

CONFIDENTIAL
ESTATE AND RETIREMENT PLANNING QUESTIONNAIRE

DATE: _____

I. Personal Information:

Husband's Name: _____

Birthdate: _____ Social Security Number: _____

Wife's Full Name: _____

Birthdate: _____ Social Security Number: _____

Date and county/state of your marriage _____

Home Address: _____

Home Telephone: () _____

E-Mail Address: _____

Business Address: _____

Husband _____

Wife _____

E-Mail Address: _____

Business Telephone: Husband () _____ Wife () _____

Seasonal Residence: _____

Seasonal Telephone: () _____

II. Personal Advisors

Attorney: _____

Address: _____

Telephone: () _____

Insurance Agent: _____

Address: _____

Telephone: () _____

Stockbroker _____

Address: _____

Telephone: () _____

V. General Family Information:

Does any child or grandchild have a health problem or handicap?

Yes ___ No ___

If yes, please explain:

Are there any other persons dependent upon you?

Yes ___ No ___

Monthly obligation: Alimony \$ _____ for ___ years

VI. Current Estate Plans:

Does Husband have a will/trust at the present time?

Yes ___ No ___

Location of original(s): _____

Does wife have a will/trust at the present time?

Yes ___ No ___

Location of original(s): _____

Do you have a marital property agreement?

Yes ___ No ___

VII. Real Estate (Personal Residence, Second Residence and Rental Properties):

<u>Location</u>	<u>Ownership*</u>	<u>Basis</u>	<u>Estimated Cost</u>	<u>Value</u>	<u>Mortgage Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*See explanation of ownership by Wisconsin married persons at end of questionnaire.

VIII. Bank Accounts and Certificates of Deposits:

<u>Type of Institution</u>	<u>Account</u>	<u>Ownership*</u>	<u>Approximate Balance</u>

IX. Stocks and Mutual Funds: (Indicate if subject to margin account)

<u>Company</u>	<u>No. of Shares</u>	<u>Ownership*</u>	<u>Cost</u>	<u>Approximate Mkt. Value</u>

X. Bonds (Taxable and Exempt), Treasury Instruments, Notes and Accounts Receivable:

<u>Description</u>	<u>Due Date</u>	<u>Face Value</u>	<u>Market Value</u>	<u>Ownership</u>

* See explanation of ownership by Wisconsin married persons at end of questionnaire.

XI. Life Insurance

Please furnish the requested information for all policies on members of your family, including husband, wife and children. Be sure to include group insurance through work. Please use additional sheets, if necessary.

In lieu of completing this portion of the questionnaire, you may be able to obtain computer printouts from your insurance agent.

Ins. Co.	_____	_____	_____	_____
Policy #	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Owner*	_____	_____	_____	_____
Type Ins.	_____	_____	_____	_____
Face Val.	_____	_____	_____	_____
Cash Sur. Val.	_____	_____	_____	_____
Annual Prem.	_____	_____	_____	_____
Loans	_____	_____	_____	_____
Primary Benef.	_____	_____	_____	_____
Conting. Benef.	_____	_____	_____	_____

XII. Retirement Plans:

If either spouse is entitled to any benefits under a deferred compensation, retirement or profit sharing plan, please furnish the following information:

Participant	_____	_____	_____	_____
Plan Name	_____	_____	_____	_____
Plan Nature	_____	_____	_____	_____
Expected Payment	_____	_____	_____	_____
Death Benefit	_____	_____	_____	_____

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Contribution Made By Whom	_____	_____	_____	_____
Designated Benef.	_____	_____	_____	_____
Life Ins. in Plan	_____	_____	_____	_____

If either spouse has established an IRA account, please furnish the following information:

Contributor	_____	_____	_____	_____
Investment	_____	_____	_____	_____
Approx. Value	_____	_____	_____	_____
Designated Benef.	_____	_____	_____	_____

XIII. Interest in Trusts or Estates:

Does any member of your family have any relationship to an existing trust as donor, trustee or beneficiary. Yes ___ No ___

Has any member of your family in the past received an inheritance from an estate? Yes ___ No ___

If so, please explain:

Does any member of your family have any interest (e.g. as a beneficiary) in any pending estate?

Yes ___ No ___

If so, please explain:

XIV. Personal Effects:

Please list all items having significant market value, such as jewelry, art, antiques, rare musical instruments, autos, boats, collections, etc. Please Note: Normal household furnishing need not be listed.

Description	Ownership*	Est. Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*See explanation of ownership by Wisconsin married persons at end of questionnaire.

XV. Closely Held Business Interests:

Company name _____

Existing Benefits: ___ Group Life ___ Group Health

___ Medical Reimbursement ___ Disability ___ Split Dollar

___ Qualified Plan ___ Deferred Compensation

XVI. Other Assets:

If either spouse has any other assets of significant value which are not listed above, please give details.

XVII. Liabilities (Other than real estate mortgage):

<u>Creditor</u>	<u>Amount Due</u>	<u>Date Payable</u>
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XVIII. Gifting:

1. Have you or your spouse made any gifts in any one year to any person which exceeded in value either:
 - a. \$10,000, if made by you alone, or
 - b. \$20,000, if made by you and your spouse?

Yes ___ No ___ If yes, specify the amount of gift, date and donee _____
