



YOUNG & MASLOWSKI
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Estate Planning Questionnaire For a Married Couple

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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: _____

Husband

Wife

Full Legal Name: _____

Also Known As (if any): _____

Preferred Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security No.: _____

Home Email: _____

Home Address: _____ Phone: _____

Cell Phone: _____

U.S. Citizen: Yes ___ No ___ Yes ___ No ___

Occupation: _____

Employer: _____

Title/Position: _____

Work Phone: _____

Work Email: _____

Date of Marriage: _____ Place: _____

Pre-Marital Property Agreement? Yes ___ No ___ If Yes, date of agreement: _____

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 either of you were married before, please complete the following.)

	Husband	Wife
Name of prior spouse:	_____	_____
How marriage terminated (death or divorce):	_____	_____
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 _____

Ownership: Husband Alone ___ Wife Alone ___ Marital Property ___

Address: _____ Current Value: \$ _____
 Description: _____

Mortgage: Name of lending institution _____
 Principal loan balance _____

Ownership: Husband Alone ___ Wife Alone ___ Marital Property ___

Address: _____ Current Value: \$ _____
 Description: _____

Mortgage: Name of lending institution _____
 Principal loan balance _____

Ownership: Husband Alone ___ Wife Alone ___ Marital Property ___

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

Non-Retirement Investment/Brokerage Accounts

Type of Account

Current Value

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks Held Directly Through a Company

of Shares

Current Value

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance, Qualified Plans, and IRAs

Insurance Company

(include type – whole, universal, variable, term, group)

Insured

Cash Value

Proceeds

Beneficiary

_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Qualified Plans

(include type – Keogh, 401(k), profit-sharing, ESOP)

Participant

Value

Primary Beneficiary

Contingent Beneficiary

_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

<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

Husband's Annual Salary-----\$ _____
 Wife's 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 either of you or your children currently beneficiaries 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 \$10,000 (if made alone) or \$20,000 (if made by you and your spouse), 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.