

Ross Estate Planning

LLC

ESTATE PLANNING QUESTIONNAIRE



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PERSONAL INFORMATION

Please print legibly or type your responses. All information provided herein is considered **CONFIDENTIAL INFORMATION** by Ross Estate Planning, LLC, and will not be shared with anyone outside of our office.

Date Completed _____

You

First _____ Middle _____ Last _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____

Employer _____ Position _____

Work Telephone (____) _____

Marital Status: Single Widowed, date _____

Married, date _____ Divorced, date _____

Are you a U.S. Citizen? Yes No

Are you a Wisconsin resident? Yes No

Spouse

First _____ Middle _____ Last _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

E-Mail Address _____

Work Phone (____) _____ Cell Phone (____) _____

Employer _____ Position _____

Marital Status: Single Widowed, date _____

Married, date _____ Divorced, date _____

Are you a U.S. Citizen? Yes No Are you a Wisconsin resident? Yes No

Military Service

Husband Branch _____ Year Entered: _____ Discharge: _____

Wife Branch _____ Year Entered: _____ Discharge: _____

Seasonal Address

Seasonal Address _____ City _____

State _____ Zip _____ Seasonal Telephone (_____) _____

When can you be reached here: _____

Past Residences

In what other states have you lived while married to your current spouse?

State _____ years _____

State _____ years _____

Your Parents

Are any of your parents living? Yes No

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Your Pets

Family pet information: _____

Community

List any charitable, church, and/or community organizations with which you have a strong personal involvement.

Name: _____ Location: _____

Name: _____ Location: _____

Name: _____ Location: _____

Hobbies and Interests

Husband: _____

Wife: _____

Medical Information

Do you or your spouse have significant medical conditions relevant to your estate plan?

Yes No

If yes, please explain: _____

Do you want to be maintained indefinitely on life support if you cannot recover from a permanent, vegetative state? You: Yes No Spouse: Yes No

CHILDREN'S INFORMATION

Child #1 **Child of:** Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs? Marital Status:
 Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #2 **Child of:** Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs? Marital Status:
 Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #3 **Child of:** Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs?

Marital Status:

Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #4 **Child of:** Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs?

Marital Status:

Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #5 Child of: Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs?

Marital Status:

Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #6 Child of: Husband & Wife Husband Wife

First _____ Middle _____ Last _____

Birth Date _____ Age _____ Social Security Number _____

Address _____ Gender Male Female

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Occupation _____

Does this child have Special Needs?

Marital Status:

Medical Educational Financial Married Divorced Widowed Single

Spouse's Name: _____ Spouse's Occupation _____

Grandchildren's Names	Age	Gender	Birth Child	Step Child	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Nominations for Estate Planning Documents

Financial Agents

If you were incapacitated, who would you choose to handle your finances?

You

Spouse

1st Choice

2nd Choice

3rd Choice

Health Care Agents

Who would you choose to make health care decisions on your behalf?

(Provide address and phone number if not provided elsewhere)

You

Spouse

1st Choice

Address:

Phone:

2nd Choice

Address:

Phone:

3rd Choice

Address:

Phone:

Guardians for Minors

Who would care for your children if you and your spouse passed away?

Name, Address, Phone

1st Choice

2nd Choice

Current Estate Planning Documents (Please provide a copy of any documents)

- Do you already have wills, trusts or power of attorney documents? Yes No
- Do you or your spouse have Long Term Care Insurance? Yes No
- Do any of your children receive governmental support or benefits? Yes No
- Do you provide significant financial support to your adult children? Yes No
- Do you receive financial assistance from a family member or friend? Yes No
- Have you or your spouse ever signed a prenuptial agreement? Yes No
- Are you making payments under a divorce or property settlement agreement? Yes No
- Do you wish to benefit any charities in your planning? Yes No

Your Professional Advisors

- Accountant:** _____ Telephone: _____
- Personal Banker:** _____ Telephone: _____
- Financial Advisor:** _____ Telephone: _____
- Life Insurance Agent:** _____ Telephone: _____
- Other Insurance Agent:** _____ Telephone: _____
- Family Attorney:** _____ Telephone: _____
- Other Advisor:** _____ Telephone: _____

ASSET SUMMARY

Please provide the approximate fair market value as of today

Assets

Real Estate	\$	_____
Checking Accounts	\$	_____
Savings Accounts/Money Markets	\$	_____
Certificate of Deposit (CDs)	\$	_____
Investments/Brokerage Accounts	\$	_____
Stocks	\$	_____
Savings Bonds	\$	_____
Annuities (non-retirement)	\$	_____
Business Interests (LLCs, Corps)	\$	_____
Life Insurance (Death Benefit)		
	You	\$ _____
	Spouse	\$ _____
Retirement Accounts (401K, IRAs)		
	You	\$ _____
	Spouse	\$ _____
Cars, Boats, RV's, etc	\$	_____
Personal Property	\$	_____
Loans or other money due to you	\$	_____
Other Assets	\$	_____

TOTAL ASSETS (add everything up) = \$ _____

Money you owe (loans, mortgages, etc.) - \$ _____

APPROXIMATE NET WORTH = \$ _____

(subtract the two)

Monthly Income

	<u>You</u>	<u>Spouse</u>
Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____