



Schmoldt Law Office, LLC

Business



Estate Planning



Real Estate

Estate Planning Worksheet

General Information		
Legal Name:	Client #1	Client #2
Also Known As:		
Date of Birth:		
Are you a WI resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
Hobbies/Interests:		
Occupation, if retired state previous employment:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married, date of marriage: _____ <input type="checkbox"/> Widowed, name and date of death: _____ <input type="checkbox"/> Life Partner, name: _____ <input type="checkbox"/> Divorced, date(s) of divorce*: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married, date of marriage: _____ <input type="checkbox"/> Widowed, name and date of death: _____ <input type="checkbox"/> Life Partner, name: _____ <input type="checkbox"/> Divorced, date(s) of divorce*: _____
*If any provisions from your divorce decree(s) require specific distributions from your estate, please provide the original or a copy.		
Home Phone(s) #:		
Cell Phone(s) #:		
Email Address(es):		
Please indicate your preference for the primary contact person: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 Do you authorize our office to communicate via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you authorize our office to communicate via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: City, State Zip		
County of Residence:		

Important People/Children/Grandchildren					
List anyone you would like to have in your planning, including agents for health care and finances.					
Name (First, MI, Last)	Relationship For children, specify which client (or both)	Gender	Date of Birth	Phone	Address (City, State, Zip)

If you have children, are any of your children deceased? ☐ Yes ☐ No

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

Name	Date of Birth	Date of Death

*Attach additional pages if needed.

Exclusions				
List anyone you would like to exclude from your planning.				
Name (First, MI, Last)	Relationship	Date of Birth	Phone	Address (City, State, Zip)

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 or 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, power of attorney documents, health care provider documents or other estate planning documents? <i>Please provide the original document(s) or a copy of each to our office.</i>		
Do you have any children with 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>		
Do you have any gifts, inheritances, or monies through a judgment in a lawsuit that you expect to receive at some time in the future? <i>Please describe:</i>		

[illegible]

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?			
Client #1	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)	Client #2	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)

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

Guardians for Minor Children <input type="checkbox"/> Not Applicable	
Temporary/Short-term Guardian	Permanent Guardian
If applicable, do you want to appoint a temporary guardian for minor children in the event of incapacity? (This goes in the Power of Attorney.)	If applicable, who you wish to be the guardian for minor children in the event of your passing. (This goes in a Will.)
Name in order of preference below:	Name in order of preference below:

Distributions	
Client #1	Client #2
Upon your death, where would you like the following assets to go?	Upon your death, where would you like the following assets to go?
Personal Property <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____	Personal Property <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____
Financial Accounts <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____	Financial Accounts <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____
Real Estate <input type="checkbox"/> N/A <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____	Real Estate <input type="checkbox"/> N/A <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____
Business Ownership Interests <input type="checkbox"/> N/A <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____	Business Ownership Interests <input type="checkbox"/> N/A <input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____
Upon the death of <u>BOTH Clients #1 and #2</u>, where would you like the following assets to go?	
Personal Property <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____	Financial Accounts <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____
Real Estate <input type="checkbox"/> N/A <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____	Business Ownership Interests <input type="checkbox"/> N/A <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____

Remote Contingent Beneficiary
In the event that none of the listed beneficiaries are alive at the time of your passing, who would you like to receive your assets?
_____ _____ _____

FINANCIAL

Asset Overview <u>Record asset details in the attached Assets Chart</u>					
Please check “Yes” or “No” for your answer:	Yes	No	Please check “Yes” or “No” for your answer:	Yes	No
Do you own your home?			Do you own any vacation or rental properties?		
Do you own any other real estate?			Do you own any automobiles?		
Do you own any boats, campers, or recreational vehicles?			Do you have any checking accounts?		
Do you have any retirement accounts?			Do you have any savings accounts?		
Do you have any investments or investment accounts?			Do you have any life insurance policies?		
Do you own a business or business interest?			Do you have long-term care insurance?		

*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.

Durable 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) These individuals must be listed on Page 2 in the chart for “Important People.”					
Client #1			Client #2		
Name	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)	Immediate or Upon Incapacity	Name	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)	Immediate or Upon Incapacity

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

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.

These individuals must be listed on Page 2 in the chart for “Important People.”

HIPAA Authorization for Client #1		HIPAA Authorization for Client #2	
Name		Name	

Health Care Power of Attorney

If you were unable to make decisions for yourself, who would you want to make decisions for you regarding your medical treatment?

(e.g., spouse, child, other family member, close friend)

These individuals must be listed on Page 2 in the chart for “Important People.”

Health Care Power of Attorney for Client #1		Health Care Power of Attorney for Client #2	
Name	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)	Name	Serving in the Following Order (e.g., 1, 2, 3 or 1, 2, 2)

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

☐ Check this box if you would like to use the same information as Health Care Power of Attorney(s) already in place. Please provide a copy of your current documents if you have not already done so.

Real Estate <input type="checkbox"/> Not Applicable	
Property tax bill(s)	Please attach.
Deed(s)	Please attach. If you do not have them, check your desired option below:
<input type="checkbox"/>	We will request the deed(s) from the county ourselves.
<input type="checkbox"/>	We request Schmoldt Law Office, LLC, obtain copies of any deed(s) at a cost of \$25 for each deed.
Have you sold land from the original deed(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>*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.</p> <p>**A copy of your driver's license(s) and your social security number(s) will be required for the deed to be recorded.</p>	

Business <input type="checkbox"/> Not Applicable
Business Name(s):
What type(s) of business(es) do you own? (e.g., LLC, Partnership, Corporation, etc.)
Please describe ownership interests and value(s).
If you own a business, please bring corporate documents to the initial appointment.

Thank you for completing your Estate Planning Worksheet! Here are some important items to remember:

- ☐ Return this completed form to our office prior to your first appointment. You may want to keep a copy for your reference.
- ☐ If you have any estate planning documents already in place, provide them to our office prior to your first appointment so they can be reviewed.
- ☐ Provide a picture to our office so our staff can put a face with your name.
- ☐ Provide a copy of your deed(s) and any property tax bill(s) to our office.
- ☐ Our office will need your social security number(s) and a copy of your driver's license(s) in order to record your deed(s).

Assets Inventory/Beneficiary Chart*

(e.g., Real Estate, Bank Accounts, Retirement Accounts, Investment Accounts, etc.)

Type of Asset/Description	Current Owner(s) of Asset	Estimated Value (<i>optional</i>)	Financial Advisor	CURRENT Primary Beneficiary List name(s)	CURRENT Secondary Beneficiary List name(s)
Example: Hill House	Jack & Jill Crown	\$100,000.00	Will Tumble	Surviving Spouse	Child(ren) <i>per stirpes</i>

***PLEASE NOTE:** Assets listed above will be used by the Attorney to determine the most appropriate estate planning strategy. Assets not listed will not be considered in your estate planning strategy.