

****CONFIDENTIAL****

ESTATE PLANNING WORKSHEET



The information we are asking you to provide on this Worksheet is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and drafting estate planning documents. Preparation of this entire Worksheet is not mandatory prior to your initial appointment, but if we are able to review the completed Worksheet prior to, or at your appointment, it will help facilitate our recommendations and analysis for your initial appointment. The information requested on this Worksheet is very important to us, because it will enable us to better understand your present situation and your wishes for the future, which will enable us to make an informed recommendation for your estate plan that will allow you to accomplish your estate planning goals (e.g., avoid probate, minimize death tax consequences, distribute assets to desired beneficiaries, etc.).

If you are married and all information on this Worksheet is identical for you and your spouse, complete only one Worksheet. If the information for each spouse differs, make a copy of this Worksheet so each spouse has a separate one. For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity only. To complete this Worksheet, please fill in the wife's spot if you are female and the husband's spot if you are male.

Date _____
Home Phone No. _____
Husband's Cell Phone No. _____
Wife's Cell Phone No. _____
E-mail address: _____

HUSBAND:

First Middle Initial Last

Date of Birth Social Security Number
Occupation: _____ (If retired, list former occupation: _____)

WIFE:

First Middle Initial Last

Date of Birth Social Security Number
Occupation: _____ (If retired, list former occupation: _____)

Home address _____
Street City State Zip

County _____

Marital Status: Married Divorced
 Separated Single (including widowed and not remarried)

1928 Riverside Drive
Green Bay, WI 54301
P 920.393.1190
F 920.264.9407
info@llattorneys.com

YOUR ESTATE PLANNING GOALS:

What is your **primary** motivation for considering estate planning? *(Select one or more)*

- | | |
|---|---|
| <input type="checkbox"/> Avoid probate and reduce administrative costs at time of death. | <input type="checkbox"/> Minimize / eliminate estate taxes. |
| <input type="checkbox"/> Guardianship for minor children. | <input type="checkbox"/> Keep estate matters private / confidential. |
| <input type="checkbox"/> Disinherit a family member. | <input type="checkbox"/> Plan for the transfer and survival of a family business. |
| <input type="checkbox"/> Start a gifting program to children, grandchildren or others. | <input type="checkbox"/> Charitable planning / giving to provide for charities at my death. |
| <input type="checkbox"/> Protect my assets / my children's inheritance from divorce, creditors and predators. | <input type="checkbox"/> Plan for a loved one with disabilities or special needs. |
| <input type="checkbox"/> Other: _____ | |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.?

	<u>Husband</u>		<u>Wife</u>	
1. Do you presently have a will? If yes, location of original will: _____	__ Yes	__ No	__ Yes	__ No
2. Do you presently have a trust? If yes, please explain: _____	__ Yes	__ No	__ Yes	__ No
3. Are you interested in avoiding probate of your estate?	__ Yes	__ No	__ Yes	__ No
4. Do you anticipate any inheritance of significance in the future?	__ Yes	__ No	__ Yes	__ No
5. Were there any previous marriages?	__ Yes	__ No	__ Yes	__ No
6. Are any of your children not from your current marriage?	__ Yes	__ No	__ Yes	__ No
7. Do any of your children or other beneficiaries have disabilities?	__ Yes	__ No	__ Yes	__ No
8. Do you own a business?	__ Yes	__ No	__ Yes	__ No
a. If yes, do any of your children work in the business with you?	__ Yes	__ No	__ Yes	__ No
b. If yes, does the child working in the business have an ownership interest in the business?	__ Yes	__ No	__ Yes	__ No
9. Are you a U.S. citizen?	__ Yes	__ No	__ Yes	__ No
10. Have you entered into any agreement with your spouse (such as a pre-nuptial or marital property agreement)?	__ Yes	__ No	__ Yes	__ No
11. Are there any serious health problems? If yes, please describe briefly: _____	__ Yes	__ No	__ Yes	__ No

12. Do you own a long-term care (nursing home) insurance policy? Yes No Yes No
 If not, would you like us to refer you to a long-term care insurance professional? Yes No
13. Do you hold all assets jointly with your spouse, or are some of your assets held separately (*i.e. owned individually*)?
 All assets held jointly (except IRAs, life insurance, etc.) Some assets held separately / individually
14. How did you hear about our law firm? _____

ADVISORS:

Please provide us with the names, addresses and telephone numbers of the following, if applicable:

Accountant: _____
 Financial Advisor: _____
 Insurance Agent: _____
 Banker: _____
 Family Doctor(s): _____

CHILD(REN) OR OTHER BENEFICIARIES:

Please complete the following information for each of your children or other beneficiaries. *** If more space is needed, please attach a separate sheet with the requested information for each additional child or beneficiary. ***

1. Name: _____ <i>(including middle initial)</i>	2. Name: _____ <i>(including middle initial)</i>
Relationship: _____	Relationship: _____
Date of Birth: _____	Date of Birth: _____
Social Security No.: _____	Social Security No.: _____
Marital Status: _____	Marital Status: _____
Address (if living away from home): _____ _____	Address (if living away from home): _____ _____
Telephone No.: _____	Telephone No.: _____
Is this beneficiary presently supported by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this beneficiary presently supported by you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Maturity: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Financial Maturity: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Emotional Maturity: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Emotional Maturity: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Please describe any special needs, considerations, potential problems / hardships / issues: _____ _____ _____	Please describe any special needs, considerations, potential problems / hardships / issues: _____ _____ _____

3. Name: _____
(including middle initial)

Relationship: _____

Date of Birth: _____

Social Security No.: _____

Marital Status: _____

Address (if living away from home):

Telephone No.: _____

Is this beneficiary presently supported by you?

____ Yes ____ No

Financial Maturity:

____ High ____ Medium ____ Low

Emotional Maturity:

____ High ____ Medium ____ Low

Please describe any special needs, considerations,
potential problems / hardships / issues: _____

4. Name: _____
(including middle initial)

Relationship: _____

Date of Birth: _____

Social Security No.: _____

Marital Status: _____

Address (if living away from home):

Telephone No.: _____

Is this beneficiary presently supported by you?

____ Yes ____ No

Financial Maturity:

____ High ____ Medium ____ Low

Emotional Maturity:

____ High ____ Medium ____ Low

Please describe any special needs, considerations,
potential problems / hardships / issues: _____

GRANDCHILD(REN):

Please complete the following information for each of your grandchildren. **** If more space is needed, please attach a separate sheet with the requested information for each additional grandchild. ****

<u>Name (Including middle initial)</u>	<u>Parent</u>	<u>Date of Birth</u>

PARENTS:

Husband's parents (indicate date of death if necessary):

Dad's Name: _____
(including middle initial)

Mom's Name: _____
(including middle initial)

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Wife's parents (indicate date of death if necessary):

Dad's Name: _____
(including middle initial)

Mom's Name: _____
(including middle initial)

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Is financial support furnished or anticipated to be furnished:

To your parents? _____ Yes _____ No

To anyone else besides your children? _____ Yes _____ No

**If yes, please explain: _____

INCOME / ASSET / LIABILITY INFORMATION:

****If you have a current financial statement, it may be attached in lieu of completing I-III on pages 5 through 8 of this Worksheet****

I. INCOME

Please list your income/liability information in the appropriate category below. Attach a separate page, if necessary.

	<u>Husband</u>	<u>Wife</u>	<u>Community/Joint</u>
Earned Monthly Income from Labor	\$ _____	\$ _____	\$ _____
Monthly Social Security Income	\$ _____	\$ _____	\$ _____
Monthly Pension Income	\$ _____	\$ _____	\$ _____
Other Monthly Income	\$ _____	\$ _____	\$ _____

II. ASSETS

A. Cash, Bank Accounts, Money Market Funds, Treasury Bills, and Certificates of Deposit (not including IRAs and retirement plans) – Please bring to your appointment the most recent account statements for your bank accounts, money market accounts, certificates of deposit, etc. Attach a separate page, if necessary.

<u>Name of Institution</u>	<u>Account No.</u>	<u>How Titled? (Husband, Wife, Joint, Revocable Trust)</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
TOTAL:			\$ _____

B. Brokerage Accounts / Mutual Funds (not including IRAs and retirement plans) – Please bring to your appointment the most recent account statements for your brokerage accounts / mutual funds. Attach a separate page, if necessary.

<u>Name of Institution</u>	<u>Account No.</u>	<u>How Titled? (Husband, Wife, Joint, Revocable Trust)</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
TOTAL:			\$ _____

C. Stocks – Please bring to your appointment copies of any stock certificates for your individually held stocks. Attach a separate page, if necessary.

<u>Name of Company / Fund</u>	<u>No. of Shares</u>	<u>How Titled? (Husband, Wife, Joint, Revocable Trust)</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
TOTAL:			\$ _____

D. Bonds (including U.S. Savings Bonds) – Please bring to your appointment copies of any bonds for your individually held bonds, including U.S. Savings Bonds. Attach a separate page, if necessary.

<u>Name of Company / Fund</u>	<u>Face Amount</u>	<u>How Titled? (Husband, Wife, Joint, Revocable Trust)</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
TOTAL:			\$ _____

E. Real Estate – Please bring to your appointment copies of the deeds and most recent real estate tax bills for any real estate parcels you own. Attach a separate page, if necessary.

<u>Property Address / Tax Parcel No.</u>	<u>How Titled? (Husband, Wife, Joint Revocable Trust)</u>	<u>Type (e.g. personal residence, cottage, etc.) & year acquired</u>	<u>Fair Market Value</u>	<u>Current Mortgage Balance (if any)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
TOTAL:			\$ _____	\$ _____

F. Business Interests – Please bring to your appointment any copies of recent financial statements and employment, deferred compensation, split dollar insurance, death benefit, buy-sell or redemption agreements for your business interests. Attach a separate page, if necessary.

<u>Name of Business</u>	<u>Type? (e.g. sole proprietorship, LLC Corporation)</u>	<u>Principal business activity</u>	<u>Percent of ownership Interest</u>	<u>Approx. value of Interest</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
TOTAL:				\$ _____

G. Life Insurance – Please bring to your appointment copies of your individually held life insurance policies. Attach a separate page, if necessary.

<u>Name of Insurance Company</u>	<u>Policy No.</u>	<u>Owner/Insured</u>	<u>Beneficiary</u>	<u>Death Benefit</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
TOTAL:				\$ _____

H. Retirement Benefits (e.g., pension, profit-sharing, 401(k), IRA, ESOP, etc.) – Please bring to your appointment the most recent account statements for your retirement benefits accounts. Attach a separate page, if necessary.

<u>Company</u>	<u>Type of Plan</u>	<u>Participant</u>	<u>Beneficiary</u>	<u>Value</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
TOTAL:				\$ _____

I. Annuities – Please bring to your appointment the most recent account statements for your annuities. Attach a separate page, if necessary.

<u>Company</u>	<u>Contract Number</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Value</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
TOTAL:				\$ _____

J. Personal Effects – e.g., Automobiles, boats, jewelry, household furnishings, antiques, etc. Attach a separate page, if necessary.

<u>Type of Asset</u>	<u>Owner</u>	<u>Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
TOTAL:		\$ _____

III. LIABILITIES

<u>Type of Liability (e.g., mortgage, credit card, loan, etc.)</u> <i>Attach a separate page, if necessary.</i>	<u>Amount</u>	
1. _____	_____	
2. _____	_____	
3. _____	_____	
TOTAL:		\$ _____

NET WORTH:

If you added the value of all property owned by you and your spouse, including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own (except death benefits on life insurance), what is the approximate total value of the estate of you and your spouse? _____

DIGITAL RECORDS

1. Are any of your accounts handled online? _____ Yes _____ No
2. Do you have any e-mail accounts? _____ Yes _____ No

If yes to either 1 or 2 above, where do you keep your user name and passwords (please do not provide us your usernames or passwords)?

3. Would you be interested in having an Authorization and Consent for Release of Electronically Stored Information prepared for you, which would provide your designated fiduciaries access to your digital records if necessary?
 _____ Yes _____ No

GIFT TAX RETURNS:

1. Have you ever made gifts of cash or property in excess of \$10,000.00? _____ Yes _____ No
2. If the answer to 1 is yes, were federal or state gift tax returns filed? _____ Yes _____ No
**If yes, please bring copies of the return(s) to your appointment.*
3. Have you ever inherited any cash or other property? _____ Yes _____ No
4. Have you ever made gifts by creating a trust? _____ Yes _____ No
**If yes, please bring a copy of the trust document to your appointment.*
5. Are you a beneficiary of an existing trust created by someone else? _____ Yes _____ No

If yes, do you currently hold a power of appointment under the trust? _____ Yes _____ No

If yes, please describe briefly: _____

APPOINTMENTS:

1. **PERSONAL REPRESENTATIVE.** The Will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

- a. **PERSONAL REPRESENTATIVE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____
- b. **ALTERNATE PERSONAL REPRESENTATIVE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____
- c. **SECOND ALTERNATE PERSONAL REPRESENTATIVE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, you and your spouse, could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, after the death of both you and your spouse.

- a. **SUCCESSOR TRUSTEE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____
- b. **ALTERNATE SUCCESSOR TRUSTEE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____
- c. **SECOND ALTERNATE SUCCESSOR TRUSTEE:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____

3. **TRUST PROTECTOR.** If your estate plan includes one or more trust(s) that become irrevocable (unamendable) upon your death, you may wish to name a trust protector. The trust protector would have the authority to modify the provisions of an irrevocable trust within certain parameters in the event that future unforeseeable events made it appropriate to amend/modify/revise the trust. Please note that your designated trust protector should be independent, unbiased, unrelated and not subordinate to you, thus your CPA, financial advisor, attorney, etc. would be appropriate individuals to designate.

- a. **INITIAL TRUST PROTECTOR:**
Full legal name (*including middle initial*): _____
Address: _____
Telephone Number: _____ Relationship: _____

4. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children/beneficiaries until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the money invested wisely and use it for the education, support, etc. of the children/beneficiaries, until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person. However, caution should be observed when naming the same person as guardian and testamentary trustee in light of the inherent conflict of interest that arises by having the same person serve in both capacities (e.g., no checks and balances).

- a. **INITIAL TESTAMENTARY TRUSTEE:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____
- b. **ALTERNATE TESTAMENTARY TRUSTEE:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____
- c. **SECOND ALTERNATE TESTAMENTARY TRUSTEE:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____

5. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

- a. **INITIAL GUARDIAN:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____
- b. **ALTERNATE GUARDIAN:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____
- c. **SECOND ALTERNATE GUARDIAN:**
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____

6. **ATTORNEY-IN-FACT/DURABLE POWER OF ATTORNEY.** An attorney-in-fact is the individual you give authority to act on your behalf with respect to most financial and/or business matters. This individual can be appointed in one of two ways: (i) effective immediately, or (ii) with a “springing power”, meaning that their power is *effective only upon your disability or incapacitation*. The determination of your disability or incapacitation will be made by two physicians or a physician and a psychologist who have personally examined you. In the event of your physical or mental incapacity or disability, the attorney-in-fact is then operative.

Do you want to have your Durable Power of Attorney effective immediately or springing? (Please select one):
_____ Immediately _____ Springing

- a. **INITIAL ATTORNEY-IN-FACT:**
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

b. ALTERNATE ATTORNEY-IN-FACT:
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

c. SECOND ALTERNATE ATTORNEY-IN-FACT:
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

7. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues and nursing home admission if you are unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

a. INITIAL HEALTH CARE AGENT:
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

b. ALTERNATE HEALTH CARE AGENT:
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

c. SECOND ALTERNATE HEALTH CARE AGENT:
Full legal name (including middle initial): _____
Address: _____
Phone No.: _____ Relationship: _____ Date of Birth: _____

8. **AUTHORIZATION FOR FINAL DISPOSITION.** In Wisconsin, the Authorization for Final Disposition is a document that enables an individual to designate a representative to make arrangements for an individual's funeral and final disposition on his/her behalf after death. The document also allows an individual to provide his/her chosen representative information about the individual's preferences, suggestions and directions for final disposition and funeral services.

Would you be interested in having an Authorization for Final Disposition prepared for you?
____ Yes ____ No **If yes, please provide the following information:

a. INITIAL REPRESENTATIVE:
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____

b. ALTERNATE REPRESENTATIVE:
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____

c. SECOND ALTERNATE REPRESENTATIVE:
Full legal name (including middle initial): _____
Address: _____
Telephone Number: _____ Relationship: _____

PLAN OF DISTRIBUTION:

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. **ASSETS REMAINING / DISTRIBUTION OF RESIDUE.** After providing for specific gifts, briefly describe how you would want your remaining assets to be distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- All to spouse; then equally between children, and if a child doesn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse, then equally between surviving children
- All to spouse, then _____

- As follows: _____

3. **ASSETS TO SPOUSE.** If a substantial part of your estate will be passing to your spouse, there is an option to have this pass outright or to place it in a trust. The reasons some people use a trust for a spouse are to ensure professional management of assets and to have someone to "take care" of assets in the event of illness or disability. A trust can also be used to ensure that assets pass to children at the surviving spouse's death. Putting tax considerations aside, would you be interested in establishing a trust for your spouse?

Yes No **If yes, please consider the following questions:

- 1. Should the income be paid automatically to the surviving spouse? Yes No
- 2. Should the surviving spouse have the power to withdraw assets from the trust? Yes No
Should such a power be limited to a specific amount per year? Yes No
- 3. Should the surviving spouse have the *unlimited and unrestricted* power to direct where the assets would go at his/her death? Yes No

4. **ASSET PROTECTION / AGE OF DISTRIBUTION AND/OR MANAGEMENT.** If you do establish a trust to allow a third party to manage assets for your children / beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to receive the assets outright and / or to manage the assets on their own. You may want to give each beneficiary his/her share outright at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 30 and the balance at age 35; or 1/3 at 30, 1/3 at 35, and the balance at 40. You may use any age or combination of ages that you desire. In the alternative, you may wish to have each beneficiary's inheritance remain in trust for the duration of the beneficiary's lifetime in order to protect those assets from a beneficiary's creditors / predators (e.g., in the event of a beneficiary's divorce or bankruptcy, beneficiary's generosity, etc.) or in the event you feel the beneficiary is not mature enough to manage his/her inheritance if otherwise distributed outright to that beneficiary, provided that the beneficiary could serve as a co-trustee or sole trustee at specified ages (e.g., co-trustee at 35 and sole trustee at 40).

Please describe your thoughts in this regard below.
