



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.		
Cell Phone(s) #:		
Home Phone(s) #:		
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 messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address(es):		
Address: City, State Zip		
County of Residence:		

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

GUARDIAN FOR MINOR CHILDREN

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:

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

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)

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

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	
Is any of your land enrolled in Managed Forest Law (MFL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*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.	

