

**ESTATE PLANNING QUESTIONNAIRE
OF
KING LEGAL GROUP, S.C.**

1. FAMILY BACKGROUND

Date Prepared _____

	<u>HUSBAND</u>	<u>WIFE</u>
Name	_____	_____
Date of Birth	_____	_____
Employment	_____	_____
Soc. Sec. No.	_____	_____
U.S. Citizen	YES/NO	YES/NO
Prior Marriage	YES/NO	YES/NO
Children by Prior Marriage	YES/NO	YES/NO
Address _____		
Home Phone	_____	Business Phone _____
Email Address	_____	

MY PREFERENCE FOR COMMUNICATION WITH KING LEGAL GROUP IS:

___ Email ___ Regular US Mail

Date of Marriage _____ Date of Wisconsin Residency _____

<u>CHILDREN</u>	<u>AGE</u>	<u>CHILD OF ANOTHER MARRIAGE</u>	<u>MARRIED</u>
1. _____	—	YES/NO	YES/NO
2. _____	—	YES/NO	YES/NO
3. _____	—	YES/NO	YES/NO
4. _____	—	YES/NO	YES/NO

PLEASE LIST ANY ADDITIONAL CHILDREN ON A SEPARATE SHEET TO BE ATTACHED TO THIS QUESTIONNAIRE.

<u>GRANDCHILDREN</u>	<u>AGE</u>	<u>RELATED PARENT</u>	<u>MARRIED</u>
1. _____	_____	_____	YES/NO
2. _____	_____	_____	YES/NO
3. _____	_____	_____	YES/NO
4. _____	_____	_____	YES/NO

PLEASE LIST ANY ADDITIONAL GRANDCHILDREN ON A SEPARATE SHEET TO BE ATTACHED TO THIS QUESTIONNAIRE.

GREAT GRANDCHILDREN: YES/NO

ANY ISSUE SUFFER FROM DISABILITIES: YES/NO

2. FIDUCIARIES Please indicate who you would like to serve as the following:

(a) PERSONAL REPRESENTATIVES - This is the person who acts as the executor of your estate. Their duties and responsibilities entail making sure that your wishes and desires as listed in your Will are carried out.

HUSBAND

Personal Representative
Address
Alternate #1
Address
Alternate #2 (optional)
Address

WIFE

Personal Representative
Address
Alternate #1
Address
Alternate #2 (optional)
Address

(b) TRUSTEE - If your estate plan will include a trust, this person's or entities' duties and responsibilities will be to ensure that the terms of the trust document are carried out.

Name
Address
Alternate #1
Address
Alternate #2 (optional)
Address
Corp. Trustee
Address

(c) TRUST DISTRIBUTIONS

Outright at Certain Age
Specific Time Line
(i.e. 1/3 at age 23, 1/3 at age 27, 1/3 at age 30, etc.)

(d) GUARDIANS FOR MINOR CHILDREN

Name
Address
Alternate #1
Address
Alternate #2 (Optional)
Address

(e) DURABLE POWER OF ATTORNEY- This is the person you are appointing with the power to make your financial decisions in the event you are unable to do so.

HUSBAND

Name
Address
Soc. Sec. No.
Co-attorney
Address
Soc. Sec. No.

WIFE

Name
Address
Soc. Sec. No.
Co-attorney
Address
Soc. Sec. No.

(f) HEALTH CARE POWER OF ATTORNEY- This is the person you are appointing with the power to make your health care decisions in the event you are unable to do so.

HUSBAND

Name
Address
Phone No.

Alternate #1
Address
Phone No.

Alternate #2 (Optional)
Address
Phone No.

WIFE

Name
Address
Phone No.

Alternate #1
Address
Phone No.

Alternate #2 (Optional)
Address
Phone No.

This document will also address the following situations which you will need to address in the document. If you are unsure as to how you would answer this question or need to discuss this further, please leave this blank.

If you are terminally ill or in a comatose like state (i.e. vegetative state) and not expected to recover as confirmed by at least two physicians, is it your desire to have your life prolonged with life support systems and feeding tubes?

Husband _____ (yes or no) Wife _____ (yes or no)

3. ESTATE PLANNING INFORMATION

Wills	YES/NO	Bring copies
Trusts	YES/NO	Bring copies
Marital Agreement	YES/NO	Bring copies
Power of Attorney	YES/NO	Bring copies

Living Wills YES/NO Bring copies

Gift Tax Returns YES/NO Bring copies

Power of Apt.
under any
trust or other
instrument Husband YES/NO Wife YES/NO

Expected
inheritance Husband YES/NO \$____ Wife YES/NO \$____

4. ASSETS (indicate if any assets are jointly owned with another person)

	<u>HUSBAND'S</u> <u>SOLE NAME</u> R*	<u>WIFE'S</u> <u>SOLE NAME</u> R*	<u>JOINTLY</u> <u>OWNED</u> R*
(a) Investments (R*= Interest Rate)			
1. Cash or equivalent _____ (savings, CD, etc.)	_____	_____	_____
2. Stocks and Bonds _____	_____	_____	_____

(b) Real Estate
(indicate if out of state)

1. Residence	_____	_____	_____
Mortgage	()	()	()
2. Vacation Home	_____	_____	_____
Mortgage	()	()	()
3. Investment	_____	_____	_____
Property Mortgage	()	()	()

(c) Business Interest

1.	_____	_____ --	_____ --
2.	_____	_____ --	_____ --
3.	_____	_____ --	_____ --

	<u>SOLE NAME R*</u>	<u>HUSBAND'S SOLE NAME R*</u>	<u>WIFE'S OWNED R*</u>	<u>JOINTLY</u>
(d) Personal Property				
1.	Auto/Boat	_____ --	_____ --	_____
2.	Home furnishing	_____ --	_____ --	_____
3.	Other (Identify)			
	a. _____	_____ --	_____ --	_____
	b. _____	_____ --	_____ --	_____

(e) Other Assets

1.	_____	_____ --
2.	_____	_____ --
3.	_____	_____ --
4.	_____	_____ --

(f) Employee Benefits

1.	_____	_____ --
2.	_____	_____ --
3.	_____	_____ --
4.	_____	_____ --

(g) Life Insurance (Non-Business)

	<u>Company:</u>	<u>Policy No.</u>	<u>Value</u>	<u>Loans</u>	<u>Face Owner</u>	<u>Insured</u>	<u>Policy Beneficiary</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

H. Husband's Trust Interest

Wife's Trust Interest

5. DEBTS OTHER THAN LOANS AND MORTGAGES LISTED ABOVE

<u>HUSBAND'S</u> <u>SOLE NAME</u>	<u>WIFE'S</u> <u>SOLE NAME</u>	<u>JOINTLY</u> <u>OWNED</u>
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- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

6. INCOME

HUSBAND

WIFE

Salary/Wages	_____	_____
Other	_____	_____

Description of other income:

7. PRIOR TAXABLE GIFTS (i.e. Gifts in excess of \$14,000 annual amount per individual or \$28,000 annual amount for married couples)

<u>Date</u>	<u>Donor</u>	<u>Recipient</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. MISCELLANEOUS

Safe Deposit box	YES/NO	Location
Accountant	YES/NO	Name & Phone No.
Broker	YES/NO	Name & Phone No.
Life Insurance Agent	YES/NO	Name & Phone No.
Banking relationship	YES/NO	Name

OTHER UNIQUE FACTS OR CIRCUMSTANCES TO BE CONSIDERED.