



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			

Please note: The initial consultation alone does not create an Attorney-Client agreement. Our policy is to have a written fee agreement and paid retainer (where applicable) before any Attorney-Client relationship is created. If you have questions, please ask the Attorney.

For Office Use

_____	Paralegal	_____
_____	Attorney	_____
_____	Other	_____

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

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
	Plan for a spouse with disabilities and preserve assets for non-disabled spouse
	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)

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

SUMMARY OF FINANCIAL ASSETS (List estimated total of each type of asset)				
	Your Accounts	Spouse's Accounts	Joint Accounts	Beneficiary or POD
	Balances	Balances	Balances	Name
Cash				
Checking				
Savings				
CDs				
Retirement accounts (IRA, 401(k), Roth IRA, etc.)				
Investment Accounts				
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. *Please list at least two individuals.*

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. *Please list at least two individuals.*

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		

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. *Please list at least two individuals or entities*

You	Legal Name	Relationship
1 st Choice		
2 nd Choice		
3 rd 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?	

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 trust is more than the cost of a will, it is usually less than half the cost of a probate proceeding. 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. Planning should be considered for those over 65 or where there seems a great likelihood of long-term placement.

Federal Estate Tax: The estate tax exemption is \$13.61 Million per person in 2024. The tax rates are steep if the tax applies. The exemption is expected to “sunset” in 2026 and return to about \$7 Million per person. We can discuss tax planning strategies if this applies to your situation.

Gift Tax: The annual gift tax exclusion for 2024 is \$18,000.00 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 tax advice; you should always check with a tax professional for changes and updates before acting.