



YOUNG & MASLOWSKI
ATTORNEYS AT LAW

Estate Planning Questionnaire For a Single Individual

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The following information will be helpful to us (and to you) in discussing your estate plan and preparing the necessary documents. This information is confidential and will not be revealed to anyone without your permission. The financial information requested can be estimated; we do not need exact values for planning purposes. If you have difficulty in answering any of the questions, Attorney Maslowski will help you when you meet. If more space is needed for any response, please use additional pages.

Date Prepared: _____
Referred By: _____

Full Legal Name: _____

Also Known As: _____

Preferred Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ U.S. Citizen: Yes ___ No ___

Home Address: _____ Home Phone: _____

Cell Phone: _____ Home Email: _____

Employer: _____ Title/Position: _____

Work Phone: _____ Work Email: _____

Children:

	Child 1	Child 2	Child 3
Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Social Security No.:	_____	_____	_____
Address:	_____	_____	_____
Phone:	_____	_____	_____
Spouse's Name:	_____	_____	_____
Number of Children:	_____	_____	_____

Note: If additional children, check here ___ and attach information on a separate sheet.

Grandchildren:

	Grandchild 1	Grandchild 2	Grandchild 3
Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Parents:	_____	_____	_____

	Grandchild 4	Grandchild 5	Grandchild 6
Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Parents:	_____	_____	_____

Note: If additional grandchildren, check here _____ and attach information on a separate sheet.

If any child, biologically or through adoption, belongs to only one of you, please mark that child's name with **H** for Husband's child or **W** for Wife's child. If a child of a prior marriage has been adopted by your current spouse, please indicate which one(s).

If there are any special circumstances or concerns with respect to your children or grandchildren (disabilities, special health needs, educational requirements, chemical or substance abuse, etc.) or any other people for whom you feel financially responsible, please describe below.

Prior Marriages: (If you were married before, please complete the following.)

Name of prior spouse: _____

How marriage terminated (divorce or death): _____

Date marriage terminated: _____

Children of that marriage: _____

If a divorce decree or property settlement agreement requires you to leave property to or maintain insurance for the benefit of your ex-spouse or the children of your prior marriage, please provide a copy.

Financial Details

Real Estate

Address: _____ Current Value: \$ _____

Description: _____

Mortgage: Name of lending institution _____

Principal loan balance _____

How Titled: Solely Owned ___ Jointly Owned ___ If Joint, with whom: _____

Address: _____ Current Value: \$ _____

Description: _____

Mortgage: Name of lending institution _____

Principal loan balance _____

How Titled: Solely Owned ___ Jointly Owned ___ If Joint, with whom: _____

Address: _____ Current Value: \$ _____

Description: _____

Mortgage: Name of lending institution _____

Principal loan balance _____

How Titled: Solely Owned ___ Jointly Owned ___ If Joint, with whom: _____

Cash Accounts (Checking, Savings, Money Market, CDs)

<u>Financial Institution</u>	<u>Type of Acct.</u>	<u>Owner</u>	<u>Balance</u>	<u>Beneficiary</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Stocks and Bonds

<u>Non-Retirement Investment/Brokerage Accounts</u>	<u>Type of Account</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Stocks Held Directly Through a Company</u>	<u># of Shares</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance, Qualified Plans, and IRAs

<u>Insurance Company</u> (include type – whole, universal, variable, term, group)	<u>Insured</u>	<u>Cash Value</u>	<u>Proceeds</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

<u>Qualified Plans</u> (include type – Keogh, 401(k), profit-sharing, ESOP)	<u>Participant</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

<u>IRAs</u> (include type – traditional or Roth)	<u>Holder</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Closely-held Businesses If you own an interest in a closely-held or family-owned business, please provide the following information with respect to each business:

Name of Company: _____ Percent Owned _____
 Form of Organization: Corporation ___ LLC ___ Partnership ___ Sole Proprietorship ___
 Current Value of your interest: \$ _____ Tax basis of your interest: \$ _____

Do you plan to dispose of this business interest during your lifetime? Yes ___ No ___. If Yes, please describe your plans on a separate sheet. If No, then upon your death, do you want this interest:
 ___ transferred to your family?
 ___ sold to co-owners?
 ___ sold to a key employee?

Please provide copies of any Buy/Sell or Redemption Agreements and the most recent financial statement and tax return.

Annual Income

Annual Salary-----\$ _____

Other Income:

_____-----\$ _____
_____-----\$ _____
_____-----\$ _____
_____-----\$ _____
_____-----\$ _____

Total Annual Income-----\$ _____

Liabilities (other than mortgages)

<u>Payable to</u>	<u>Debtor</u>	<u>Amount Owed</u>	<u>Date Incurred</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Other Information

Are you or your children currently a beneficiary of any existing trusts? Yes ___ No ___

If so, please describe: _____

Have you inherited or do you expect to inherit any property? Yes ___ No ___. If Yes, describe and give approximate values for this property, if possible. _____

Have you created any trusts? Yes ___ No ___. If Yes, please provide a copy of the trust agreement.

Do you have a safety deposit box? Yes ___ No ___. If Yes, where? _____

Taxable gifts – If you have made any gifts in excess of \$14,000, describe the gift, the beneficiary and the circumstances surrounding the gift. Please provide a copy of any gift tax returns you have filed.

Reminder: If you have had any prior estate planning documents prepared, please bring them to your initial meeting with Attorney Maslowski.