



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?	☐ Yes ☐ No Please specify:	☐ Yes ☐ No Please specify:
Hobbies/Interests:		
Occupation, if retired state previous employment:		
Marital Status:	☐ Single ☐ Married, date of marriage: _____ ☐ Widowed, name and date of death: _____ ☐ Life Partner, name: _____ ☐ Divorced, date(s) of divorce*: _____	☐ Single ☐ Married, date of marriage: _____ ☐ Widowed, name and date of death: _____ ☐ Life Partner, name: _____ ☐ 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: ☐ Client 1 ☐ Client 2 Do you authorize our office to communicate via text message? ☐ Yes ☐ No Do you authorize our office to communicate via email? ☐ Yes ☐ No		
Address: City, State Zip		
County of Residence:		

Provide information for ALL your children and anyone else named in this worksheet.*

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

Organizations*

List any businesses or charities you would like to include in your planning.

Name	Address (City, State, Zip)

Exclusions*

List anyone you would like to specifically exclude from your planning.

Name (First, MI, Last)	Relationship

*Attach additional pages if needed.

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

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:
☐	We will request the deed(s) from the county ourselves.
☐	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)? ☐ Yes ☐ 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. **A copy of your driver's license(s) and your social security number(s) will be required for the deed to be recorded.	

Business ☐ 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.
- ☐ Provide a copy of your driver's license(s).
- ☐ Please be aware that our office may need your social security number(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.