



Schmoldt Law Office, LLC

Business • Estate Planning • Real Estate

Estate Planning Worksheet

General Information		
	Client #1 Legal Name:	Client #2 Legal Name:
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, 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, 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) #:		
Email Address(es):		
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, including agents for health care and finances.

Name (First, MI, Last)	Relationship	Date of Birth	Phone	Address (City, State, Zip)

Important Family Questions

	Yes	No
Please check "Yes" or "No" for your answer:		
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 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>		
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>		

Estate Planning Goals

What are you hoping to accomplish with your estate plan? (Please describe below.)

Examples may include: avoid guardianship, provide for minor children, protect assets from long-term care costs, specify distributions from your estate, avoid probate, etc.

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:

Distributions of Personal Property and Specific Gifts

Client #1	Client #2
Upon your death, where would you like the assets to go?	
<input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> All to spouse <input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____ _____
Upon the death of both Clients #1 and #2, where would you like the assets to go?	
<input type="checkbox"/> All to children <input type="checkbox"/> Other: _____ _____ _____	

Specific Gifts

List any specific gifts of real estate, personal effects, or cash that you wish to make to either individuals or charities.
Do you have any specifications for how and/or when gifts or distributions are to be made? Yes (Explain below.) No
(Attach additional pages as needed.)

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Remote Contingent Beneficiary

In the event that none of the listed beneficiaries are alive at the time of your passing, whom would you like to receive your assets?

_____ _____ _____ _____ _____

FINANCIAL

Asset Overview					
Record asset details in the attached Assets Chart					
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, whom 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, whom 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)

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	
*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.	

Assets Inventory/Beneficiary Chart

Type of Asset/Description	Current Owner(s) of Asset	Estimated Value <i>(optional)</i>	Debt <i>(optional)</i>	Current Primary Beneficiary List name(s)	Current Secondary Beneficiary List name(s)
Example: Hill House	Jack & Jill Crown	\$100,000.00	\$50,000.00	Surviving Spouse	Children per stirpes