

# SCHLEISNER LAW OFFICE

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JANESVILLE, WISCONSIN  
(608) 757-2422

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

## ESTATE-PLANNING QUESTIONNAIRE

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### PERSONAL INFORMATION

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#### A. Client(s)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_

#### B. Marriage

1. Are you married? ( ) Yes ( ) No If yes, date of marriage: \_\_\_\_\_
2. Were either of you previously married? ( ) Yes ( ) No
3. If "yes" to question 2, to who were you married?  
\_\_\_\_\_
4. How and where marriage(s) ended \_\_\_\_\_

#### C. Children

1. All children born to both you and your current spouse (attach additional sheet if more than three), if applicable.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, Date of Death \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, Date of Death \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, Date of Death \_\_\_\_\_

2. Children born that are NOT both yours and your current spouse's, if applicable.

Who's child? \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, date of death \_\_\_\_\_

Who's child? \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, date of death \_\_\_\_\_

Who's child? \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Married \_\_\_\_\_ Grandchildren \_\_\_\_\_  
If deceased, date of death \_\_\_\_\_

3. Are there any adopted children in the family?  Yes  No  
4. Are there any children who are living as family members but who have *not* been adopted?  Yes  No

**D. Other Relatives (if you do not have children, or whom you would like to include in your Estate Plan)**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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**E. Miscellaneous Questions**

1. Do either of you have a Will?  Yes  No  
If so, please bring copy of our appointment.
2. When you die, who would you like to receive your property and assets? You may mark more than one. If you mark more than one, think about what percentage of your assets you would like each beneficiary to receive.
- Spouse
  - Children
  - Grandchildren
  - Other Relatives
  - Friends/Other
3. If all the individuals marked above pre-decease you, do you have a charitable or other organization you would like to receive your property and assets?  Yes  No  
If so, name such organization \_\_\_\_\_

4. If you marked children, grandchildren, other minors, or persons with special needs in question number 3 above, would you want that person to receive the inheritance through a **Trust, where a Trustee holds the money for their benefit with instructions from you on how and when to distribute the money?** ( ) Yes ( ) No
5. If you would like a Trust, who would you want to manage/control/hold the assets of the Trust?  
 \_\_\_\_\_(this is called the Trustee)  
 If the person you named above is unable to act as Trustee, who would you want to be an alternate? \_\_\_\_\_ Second Alternate? \_\_\_\_\_
6. At what ages would you like your children to receive your assets without using Trustee to manage the assets (outright distribution)? All at one age \_\_\_\_\_; or percentage at certain ages \_\_\_\_\_(example ½ at age 25 and remaining ½ at age 30)
7. Do you have any sentimental pieces of property, such as family heirlooms, which you would like to specifically, give to someone upon your death? ( ) Yes ( ) No
8. If your children are under the age of 18, who would you want to take care of them if you die before they reach majority(this is called a Guardian) \_\_\_\_\_?  
 If the person you named above is unable to act as Guardian, who would you want to be an alternate? \_\_\_\_\_ Second alternate \_\_\_\_\_
9. Who would you like to administer your estate when you die(this is called personal representative, also known as executor) ? \_\_\_\_\_  
 Who would you want to be an alternate? \_\_\_\_\_  
 Second Alternate \_\_\_\_\_
10. What concerns do you have about the probate process:
- Costs
- Public Nature of Probate
- Delay in Distribution
- Other Concerns
11. 2017 value of estate that you can pass \$5.49 million without owing any estate tax. Most estates will NOT owe any federal gift/estate tax. You may be subject to estate taxes if your estate (which includes both probate and non-probate transfers of property, including life insurance benefits, and lifetime gifts that exceed the annual exclusion, currently 14,000 per done per year) exceeds that large amount.  
 Do you expect your lifetime gifts and assets at death to exceed \$5.34 million? ( ) Yes ( ) No
12. Do you have a Power of Attorney for Health Care or Living Will? ( ) Yes ( ) No  
 If no, who would you like to make Health Care Decisions for you? \_\_\_\_\_  
 Alternate \_\_\_\_\_ Second Alternate \_\_\_\_\_  
 Third Alternate \_\_\_\_\_
13. What have you thought about whether you would want to continue to receive medical treatment and/or nutrition and hydration if you are expected to die no matter what the treatment, or if you have a permanent loss of consciousness? \_\_\_\_\_  
 \_\_\_\_\_

14. Would you like information on Financial Power of Attorney? ( ) Yes ( ) No  
 If yes, who would you like to handle your finances \_\_\_\_\_  
 Alternate \_\_\_\_\_ Second Alternate \_\_\_\_\_  
 Third Alternate \_\_\_\_\_
15. Please list any other information you feel is important for us know about you or questions you may have \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL INFORMATION- OPTIONAL BUT ENCOURAGED**

Completing this section will help our discussions on what estate planning documents are appropriate for you.

- Home: Value \$ \_\_\_\_\_
- Other Real Estate Value \$ \_\_\_\_\_  
 (address/location, type):
- Securities: Value \$ \_\_\_\_\_
- Cash, C.D.'s, Other Bank/Money Market Accounts: Value \$ \_\_\_\_\_
- Collectibles and Antiques: Value \$ \_\_\_\_\_
- Personal Property, Value \$ \_\_\_\_\_
- Autos, etc.: Value \$ \_\_\_\_\_
- Other Investments Value \$ \_\_\_\_\_  
 (describe):

Have you received any significant gifts or inheritances?  
 ( ) Yes ( ) No  
 If so, indicate what value or what property was received, by whom, and when.

Do you anticipate any substantial gifts or inheritance?  
 ( ) Yes ( ) No If so, from whom and in what amount?

**B. Life Insurance**

Name of Co. \_\_\_\_\_ Type of Policy/Plan \_\_\_\_\_  
 Title Holder \_\_\_\_\_ Whose Life Insured \_\_\_\_\_

Beneficiary \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_  
 When Acquired \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

**C. Retirement Plans**  
 (e.g., IRAs, Pension/Profit-Sharing Plans)

Name of Co. \_\_\_\_\_ Beneficiary \_\_\_\_\_

**D. Are either of you currently employed? Name of Employer** \_\_\_\_\_

**E. Marital Property Agreement**

Do you have an existing marital property (or prenuptial or postnuptial) agreement? (   
 ( ) Yes ( ) No If yes, please provide a copy.

**F. Debts (Other than mortgages shown above in connection with assets)**

Name of Creditor	\$ Amount
_____	_____
_____	_____

**TYPICAL FEES**

The attorney fee varies depending on the complexity of your case, and the amount of time spent with you, but below are the average fees.

FIRST INITIAL CONSULT- up to one-half hour \$50; if additional time is needed \$225 per hour.

- WILL or Health Care Power of Attorney with or without Living Will, or Financial Power of Attorney- \$225 each single document.
- PACKAGE, all three documents, if drafted and signed at the same time-  
single person \$525;  
couple \$725
- TRUSTS- begin at \$525 and up; will discuss the complexity of your trust and estimated fee at initial consult.
- REAL ESTATE DOCUMENTS- such as Transfer on Death Designation; Quit Claim Deed, or other document regarding real estate- \$225 if the only service needed; \$155 if part of a PACKAGE, plus recording fee paid to Register of Deeds (\$30)