



GROSSKOPF & BURCH LAW FIRM
TRUST EXPERIENCE

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CONFIDENTIAL QUESTIONNAIRE

Please complete this questionnaire to the best of your ability.
Any information you can provide will be helpful for our initial consultation.

Your Personal Data		
Legal Name		
Preferred/Nickname		
Mailing Address (Street, City, State, Zip)		
Phone Number		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail		Date of Birth:
Employer/Occupation (former if retired)		
Any major health concerns?		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married: Date
	<input type="checkbox"/> Widowed: Date	<input type="checkbox"/> Widow of a Veteran
	<input type="checkbox"/> Divorced: Date	

Spouse/Partner Personal Data		
Legal Name		
Preferred/Nickname		
Phone Number		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail		Date of Birth:
Employer/Occupation (former if retired)		
Any major health concerns?		

How did you hear about us? _____

Additional Information

Family Details		
Disability determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Prepaid Funeral Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount? You: Spouse:
Long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?

Current Estate Planning Documents (please provide copies)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Concerns	
Please rank the following as to how important they are to you right now: H = currently a high concern M = currently a mild concern L = currently a low concern N/A = 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
	Protect my children's inheritance if my spouse remarries
	Plan for a spouse with disabilities and preserve assets for non-disabled spouse
	Plan for the transfer of a business
	Preserve my privacy and keep my plan private
	Avoid will contests
	Plan for and protect assets for a disabled child or beneficiary

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

Child #1		
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 with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child #2		
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 with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child #3		
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 with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child #4		
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 with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child #5		
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 with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Confidential Questionnaire

SUMMARY OF FINANCIAL ASSETS

(List estimated total of each type of asset)

	Joint Account or single person	Your Individual Account	Spouse's Individual Account	Beneficiary or POD
	Balance	Balance	Balance	Name
Cash				
Checking				
Savings				
CDs				
Retirement accounts (IRA, 401(k), Roth IRA, etc.)				
Investment Accounts (nonqualified)				
Individual stocks, bonds, mutual funds				
Expected Inheritance				
Other Assets:				

VEHICLES

(cars, trucks, boats, titled trailers, ATV/UTV, airplanes)

Year	Make/Model	Value	Owner	Loan?

REAL ESTATE (INCLUDE TIME SHARES)

Parcel #1 (Homestead)

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:

Parcel # 2 (Other)

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:

Parcel # 3 (Other)

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:

Parcel # 4 (Other)

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:

LIFE INSURANCE

Owner	Insured	Death Benefit	Cash Value	Beneficiary

BUSINESS INTERESTS

Name of Company	Owner	% Interest or # of Shares

Fiduciary Choices

Financial Power of Attorney – 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 <u>at least two individuals</u> who you want to serve as agent and backup agent(s).</i>		
You	Legal Name	Relationship
1 st Choice		
2 nd Choice		
3 rd Choice		
Spouse/Partner	Legal Name	Relationship
1 st Choice		
2 nd Choice		
3 rd Choice		

Health Care Power of Attorney – 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 <u>at least two individuals</u> who you want to serve as agent and backup agent(s).</i>		
You	Legal Name	Relationship
1st Choice		
2nd Choice		
3rd Choice		
Spouse/Partner	Legal Name	Relationship
1st Choice		
2nd Choice		
3rd Choice		

Trustee/Personal Representative – 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 <u>at least two individuals or entities</u> who you want to serve.</i>		
	Legal Name	Relationship
1st Choice		
2nd Choice		
3rd Choice		

Guardian for minor child or children – If you have a minor child or children, who do you choose to become guardian? If you choose a married couple, give thought to whether one of them would remain guardian if something happened to the spouse. ***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 other than yourselves or children whom you have identified above.

Legal Name	Address	Phone Number

Estate Planning Provisions

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 (and your surviving spouse's death if married)?	
Do you have special provisions for any beneficiary?	
Do you have any special provisions or limitations in mind about the distribution of your inheritance, such as payment at certain ages, using funds to pursue education, etc.?	
Name of any charity(ies) that should receive a distribution of inheritance and amount or percentage?	
Do you have any special instructions regarding your memorial service? Do you have prepaid funeral or crematory services?	
Have you made any substantial gifts (over \$10,000 per year per recipient)? (If Yes, provide details)	
Do you have other concerns that have not been covered by this questionnaire?	

Things to think about before our initial meeting:

Probate Avoidance: While avoiding probate is very popular, it sometimes means a more complex and expensive estate plan. Trusts are often used as the centerpiece of an estate plan that avoids probate. While the cost of preparing a living trust is more than the cost of a will, it is usually less than half the cost of a probate proceeding. A general rule to follow is that as one ages, probate avoidance makes more sense. A couple in their thirties ordinarily shouldn't be concerned about the costs of probate due to their life expectancy. There are also some other non-probate devices or techniques which we can discuss, particularly for smaller estates.

Nursing Home Costs: Senior citizens and those approaching retirement age should be concerned about the possibility of financial catastrophe if they are confined to a nursing home for any length of time. Many estate plans include some asset protection from the potential for nursing home costs. While this may not be an issue of concern for younger people, it should be considered for those who are over 60, or where there seems a great likelihood of long-term placement.

Federal Estate Tax: A person dying in 2023 and later should have an exemption equivalent to approximately \$12 Million per person, or in the case of married couple, up to approximately \$24 Million. Be sure to ask the attorney when you meet. The tax rates are steep if the tax applies. We can discuss tax planning strategies if this applies to your situation.

Gift Tax: As of January 1, 2023, the annual gift tax exclusion increased to \$17,000.00 per person, per year. Gifts in excess of that amount start to use up the estate tax exemption, noted above.

WI Estate Tax: There is no Wisconsin inheritance tax, and the Wisconsin Estate tax expired on December 31, 2007.

Keep in mind that the tax laws change regularly; this summary does not constitute as tax advice; you should always check with a tax professional for changes and updates before acting.