



YOUNG & MASLOWSKI
ATTORNEYS AT LAW

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: _____

Spouse #1

Spouse #2

Full Legal Name: _____

Also Known As (if any): _____

Preferred Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security No.: _____

Home Email: _____

Home Address: _____

Cell Phone No.: _____

Landline Phone No.: _____

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: _____

Family Information

Children:

If any child (biologically or through adoption) belongs to only one of you, please mark on that child's name to specify whose child it is. If a child of a prior marriage has been adopted by your current spouse, please indicate which one(s).

Child 1

Child 2

Full Name: _____

Date of Birth: _____

Social Security No.: _____

Mailing Address: _____

Cell Phone #: _____

Spouse's Name: _____

Number of Children: _____

Child 3

Child 4

Full Name: _____

Date of Birth: _____

Social Security No.: _____

Mailing Address: _____

Cell Phone #: _____

Spouse's Name: _____

Number of Children: _____

******* Check here if you have additional children. Please provide their information on page 8.

Grandchildren:

Grandchild 1

Grandchild 2

Grandchild 3

Full Name: _____

Date of Birth: _____

Parents: _____

Grandchild 4

Grandchild 5

Grandchild 6

Full Name: _____

Date of Birth: _____

Parents: _____

******* Check here if you have additional grandchildren. Please provide their information on page 8.

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 information.)

	Spouse #1	Spouse #2
Name of prior spouse:	_____	_____
How marriage terminated (death/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.

Real Estate

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

Ownership: Spouse #1 Alone _____ Spouse #2 Alone _____ Marital Property _____
No Mortgage: ____ Mortgage: ____ If you have a mortgage, please provide the following information:
Lending institution Name: _____ Principal loan balance _____

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

Ownership: Spouse #1 Alone _____ Spouse #2 Alone _____ Marital Property _____
No Mortgage: ____ Mortgage: ____ If you have a mortgage, please provide the following information:
Lending institution Name: _____ Principal loan balance _____

Address: _____ Current Value: \$ _____

Description: _____

Ownership: Spouse #1 Alone _____ Spouse #2 Alone _____ Marital Property _____

No Mortgage: ___ Mortgage: ___ If you have a mortgage, please provide the following information:

Lending institution Name: _____ Principal loan balance _____

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 Not Held in an IRA or 401(k)

<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>Number of Shares</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance

<u>Name of Company</u> <small>(include type – whole, universal, variable, term, group)</small>	<u>Insured</u>	<u>Cash Value</u>	<u>Death Benefit</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Qualified Retirement Plans (IRAs, 401(k), 403(b), Pension, etc.)

<u>Name of Financial Institution</u> <small>(include type of account)</small>	<u>Acct Owner</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Annual Income

Spouse #1 Annual Salary -----	\$ _____
Spouse #2 Annual Salary -----	\$ _____
Other Income:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>Total Annual Income</u>	\$ _____

Business Interests

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: _____

Form of Organization: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Which spouse has an interest in this business: Spouse #1 ___ #2 ___ Current Value of your interest: \$ _____

Names of owners: _____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

Name of Company: _____

Form of Organization: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Which spouse has an interest in this business: Spouse #1 ___ #2 ___ Current Value of your interest: \$ _____

Names of owners: _____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

Name of Company: _____

Form of Organization: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Which spouse has an interest in this business: Spouse #1 ___ #2 ___ Current Value of your interest: \$ _____

Names of owners: _____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

_____ Percentage interest: _____%

NOTE: Please provide copies of any Buy/Sell Agreements, Operating Agreements, and/or Redemption Agreements when you return this questionnaire to our office.

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 \$19,000 (if made alone) or \$38,000 (if made by you and your spouse), describe the gift, beneficiary’s name, and the circumstances surrounding the gift. Please provide a copy of any gift tax returns you have filed. _____

Please list any concerns, questions, family situations, or goals you would like to discuss:

Reminder: If you have any prior estate planning documents in place, please provide them to our office prior to your initial meeting with Attorney Maslowski.

Additional Page for Children and/or Grandchildren

Child ____

Child ____

Full Name: _____
Date of Birth: _____
Social Security No.: _____
Mailing Address: _____

Cell Phone #: _____
Spouse's Name: _____
Number of Children: _____

Child ____

Child ____

Full Name: _____
Date of Birth: _____
Social Security No.: _____
Mailing Address: _____

Cell Phone #: _____
Spouse's Name: _____
Number of Children: _____

Grandchild ____

Grandchild ____

Grandchild ____

Full Name: _____
Date of Birth: _____
Parents: _____

Grandchild ____

Grandchild ____

Grandchild ____

Full Name: _____
Date of Birth: _____
Parents: _____

Grandchild ____

Grandchild ____

Grandchild ____

Full Name: _____
Date of Birth: _____
Parents: _____