

Estate Planning Worksheet



Schmoldt Law Office, LLC
Anthony J. Schmoldt
Estate and Trust Planning

THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE NOTE THAT COMPLETING THIS WORKSHEET IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT SERVE AS YOUR ESTATE PLAN.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE VIA MAIL, EMAIL, OR FAX.

Rev. 10/21

INITIAL ESTATE PLANNING CONSULTATION

I look forward to seeing you at our initial consultation meeting. During this meeting, I will examine your estate planning goals and discuss strategies to achieve them. To ensure that your consultation is meaningful, please complete the enclosed **Estate Planning Worksheet** and return it to our office along with any requested documents.

The Estate Planning Worksheet will help guide our first meeting and will facilitate the best recommendation for planning, based on your individual situation. While you only need to complete the first step at this time, to help you understand what the process will look like from start to finish, the typical steps in the Estate Planning process are provided on the following page.

As we establish and maintain your file, it would be greatly appreciated if you are able to provide a personal photograph. This allows our office staff to put a face to a name and fosters a more individualized connection.

You have already taken the first step toward achieving your personal estate planning goals. It is my pleasure to assist you with this important process. If you have any questions, please contact our office at (715) 726-3070.

Sincerely,

Anthony J. Schmoldt

Estate Planning Process Overview

- 1) Complete the enclosed Estate Planning Worksheet and return it to our office, along with any other requested documents, such as deeds and previous estate planning documents. If you cannot find your deed, a copy can be obtained from your local courthouse in the Register of Deeds Office. If you prefer, our office can obtain a copy on your behalf for an additional \$25 fee per deed.
- 2) Attend the Initial Estate Planning Consultation appointment.
- 3) Make payment and schedule a signing appointment, after which our office will draft your documents and prepare them for signing.
- 4) Attend the Signing Appointment to review and sign your estate planning documents.
- 5) If a trust plan is completed, your assets will need to be put into the trust. This process is called funding. You can choose to do this independently; however, in the event that you would like our office to fund the trust on your behalf, additional information will be requested at this time, and additional fees will apply.
- 6) Our office will then finalize all of your documents to confirm that everything is complete, properly recorded, and submitted to any requested third parties (e.g., health care document to preferred medical facility).
- 7) You will be contacted to pick up your finalized Estate Planning Portfolio.

GENERAL INFORMATION

Client #1

Legal Name _____ (name most often used to title property and accounts) DOB _____

Also Known As _____ Hobbies/Interests _____
(other names used to title property and accounts)

Occupation/Place of Employment (If retired, list previous employment. ex., retired farmer) _____

Married _____ (Date of Marriage) Single Widowed _____ (Date of Death) Life Partner _____ (Name)

If divorced, please list date of divorce(s)*: _____

*If any provisions from your divorce decree require specific distributions from your estate, please provide original or a copy.

Client #2

Legal Name _____ (name most often used to title property and accounts) DOB _____

Also Known As _____ Hobbies/Interests _____
(other names used to title property and accounts)

Occupation/Place of Employment (If retired, list previous employment.) _____

If widowed, please list date of death _____ If divorced, please list date of divorce(s)* _____

*If any provisions from your divorce decree require specific distributions from your estate, please provide original or a copy.

Street Address _____ City _____ State _____ Zip _____

County _____ Are you a WI resident? Yes/No If no, specify _____

Home Phone _____ Email address _____

Cell Phone (Client #1) _____ Cell Phone (Client #2) _____

Important People/Children/Grandchildren: List anyone you would like to have in your planning, including agents for health care and finances. Please state full legal name, complete address, and phone number. (Attach additional pages if needed.)

Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

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Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Name _____ DOB _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Are any of your children deceased? Yes No

If yes, please specify name, date of birth, and date of death _____

ASSET OVERVIEW*

(Please check "Yes" or "No" for your answer)

Do you own your home? Yes No

Approximate Value _____

Please attach the original or a copy of any deeds.

Do you own any vacation or rental properties? Yes No

Please list with approximate value(s). _____

Please attach the original or a copy of any deeds.

Do you own any other real estate? Yes No

Please list with approximate value(s). _____

Please attach the original or a copy of any deeds.

Do you own any automobiles? Yes No

Please list with approximate value(s). _____

Do you own any boats, campers, or recreational vehicles? Yes No

Please list with approximate value(s). _____

Do you have any checking accounts? Yes No

Please list bank and approximate balance(s). _____

Do you have any savings accounts? Yes No

Please list bank and approximate balance(s). _____

Do you have any retirement accounts? Yes No

Please list advisor and approximate value(s). _____

Do you have any investments or investment accounts? Yes No

Please list advisor and approximate value(s). _____

Do you have long-term care insurance? Yes No

Do you have any life insurance policies? Yes No

Please list provider and approximate value(s). _____

Do you own a business or business interest? Yes No

Please list and describe with approximate value(s). _____

*If a trust is prepared, assets will need to be funded into the trust. Additional fees and more detailed information will be required should you choose to have our office fund the trust on your behalf.

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Have you or a spouse ever served in the military?		
Are you (or your spouse) receiving government benefits, such as disability or Medicaid? <i>Please Describe</i> _____		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please provide the original document or a copy to our office.</i>		
Have you completed previous wills, trusts, or other estate planning? <i>Please provide the original document(s) or a copy to our office.</i>		
Do any of your children have special educational, medical, or physical needs? <i>Please Describe</i> _____		
Do you provide primary or other major financial support to adult children or others? <i>Please Describe</i> _____		

ESTATE PLANNING GOALS

What are you hoping to accomplish with your estate plan? (e.g., avoid guardianship, provide for minor children, protect assets from long-term care costs, specify distributions from your estate, avoid probate, etc.) _____

FINANCIAL

Financial Power of Attorney: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? (e.g., spouse, child, other family member, close friend, etc.)

Client #1's Agents*

	Name	Relationship	Immediate or Upon Incapacity?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

Client #2's Agents*

	Name	Relationship	Immediate or Upon Incapacity?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

***Make sure your agents are listed on Page 1, along with their addresses and phone numbers.**

HEALTH CARE

HIPAA Authorization: Who do you desire to have access to your medical records and speak to health care providers?
(These individuals will only have access to your protected health information and will NOT have the authority to make health care decisions on your behalf.)

Client #1 Name and Relationship 1. _____ 2. _____ 3. _____ 4. _____	Client #2 Name and Relationship 1. _____ 2. _____ 3. _____ 4. _____
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Health Care Power of Attorney: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? (e.g., spouse, child, other family member, close friend, etc.)

Client #1's Agents*

Name	Relationship	Immediate/Upon Incapacity
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

Client #2's Agents*

Name	Relationship	Immediate/Upon Incapacity
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

***Make sure your agents are listed on Page 1, along with their addresses and phone numbers.**

GUARDIAN FOR MINOR CHILDREN

If applicable, do you want to appoint a temporary guardian for minor children in the event of your incapacity? (This goes in Power of Attorney documents.)

Yes No Not Applicable

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

If applicable, list in order of preference who you wish to be guardian for minor children in the event of your passing. (This goes in a Will.)

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WILL AND TRUST PLANNING

Personal Representative/Executor/Trustee: After your death, who do you want carrying out your wishes for distributions to your beneficiaries and, if desired, management of assets for your beneficiaries?

For Client #1

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

For Client #2

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

How would you like these individuals to serve? In consecutive order Jointly Jointly with independent authority

Anticipated Inheritance, Gift, or Lawsuit Judgment: List gifts, inheritances, or moneys through a judgement in a lawsuit that you expect to receive at some time in the future. Please provide a description below.

Approximate Total Value _____

REAL ESTATE

General Description(s) and/or Address(s) _____

To whom would you like the property transferred to upon your death? (Attach additional pages, if necessary.)

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Please check all that apply*:

Tax bill(s) attached. Deed(s) attached. Please request my deed(s) from the county and add \$25 to my invoice for each deed.

I have sold land from the original deed.

* Additional fees will apply if you do not have your deed or if any portion of your property has been sold or transferred, as a new legal description will need to be created. A copy of your deed can usually be obtained at your county courthouse register of deeds.

If our office is filing deeds on your behalf, your social security number(s) will be required. Please be assured all information is kept secure and confidential. If you prefer, you may call our office to provide social security numbers over the phone.

Client #1 Name _____ Social Security Number _____

Client #2 Name _____ Social Security Number _____

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

Personal Property Memorandum: Do you want to provide that your personal property will be distributed according to a written list you may prepare later? Yes No

How do you want any assets not specifically listed to be distributed upon the death of the first client?

Client #1 _____

Client #2 _____

How do you want any assets not specifically listed to be distributed upon the death of the second client?

Specific Gifts: List any specific gifts of real estate or cash that you wish to make to either individuals or charities. (Attach additional pages as needed.)

Client #1

Individual or Charity

Amount or Property

Client #2

Individual or Charity

Amount or Property

Do you have any specifications for how and when gifts or distributions are to be made?

Remote Contingent Beneficiary: Whom do you want to receive your assets in the remote event that no one listed above is alive to receive them? _____