

**ESTATE PLANNING QUESTIONNAIRE**

**A. General Information.**

	<b>Client's Information</b>
<i>Name (full legal name)</i>	
<i>Date of Birth</i>	
<i>Home Address</i>	
<i>Home Telephone</i>	
<i>Cellular Telephone</i>	
<i>Email Address</i>	
<i>Employer Name</i>	
<i>Occupation</i>	
<i>Years at employer</i>	
<i>Is this your first marriage? If not, please identify any prior marriages by date of marriage and the name of the person to whom you were married.</i>	
<i>Are you a United States Citizen? If not, please comment on the status of citizenship.</i>	
<i>Are you currently serving, or have you served, in the U.S. military?</i>	
<i>Do you have any plans to move out of state in the near future?</i>	

**B. Children/Grandchildren Information.**

	Client's Information
<i>Names and dates of birth of each living child.</i>	
<i>Do your child/children have any children? If yes, please list the names and dates of birth of each grandchild and indicate which child is the parent of each grandchild.</i>	
<i>At what age do you believe your child/children should be able to manage her own inheritance from you, if she should receive one?</i>	
<i>Do any children or grandchildren have a disability or are any receiving government benefits?</i>	
<i>Do you have any stepchildren? Are any stepchildren adopted?</i>	
<i>Do you wish to disinherit any child or grandchild?</i>	
<i>Are you concerned about any of the above-listed people squandering an inheritance?</i>	
<i>What do you want an inheritance to your child to accomplish (pay for school, travel, wedding, home, etc.)?</i>	

**C. Parent/Sibling Information.**

	Client
<i>Do you wish to leave an inheritance of any kind to a parent or sibling, niece or nephew? If so, complete this section. If not, skip to D.</i>	
<i>Are your parents living? If so, what are their names and where do they reside (City, State)?</i>	
<i>Do you have siblings? What are their names and where do they reside (City, State)?</i>	
<i>Do you have nieces/nephews? If so, what are their names and where do they reside?</i>	
<i>Are you currently providing financial support to any of the above?</i>	
<i>Do any of the above have a disability or are any receiving government benefits?</i>	
<i>Are you concerned about any of the above-listed people squandering an inheritance?</i>	

Law Offices  
**Phillips & Gemignani**  
 358 West Main Street  
 Waukesha, Wisconsin 53186-4611  
 (262) 544-9998  
 Fax: (262) 544-6420

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**D. Pet Information.**

	Client's Information
<i>Do you have pets? If so, complete this section, if not, go to E.</i>	
<i>What kind of pets do you have (dog, cat, etc.) and what are their names and ages?</i>	
<i>Do you have pet insurance? If so, through what company?</i>	
<i>Do you wish to leave the pets with a known caregiver if something happens to you? If so, to whom?</i>	

**E. Assets and Liabilities.**

	Client's Information	Notes
<i>Bank Accounts (please indicate if they are checking/savings and where the accounts are, as well as the general balance of each).</i>		
<i>Do you have money market investments? If so, please indicate where the investments are and their value.</i>		

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	<b>Client's Information</b>	<b>Notes</b>
<i>Do you have any cds? If so, please indicate where the cds are and the values.</i>		
<i>Do you own any stocks or bonds (outside of retirement)? If so, please indicate what kind of stock/bond you have, who you have it through (Baird, E-Trade, etc.) and the value (s).</i>		
<i>Do you own a home? If so, what is the appraised value and the mortgage balance? **I will need a legal description which is found on the title/deed/mortgage.</i>		
<i>Do you own any other property? If so, identify type property (condo, land, etc.), location (City, State), mortgage and fm value.</i>		
<i>Please list all automobiles that you have (but do not list leased vehicles or company vehicles) by make, model, year and value, and whether you have a loan for the vehicle.</i>		

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	Client's Information	Notes
<p><i>Do you have any boats, planes, ATV's, motor - homes or other vehicles? If so, please identify what you have by make, year, model and by value, and indicate any outstanding loan.</i></p>		
<p><i>Do you have any antiques? If so, please identify what the antiques are and their value.</i></p>		
<p><i>Do you have anything of sentimental value that you wish to give others? If so, what do you have and who do you want to leave it to?</i></p>		
<p><i>Please list all retirement accounts (by type - 401(k), IRA, Roth, etc., who it is through and the value.</i></p>		
<p><i>Please list all pension plans and the value.</i></p>		
<p><i>Do you have life insurance? If so, please identify the company the life insurance is through, the kind of insurance (term, whole life, mixed, etc.) and the value.</i></p>		

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	Client's Information	Notes
<i>Do you have any loans against life insurance or retirement assets?</i>		
<i>Do you have any significant (non-mortgage debts)?</i>		
<i>Do you own a business or any interest in a business?</i>		
<i>Are you the beneficiary of a trust or estate?</i>		
<i>Have you made any loans to anyone? Please indicate the date, amount, lender and borrower.</i>		
<i>Have you made any gifts of money to any family members in excess of \$1,000 per person per year? If so, to whom, when and what amount?</i>		
<i>Who are the beneficiaries on life insurance, retirement and other accounts?</i>		

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**F. Goals.**

1. *The typical estate plan is to leave all of your estate to each other, and then to your children upon both of your passing. The alternative is to leave a % to your child, and % to others (such as 75% daughter, 10% parents, 10% sibling, 5% charity). What are your wishes?*
  
2. *If your children have passed away before you and have grandchildren, would you want your grandchildren to inherit the share your child would have inherited?*
  
3. *If your children have passed away before you and there are no grandchildren, who should inherit your estate? For example: 25% to parents, 25% to each of my three siblings.*
  
4. *If you had to appoint someone to handle financial affairs for you, who would it be? Do you have a back-up?*
  
5. *If you had to appoint someone to handle financial affairs for any of your children or grandchildren, who would it be? Do you have a back-up?*
  
6. *If you had to appoint someone to care for your children (guardian), who would it be? Who would the back-up be?*
  
7. *Have you completed your incapacitation planning (Health Care Power of Attorney)? If not, who would you wish to appoint to be your agent for communicating your wishes for your care? Do you have a back-up?*



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8. *If you were diagnosed with a terminal condition and became incapacitated, would you wish to continue or discontinue a feeding tube, hydration, and other forms of life-sustaining treatment?*
9. *If you were diagnosed as being in a vegetative state and became incapacitated, would you wish to continue or discontinue a feeding tube, hydration, and other forms of life-sustaining treatment?*
10. *What are your wishes/plans for your funeral/burial?*
11. *Is there anything you would like Michelle to know, or are there questions you have?*

***Thank you for completing this form.***

You may email it to Michelle at [michelle@pglaws.com](mailto:michelle@pglaws.com) or mail it to her at:

attn: Michelle M. Stoeck  
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