

SWENDSON / FEY LAW LTD.

ESTATE PLANNING QUESTIONNAIRE

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Estate Planning Questionnaire

Please answer all questions on this questionnaire pertaining to "Client" and "Spouse." Please attempt to fill in all blanks; if you do not know certain information, or it is not applicable, then state that the information is "unknown" or "not applicable" or "not available." By following this procedure, we are in a better position to evaluate the information and it removes the uncertainty of whether or not you overlooked any of the questions. Please feel free to attach any relevant documentation or explanation which you feel is necessary to accurately complete this questionnaire.

	<u>CLIENT</u>	<u>SPOUSE</u>
Name:	_____	_____
	(First) (Middle) (Last)	(First) (Middle) (Last)
Address:	_____	_____
	(Street)	(Street)
	_____	_____
	(City) (Zip)	(City) (Zip)
	_____	_____
	(County)	(County)
Date of Birth:	_____ Age: _____	_____ Age: _____
State of Birth:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Telephone:	_____	_____
	(Home) (Work)	(Home) (Work)
Social Security No.	_____	_____
Education:	_____	_____
	(High School Years Completed) (College Years Completed)	(High School Years Completed) (College Years Completed)
Former legal name(s):	_____	_____
Wife's Maiden Name?	_____	_____

MARRIAGE OF PARTIES

Place of Marriage:			
	(City)	(County)	(State)
Date of Marriage:			
No. of this Marriage:			
Other Marriages (if any) ended by:			
	(Death, Divorce, Annulment)	(Death, Divorce, Annulment)	
If either party was previously divorced, for each divorce state the following: Names of parties to the action: _____			

Please provide copies of each Divorce Judgment and any Post-Judgment Divorce Modifications.

CHILDREN OR OTHER MINOR DEPENDENTS

List all natural children born of this marriage.

Name: _____ Date of Birth: _____
Address: _____
Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____
Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

If any adopted children, indicate parental status: _____

(Natural Parent)

(Adoptive Parent)

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Please provide a copy of any and all adoption orders or decrees.

Does client or spouse have any minor children not born of this marriage? If so provide the following information:

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Name: _____ Date of Birth: _____
Address: _____

Spouses name: _____
Grandchildren: _____

Explain circumstances: _____

Please provide copies of any and all Judgments of Paternity if applicable.

Are there any children, natural or adopted, of client or spouse that have died?

Name: _____ Date of Birth: _____

Address: _____

Spouses name: _____

Grandchildren: _____

Do any of client's children have extraordinary medical needs, are disabled, or are incompetent? If so, explain.

OTHER RELATIVES

PARENTS

(if deceased, indicate date of death)

NAME	RELATIONSHIP	ADDRESS

SIBLINGS

(if deceased, indicate date of death)

NAME	RELATIONSHIP	ADDRESS

NIECES AND NEPHEWS

NAME	RELATIONSHIP	ADDRESS

OTHER RELATIVES

NAME	RELATIONSHIP	ADDRESS

OTHER IMPORTANT PEOPLE

NAME	RELATIONSHIP	ADDRESS

MEDICAL STATUS

Health of Client:	_____
	(Excellent, Average, Poor) Explain.
Health of Spouse:	_____
	(Excellent, Average, Poor) Explain.

Is wife currently pregnant? Do you expect to have or adopt any additional children in the future? Explain.

Are any of the people set forth above disabled or incompetent? If yes, explain.

EMPLOYMENT INFORMATION

CLIENT		SPOUSE	
Employer Name	Address	Employer Name	Address

Client's Annual Income:	_____
Position:	_____
Spouse's Annual Income:	_____
Position:	_____

Attach copies of your last 12 weeks wage statements and of your State and Federal tax forms that were filed in the last two years.

ARMED FORCES

Was client in Armed Forces: _____ If so, list years and branch of service. _____

Was spouse in Armed Forces: _____ If so, list years and branch of service. _____

Attach copies of your discharge papers.

PRIOR WILLS, TRUSTS AND ESTATE PLANS

Please attach copies of any and all prior wills, Trusts or Estate Plans which have been drafted for you or your spouse or children, including, but not limited to, irrevocable insurance trusts, transfer or gift to Minors Accounts, trusts for children, trusts your created for parents or others, Power of Attorneys, medical directives, funeral trusts, pre-funded funeral arrangements or purchases.

**PRE-MARITAL OR POST MARITAL AGREEMENT
RECLASSIFYING MARITAL PROPERTY**

**Please attach a copy of any existing marital property
agreement (Pre-Marital or Post Marital).**

How long have you been a resident of the State of Wisconsin? _____

How long have you been a resident of your present County? _____

REAL ESTATE

Type of real estate (residence, investment property,
summer home, vacant land, etc.) _____

Address of Property: _____

Street

City

State

Date of Acquisition: _____

Is the property encumbered? _____

Yes

No

If the property is encumbered, answer the following: _____

Lienholder

Monthly Payment

Current Balance

Title on Deed: _____

Husband

Wife

Joint

Other

Real Estate Taxes: _____

Amount - Are taxes included in mortgage payment?

Original Cost and Present Value: _____

Original Cost

Approximate Present Value

Legal Description: Please attach a copy of the deed by which you obtained title or the title insurance policy, along with the most recent real estate tax statement and any notices of reassessment.

Is this property used directly to earn your livelihood? _____

If so, explain. _____

PROFIT SHARING/PENSION PLANS/RETIREMENT ACCOUNTS

Are you a participant in a retirement plan at your present place of employment?

YES

NO

Do you have an interest of any nature whatsoever in a retirement plan at any previous place of employment.

YES

NO

If your answer is yes, please complete the following for each plan:

Name of Employer: _____

Address of Employer: _____

Type of Plan: _____

Do you make any contributions to plan? _____

What is the current cash value of your interest in this plan? _____

Is any portion invested in stock of your employer? _____

Name of Employer: _____

Address of Employer: _____

Type of Plan: _____

Do you make any contributions to plan? _____

What is the current cash value of your interest in this plan? _____

Is any portion invested in stock of your employer? _____

Is your spouse a participant in a retirement plan at present place of employment?	_____	_____
	YES	NO
Does your spouse have an interest of any nature whatsoever in a retirement plan at any previous place of employment.	_____	_____
	YES	NO

If your answer is yes, please complete the following:

Name of Employer:	_____
Address of Employer:	_____
Type of Plan:	_____
Do you make any contributions to plan?	_____
What is the current cash value of your interest in this plan?	_____
Is any portion invested in stock of your employer?	_____

Name of Employer:	_____
Address of Employer:	_____
Type of Plan:	_____
Do you make any contributions to plan?	_____
What is the current cash value of your interest in this plan?	_____
Is any portion invested in stock of your employer?	_____

Please provide copies of the retirement or pension plan documents.

INDIVIDUAL RETIREMENT ACCOUNTS

Are you or your spouse a participant in any IRA (Individual Retirement Account) or Keogh Plan: _____

Client / Spouse

If yes, please give details below.

Client: _____

Spouse: _____

Please provide copies of the retirement plan documents and most recent statement of value and/or assets.

LIFE INSURANCE

	Client	Spouse
A. Face Amount	_____	_____
Type of Policy	_____	_____
Owner	_____	_____
Insured	_____	_____
Beneficiary(ies)	_____	_____
Name of Company	_____	_____
Policy Number	_____	_____
Indicate if insurance is obtained through employer	_____	_____
Premium	_____	_____
Loan	_____	_____
Cash Value	_____	_____
Value of dividends and accumulations	_____	_____

B. Face Amount	_____	_____
Type of Policy	_____	_____
Owner	_____	_____
Insured	_____	_____
Beneficiary(ies)	_____	_____
Name of Company	_____	_____
Policy Number	_____	_____
Indicate if insurance is obtained through employer	_____	_____
Premium	_____	_____
Loan	_____	_____
Cash Value	_____	_____
Value of dividends and accumulations	_____	_____

Copies of face sheet of policy, beneficiary designation, split dollar or other agreement.

AUTOMOBILES/MOTORCYCLES/RECREATIONAL VEHICLES/TRUCKS/TRACTORS/ETC.

Type of vehicle	_____	Type of vehicle	_____
Make/Model	_____	Make/Model	_____
Title in Whom	_____	Title in Whom	_____
Approximate Value	_____	Approximate Value	_____
Loan Balance	_____	Loan Balance	_____
Monthly Payment	_____	Monthly Payment	_____

Type of vehicle	_____	Type of vehicle	_____
Make/Model	_____	Make/Model	_____
Title in Whom	_____	Title in Whom	_____
Approximate Value	_____	Approximate Value	_____
Loan Balance	_____	Loan Balance	_____
Monthly Payment	_____	Monthly Payment	_____

STOCKS

Number of Shares:	_____	Number of Shares:	_____
Name of Company:	_____	Name of Company:	_____
Common/Preferred:	_____	Common/Preferred:	_____
Approximate Value:	_____	Approximate Value:	_____
Title Ownership:	_____	Title Ownership:	_____

Number of Shares:	_____	Number of Shares:	_____
Name of Company:	_____	Name of Company:	_____
Common/Preferred:	_____	Common/Preferred:	_____
Approximate Value:	_____	Approximate Value:	_____
Title Ownership:	_____	Title Ownership:	_____

Number of Shares:	_____	Number of Shares:	_____
Name of Company:	_____	Name of Company:	_____
Common/Preferred:	_____	Common/Preferred:	_____
Approximate Value:	_____	Approximate Value:	_____
Title Ownership:	_____	Title Ownership:	_____

BONDS

Face Value: _____	Face Value: _____
Name of Issuer: _____	Name of Issuer: _____
Certificate No.: _____	Certificate No.: _____
Current Market Value: _____	Current Market Value: _____
Ownership: _____	Ownership: _____

Copies of most recent brokerage account statement. Stock Options/Rights/Warranties.

BUSINESS INTERESTS

Name of Business:	_____
Type of Interest:	_____
(Sole Proprietor)	
(Partnership)	
(Joint Venture)	
(Corporation)	
Type of Business:	_____
Ownership:	_____
Current Market Value:	_____
Basis of Valuation:	_____
Date of Valuation:	_____

Name, address and telephone number of your accountant:

Attach annual and/or monthly financial statements (as available) or list all legitimate business expenses. Be prepared for the possibility of having to document expenses. Attach copies of appraisals, buy/sell agreements, installment sales agreements, etc.

**BANK ACCOUNTS (CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET CERTIFICATES, ETC.**

A. Name of Institution:

In Whose Name Held:

Type of Account:

Account Number:

Current Balance:

B. Name of Institution:

In Whose Name Held:

Type of Account:

Account Number

Current Balance:

C. Name of Institution:	_____
In Whose Name Held:	_____
Type of Account:	_____
Account Number:	_____
Current Balance:	_____
D. Name of Institution:	_____
In Whose Name Held:	_____
Type of Account:	_____
Account Number:	_____
Current Balance:	_____
E. Name of Institution:	_____
In Whose Name Held:	_____
Type of Account:	_____
Account Number:	_____
Current Balance:	_____

Attach copies of last statement or certificate.

CASH

Cash on hand exceeding \$100.00	\$ _____	\$ _____
	Husband	Wife

**Indicate which, if any, accounts are pledged on a loan or otherwise encumbered.
Give details as to any such transaction including all terms and the creditor or institution
where debt exists on Schedule of Debts and Obligations.**

HOUSEHOLD ITEMS AND PERSONAL EFFECTS

Ownership should be indicated by inserting H for Husband and W for Wife, or J for Joint.

A. Furniture, Furnishings:

Approximate Value: \$ _____

Ownership: _____

B. Antiques, Heirlooms:

Approximate Value: \$ _____

Ownership: _____

C. China, Silver:

Approximate Value: \$ _____

Ownership: _____

D. Jewelry:

Approximate Value: \$ _____

Ownership: _____

E. Furs:

Approximate Value: \$ _____

Ownership: _____

F. Objects of Art:

Approximate Value: \$ _____

Ownership: _____

G. Other (Specify):

Approximate Value: \$ _____

Ownership: _____

Please attach any appraisals and/or insurance riders.

MISCELLANEOUS PROPERTY

If you or your spouse are the owner(s) of any property not herein before set forth having a value exceeding \$100.00, such as skiing or fishing equipment, camera equipment, guns, coins, stamps or other valuable collections; mortgages and notes receivable, interests in trusts, interests in estates, liens and judgments owned, or other, please describe same below:

<u>Description:</u>	<u>Current Market Value:</u>	<u>Ownership:</u>
(1) _____	\$ _____	_____
(2) _____	\$ _____	_____
(3) _____	\$ _____	_____
(4) _____	\$ _____	_____
(5) _____	\$ _____	_____
(6) _____	\$ _____	_____

Which, if any, of these items are used directly to earn your livelihood?

NON-MARITAL PROPERTY

Did you or your spouse own property or possess funds prior to this marriage or inherit any property or funds during the marriage or receive a gift during the marriage? _____ Yes _____ No

If the answer is "Yes", please complete the following:

(1) Description	_____
Value at time of marriage or when inherited or received:	\$ _____
Current Market Value:	\$ _____
When Acquired:	_____
How Acquired:	_____
Where Located:	_____
Title Ownership:	_____

(2) Description	_____
Value at time of marriage or when inherited or received:	\$ _____
Current Market Value:	\$ _____
When Acquired:	_____
How Acquired:	_____
Where Located:	_____
Title Ownership:	_____

List below any upcoming extraordinary expenses, if any, including school, medical, dental, major necessary purchases, etc. Complete as to the nature of the expense and the total anticipated amount for each:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

STATEMENT OF INCOME

	<u>Husband</u>	<u>Wife</u>
Gross current MONTHLY income from:		
<ul style="list-style-type: none"> ■ Salary and wages, including commissions, allowances & overtime (if you are paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-wkly income by 2.15) ■ Pensions and Retirement ■ Social Security ■ Disability and Unemployment Insurance ■ Public Assistance (i.e. welfare, AFDC) ■ Child Support From Any Prior Marriage ■ Dividends and Interest ■ Rents ■ Bonuses ■ All Other Sources (specify): _____ 	\$ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	\$ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
TOTAL GROSS MONTHLY INCOME:	\$ _____	\$ _____

Attach a brief statement of what you are attempting to accomplish with your estate plan and how you would like the assets contained hereon dealt with at client and spouse's deaths.

CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process.

Please review the following risks that we frequently hear from clients, identifying those risks which concern you, and provide us with some sense about how concerns you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

YOUR CONCERNS

Please rate the following as to how important they are to you

(H-high concern; S-some concern; L-low concern; N/A-no concern or not applicable):

Description

Level of Concern
Husband Wife

<u>Description</u>	<u>Husband</u>	<u>Wife</u>
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reducing administration costs at the time of your death.		
Avoiding a conservatorship (“living probate”) in case of disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuit or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance for the possibility of failed marriages.		
Protecting children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (*please list below*):

IMPORTANT FAMILY QUESTIONS

<i>Please check "Yes" or "No" for your answer</i>	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe: _____ _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Describe: _____ _____		
If married have you and your spouse signed a pre- or post-marriage contract? Describe: _____ _____ _____		
Have you (or your spouse) been widowed? _____ <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed a federal or state gift tax return? _____ <i>If yes, please furnish a copies of these returns.</i>		
Have you (or your spouse) completed a previous will, trust or estate plan? _____ <i>If yes, please furnish copies of these documents.</i>		
Do you support any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
If married, have you lived in any of the following states while married to each other: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? <i>If so, please explain:</i> _____		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____ _____		
Do any of your children have special education, medical, or physical needs? <i>If so, please explain:</i> _____ _____		

Do any of your children receive governmental support or benefits? <i>If so, please explain:</i> _____ _____ _____		
Do you provide primary or other major financial support to adult children or others? <i>If so, please explain:</i> _____ _____		

ADDITIONAL RELEVANT INFORMATION
