



O'NEIL CANNON  
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## ESTATE PLANNING INVENTORY AND QUESTIONNAIRE

Date \_\_\_\_\_

### I. CLIENT(S) PERSONAL INFORMATION

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, date of marriage \_\_\_\_\_

### **Children**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married Yes \_\_\_ No \_\_\_ If yes, children? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married Yes \_\_\_ No \_\_\_ If yes, children? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married Yes \_\_\_ No \_\_\_ If yes, children? \_\_\_\_\_

Are any children not also children of the current spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any children who have died? Yes \_\_\_\_\_ No \_\_\_\_\_

Did they have any children? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any adopted children in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any children who are living as family members but who have not been adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Other Relatives**

*Parents (if appropriate)*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Siblings (if appropriate)*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Other Relatives (if appropriate)*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Prior Marriages***

To Whom \_\_\_\_\_

How and when marriage ended \_\_\_\_\_

To Whom \_\_\_\_\_

How and when marriage ended \_\_\_\_\_

*Children by Prior Marriage(s)*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Additional Children / Relatives*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. FINANCIAL INFORMATION**

**Assets:**

<u>Asset</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value (Less Any Mortgage)</u>
Home	_____	_____	_____
_____	_____	_____	(_____)
Other Real Estate (address/location, type)	_____	_____	_____
_____	_____	_____	(_____)
_____	_____	_____	_____
_____	_____	_____	(_____)

<u>Securities</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Cash, C.D.'s, Other Bank/ Money Market Accounts</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Collectibles and Antiques</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Personal Property, Autos, etc.</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Other Investments (describe).</u>	<u>How Title Held (H, W, Both)</u>	<u>When and How Acquired</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received any significant gifts or inheritances? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate what value or what property was received, by whom, and when.

\_\_\_\_\_

\_\_\_\_\_

Do you anticipate any significant gifts or inheritances? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, from whom and in what amount?

\_\_\_\_\_

\_\_\_\_\_

**Life Insurance**

Name of Company	_____	Type of Policy/Plan	_____
Title Holder	_____	Whose Life Insured	_____
Beneficiary	_____		
When Acquired	_____	Face Amount and/or Value	_____
Name of Company	_____	Type of Policy/Plan	_____
Title Holder	_____	Whose Life Insured	_____
Beneficiary	_____		
When Acquired	_____	Face Amount and/or Value	_____
Do any policies provide double indemnity?		Yes _____	No _____
Which ones?	_____		

**Retirement Plans**

*(e.g., HR-10, IRA's, and Other Pension/Profit-Sharing Plans)*

Name of Company	_____	Type of Policy/Plan	_____
Title Holder	_____	When Acquired	_____
Beneficiary	_____	Face Amount and/or Value	_____
Name of Company	_____	Type of Policy/Plan	_____
Title Holder	_____	When Acquired	_____
Beneficiary	_____	Face Amount and/or Value	_____

**Present Employer**

Husband	_____	Annual Income	_____
Wife	_____	Annual Income	_____

Do you have an existing marital property (or prenuptial or postnuptial) agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide a copy.

**Debts**

**(Other than mortgages shown above in connection with assets)**

<u>To Whom Payable</u>	<u>Who is Liable (H, W, Both)</u>	<u>Is Debt Secured by Lien? On What Property?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. ESTATE PLAN**

General description of your plan for asset distribution:

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Specific bequests to individuals (if any):

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Specific charitable bequests (if any):

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***Initially named Personal Representative(s):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Relationship to Client(s): \_\_\_\_\_

***Successor Personal Representative(s):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Relationship to Client(s): \_\_\_\_\_

***Initially nominated Guardian(s):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Relationship to Client(s): \_\_\_\_\_

***Successor Guardian(s):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Relationship to Client(s): \_\_\_\_\_

***Initially Named Trustee(s) (if any):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

***Successor Trustee(s):***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

***Power-of-Attorney and Alternate:***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

***Health Care Power-of-Attorney and Alternate:***

Full Name(s) \_\_\_\_\_

City and State of Residence: \_\_\_\_\_