Our HIPAA Authorization	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose who
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insurpassed to protect you	Back Up # 2  Int to assume the l  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  Ardian for your minor children You & You & You & You and Accountability Act) is the	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose who
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insurpassed to protect you you want to receive	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  You  Ardian for your minor children You & You & You & You and Accountability Act) is the formation. Our HIPAA Authorization	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose who
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insurpassed to protect you you want to receive	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  You  Ardian for your minor children You & You & You & You and Accountability Act) is the formation. Our HIPAA Authorization	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose who
Who would you war longer living?  Personal Representative  Who do you nomina  Guardians  HIPAA (Health Insurpassed to protect you	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 2  Initial Choice Back Up # 1 Back Up # 1 Back Up # 2	You  You  Ardian for your minor children You & You & You & You and Accountability Act) is the formation. Our HIPAA Authorization	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose who
Who would you war longer living? Personal Representative Who do you nomina Guardians HIPAA (Health Insurpassed to protect you you want to receive names as you would	Back Up # 2  Int to assume the I  Initial Choice Back Up # 1 Back Up # 2  te to serve as gue Initial Choice Back Up # 1 Back Up # 1 Back Up # 2  Irance Portability or healthcare information regardlike.	You  You  Ardian for your minor children You & You & You & You and Accountability Act) is the formation. Our HIPAA Authorization	Your Spouse  (if any)?  Your Spouse  medical privacy act that was ation allows you to choose whe status. Feel free to list as many

#### ESTIMATED VALUE OF MY ESTATE

Please use estimated figures, round where necessar Indicate whether individual or joint, Indicate owner	•	Company
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	\$	
Total Assets: (add everything up)	\$	
How much do you owe right now? (Total mortgages, loans, etc.)	\$	
Approximate Net Worth: (Total assets minus debt)	\$	

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