



**CONFIDENTIAL QUESTIONNAIRE**

Consultation Intake		
Consultation Date		
Mr. Mrs. Ms. Dr. (circle one)	Your Legal Name	
	Prefer to go by	
Mr. Mrs. Ms. Dr. (circle one)	Spouse Legal Name	
	Prefer to go by	
Nature of case:		
How did you hear about us?		

Address Information		
C/O		Billing Address (if different)
Address		
City, State Zip		
Cell #		Other Phone
E-Mail		
Spouse Cell #		
Spouse E-Mail		

For Office Use	
Practice Area	<input type="checkbox"/> EP <input type="checkbox"/> Elder Law <input type="checkbox"/> Spec. Needs
<b>Plan Type</b>	<b><u>Notes</u></b>
<input type="checkbox"/> Rev Trust Plan	
<input type="checkbox"/> Rev Trust w/ Kids Trust Plan	
<input type="checkbox"/> MPA-Will Sub Plan	
<input type="checkbox"/> Irrev Trust (Medicaid) Plan	
<input type="checkbox"/> Will Plan	
<input type="checkbox"/> Other	

Eau Claire Office  
1324 W. Clairemont Ave., Ste. 10  
Eau Claire, WI 54703  
715-835-6196

Marshfield Office  
1001 N. Central Ave.  
Marshfield, WI 54449  
715-350-2227

## Additional Information

	You	Spouse/Partner
Date of Birth:		
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Occupation (former if retired)		
Any major health concerns?		
Social Security Disability determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Funeral Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Current Estate Planning Documents (please provide copies)</b>	
Who has a Will or Trust?	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Neither
Who has a current Power of Attorney for Finances?	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Neither
Who has a current Health Care Power of Attorney?	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Neither
Who is a beneficiary of a trust?	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Neither
Do you have a Marital Property (Prenup) Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Divorce Decree that has continuing obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Your Concerns</b>	
Please rank the following as to how important they are to you right now: <b>H</b> = currently a high concern <b>M</b> = currently a mild concern <b>L</b> = currently a low concern <b>N/A</b> = is currently not a concern or is not applicable to my situation	
	Avoid paying taxes at my death
	Avoid probate (i.e., the costs and delays of going to court)
	Protect my assets from the cost of long-term care (e.g., nursing home)
	Make administrating my estate as easy as possible for my family
	Protect children's inheritance from risks of their lives (e.g., divorce, bankruptcy)
	Providing for charities upon my death
	Plan for the transfer of a business
	Plan for and protect assets for a disabled child or beneficiary

**Children's Information (include and indicate any deceased children)**

<b>Child #1</b>		
Full Legal Name		Birth Date:
Address (House Number City, State Zip)		Child of: <input type="checkbox"/> Both <input type="checkbox"/> Mine only <input type="checkbox"/> Spouse only
Phone:	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled or Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children:	Any children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child #2</b>		
Full Legal Name		Birth Date:
Address (House Number City, State Zip)		Child of: <input type="checkbox"/> Both <input type="checkbox"/> Mine only <input type="checkbox"/> Spouse only
Phone:	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled or Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children:	Any children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child #3</b>		
Full Legal Name		Birth Date:
Address (House Number City, State Zip)		Child of: <input type="checkbox"/> Both <input type="checkbox"/> Mine only <input type="checkbox"/> Spouse only
Phone:	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children:	Any children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child #4</b>		
Full Legal Name		Birth Date:
Address (House Number City, State Zip)		Child of: <input type="checkbox"/> Both <input type="checkbox"/> Mine only <input type="checkbox"/> Spouse only
Phone:	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled or Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children:	Any children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child #5</b>		
Full Legal Name		Birth Date:
Address (House Number City, State Zip)		Child of: <input type="checkbox"/> Both <input type="checkbox"/> Mine only <input type="checkbox"/> Spouse only
Phone:	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled or Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children:	Any children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Please use the back of page to write additional child information

<b>SUMMARY OF FINANCIAL ASSETS</b> (List estimated total of each type of asset)				
	<b>Your Accounts</b>	<b>Spouse's Accounts</b>	<b>Joint Accounts</b>	<b>Beneficiary or POD</b>
	<b>Balances</b>	<b>Balances</b>	<b>Balances</b>	<b>Name</b>
<b>Cash</b>				
<b>Checking</b>				
<b>Savings</b>				
<b>CDs</b>				
<b>Retirement accounts (IRA, 401(k), etc.)</b>				
<b>Investment Accounts</b>				
<b>Individual stocks, bonds, mutual funds</b>				
<b>Expected Inheritance</b>				
<b>Other Assets:</b>				

<b>VEHICLES</b> (cars, trucks, boats, titled trailers, ATV/UTV, airplanes)				
<b>Year</b>	<b>Make/Model</b>	<b>Value</b>	<b>Owner</b>	<b>Loan?</b>

<b>REAL ESTATE (INCLUDE TIME SHARES)</b>			
<b>Parcel #1 (Homestead)</b>			
Location		County	
Names on Deed		Value	
MFL or Farmland Preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
<b>Parcel # 2 (Other)</b>			
Location		County	
Names on Deed		Value	
MFL or Farmland Preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
<b>Parcel # 3 (Other)</b>			
Location		County	
Names on Deed		Value	
MFL or Farmland Preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
<b>Parcel # 4 (Other)</b>			
Location		County	
Names on Deed		Value	
MFL or Farmland Preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:

<b>LIFE INSURANCE</b>				
<b>Owner</b>	<b>Insured</b>	<b>Death Benefit</b>	<b>Cash Value</b>	<b>Beneficiary</b>

<b>BUSINESS INTERESTS</b>		
<b>Name of Company</b>	<b>Owner</b>	<b>% Interest or # of Shares</b>

## FIDUCIARY CHOICES

<b>Financial Power of Attorney</b> – Your agent will handle your financial and business matters. This is designed to avoid the cost and delay of a guardianship proceeding. <i>Please list at least two individuals.</i>		
You	Legal Name	Relationship
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		
Spouse/Partner	Legal Name	Relationship
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

<b>Health Care Power of Attorney</b> – Your agent will make health care decisions for you when you no longer possess the capacity to make those decisions for yourself. <i>Please list at least two individuals.</i>		
You	Legal Name	Relationship
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		
Spouse/Partner	Legal Name	Relationship
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

<b>Trustee/Personal Representative</b> – These are the people who have the responsibility to administer your trust or settle your estate. A trust may be needed as part of your estate plan if, for example, there is a need to eliminate or minimize estate tax liability, you have real estate in several different states, or there is a family member with a disability. <i>Please list at least two individuals or entities</i>		
	Legal Name	Relationship
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

**Guardian for minor child or children** – If you have a minor child or children, who do you choose to become guardian? *Please list at least two people (or couples) who you want to nominate.*

	Legal Name(s)	Relationship
1st Choice		
2nd Choice		
3rd Choice		

**Contact Information (other than children previously listed)** – Please provide the contact information for any individuals whom you have identified above.

Legal Name	Address	Phone

The following questions are intended to help you begin to think about various options for your plan. We will discuss these in greater detail during our meeting.

How would you like your estate distributed on your death?	
Do you have special provisions for any beneficiary?	
Charity(ies) that should receive a distribution and amount or percentage?	
Do you have other concerns that have not been covered by this questionnaire?	