

O'NEILCANNON

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ESTATE PLANNING INVENTORY AND QUESTIONNAIRE

The Estate Planning Inventory and Questionnaire does not need to be completed in its entirety, but please try to be as specific as you can as to the types of assets you own and how those assets are titled. An estimate as to the value of each asset is sufficient for now. You may also provide us with a personal financial statement instead of completing the financials section. This will help us determine the best way to structure your estate plan.

I. CLIENT(S) PERSONAL INFORMATION

Name _____

Street Address _____

City, State, Zip _____

Cell Phone No. _____ Home Phone No. _____

E-Mail Address _____

Date of Birth _____ Social Security No. _____

U.S. Citizen? Yes _____ No _____ If no, citizen of: _____

Are you married? Yes _____ No _____ Date of Marriage _____

Please complete your spouse's general information below (if applicable):

Spouse's Name _____

Street Address _____

City, State, Zip _____

Cell Phone No. _____ Home Phone No. _____

E-Mail Address _____

Date of Birth _____ Social Security No. _____

U.S. Citizen? Yes _____ No _____ If no, citizen of: _____

Do you have an existing marital property agreement, such as a prenuptial or postnuptial agreement? Yes _____ No _____
(If yes, please provide a copy)

Are you or your spouse divorced? Yes _____ No _____
Do you have a property settlement agreement? Yes _____ No _____
(If yes, please provide a copy)

Have you lived in any other state(s) while married to your current spouse? Yes _____ No _____
If yes, when and where: _____

Do you have any existing estate planning documents? Yes _____ No _____
(If yes, please provide copies)

II. FAMILY MEMBER(S) PERSONAL INFORMATION

Do you have any children? Yes _____ No _____

If yes, please fill out his or her general information below:

Name _____
Address _____
Phone No. _____ E-Mail Address _____
Date of Birth _____ Social Security No. _____
Married? Yes _____ No _____ Children? _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____
Date of Birth _____ Social Security No. _____
Married? Yes _____ No _____ Children? _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____
Date of Birth _____ Social Security No. _____
Married? Yes _____ No _____ Children? _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____
Date of Birth _____ Social Security No. _____
Married? Yes _____ No _____ Children? _____

If you need more space, please attach a page to this Questionnaire.

Are any children not also children of the current spouse? Yes _____ No _____
If yes, list name(s): _____

Do you have any deceased children? Yes _____ No _____
Did a deceased child have any children? Yes _____ No _____
If yes, list name(s): _____

Are any of your children adopted? Yes _____ No _____
If yes, list name(s): _____

Are any of your children not legally adopted? Yes _____ No _____
If yes, list name(s): _____

Are any of your children dependents or do you financially support them? Yes _____ No _____

Are any of your children disabled? Yes _____ No _____

Are any of your children receiving public benefits? Yes _____ No _____

If yes, list name(s) and type of benefit: _____

Are any of your parents living? Yes _____ No _____

If yes, please fill out his or her general information below:

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

If you do not have any living parents or children, who are your next living relatives?

Please fill out his or her general information below:

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

Name _____
Address _____
Phone No. _____ E-Mail Address _____

If you need more space, please attach a page to this Questionnaire.

III. BUSINESS AND PROFESSIONAL INTERESTS

Do you own a business? Yes _____ No _____

If yes, please bring your corporate record book, operating agreement, and/or partnership agreement to our meeting and complete the information below:

Company/Entity Name _____
Type of Entity _____
Owners/Percentage of Ownership _____
Company Value _____

Company/Entity Name _____
Type of Entity _____
Owners/Percentage of Ownership _____
Company Value _____

Do you have any interests in copyrights, royalties,
trade secrets, trade names, trademarks, patents,
or other intellectual property? Yes _____ No _____
If yes, please explain: _____

If you need more space, please attach a page to this Questionnaire.

IV. FINANCIAL INFORMATION

Real Estate

What is the address of your primary residence/home? _____
How is title held? _____
What is the current fair market value? _____
Do you have a mortgage? Yes _____ No _____ Balance _____

Do you own any other second homes, cottages, or lots? Yes _____ No _____

If yes, please complete the information below:

Address? _____
How is title held? _____
What is the current fair market value? _____
Do you have a mortgage? Yes _____ No _____ Balance _____

Bank Accounts (Checking, Savings, Money Market, Cash, CDs, Foreign Assets)

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Non-Retirement Investment Accounts (Brokerage Accounts, Individually Held Securities, Stocks, Mutual Funds, Bonds, Annuities, Cryptocurrency)

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Type of Account _____
Financial Institution _____
Ownership _____ Value _____

Retirement Accounts (IRAs, 401(k)s, 403(b)s, Pensions, Profit-Sharing Plans, HR-10s)

Type of Account _____
Account Custodian _____
Titleholder _____ Value _____
Beneficiary _____

Type of Account _____
Account Custodian _____
Titleholder _____ Value _____
Beneficiary _____

Type of Account _____
Account Custodian _____
Titleholder _____ Value _____
Beneficiary _____

Type of Account _____
Account Custodian _____
Titleholder _____ Value _____
Beneficiary _____

Life Insurance

Type of Policy/Plan _____
Company _____
Titleholder _____
Face Amount and/or Value _____
Whose life is insured? _____
Beneficiary _____

Type of Policy/Plan _____
Company _____
Titleholder _____
Face Amount and/or Value _____
Whose life is insured? _____
Beneficiary _____

Vehicles, Boats, Trailers, ATVs

Make/Model _____
Ownership _____ Value _____
Do you have a loan? Yes _____ No _____ Balance _____

Make/Model _____
Ownership _____ Value _____
Do you have a loan? Yes _____ No _____ Balance _____

Make/Model _____
Ownership _____ Value _____
Do you have a loan? Yes _____ No _____ Balance _____

Make/Model _____
Ownership _____ Value _____
Do you have a loan? Yes _____ No _____ Balance _____

If you need more space, please attach a page to this Questionnaire.

Personal Property (Guns, Antiques, Collectibles, Coin Collections, Artwork, and Jewelry)

Debts/Liabilities

Do you have any other debt (other than what you listed above)? Yes _____ No _____

If yes, please list to whom it is payable, who is liable, whether the debt is secured by a lien, what property, and the amount of the debt (for example, home equity loans or lines of credit, other loans, promissory notes, unpaid taxes, or any other applicable liabilities):

Packer Tickets

Are you a Green Bay Packer Season Ticket Holder? Yes _____ No _____

Present Employer

Company _____ Annual Income _____

Company _____ Annual Income _____

Anticipated Inheritance and Significant Gifts

Have you received any inheritance or significant gifts? Yes _____ No _____

If yes, please indicate what value or what property was received, by whom, and when:

Do you anticipate any inheritance or significant gifts? Yes _____ No _____

If yes, please indicate from whom, to whom, and in what amount:

VI. FIDUCIARY ROLES

Please provide information for the various fiduciaries who may play a role in your estate plan. If you are not sure about naming someone in these roles, we can discuss this at our meeting and complete this section together. Please provide the name and contact information of the person you want to oversee your health and financial affairs before your death and your estate after your death:

Revocable Trust:

Initial Trustee(s) _____
Address/Phone No. _____
Relationship to You _____

Successor Trustee(s) _____
Address/Phone No. _____
Relationship to You _____

A "trustee" is a person or entity who administers and distributes property held in your Revocable Trust.

Last Will and Testament:

Personal Representatives(s) _____
Address/Phone No. _____
Relationship to You _____

Successor Personal Representatives(s) _____
Address/Phone No. _____
Relationship to You _____

A "personal representative" (often called an "executor") is a person you nominate in your Last Will and Testament to administer and distribute property in your estate after your death.

Durable Power of Attorney:

Financial Agent(s) _____
Address/Phone No. _____
Relationship to You _____

Alternate Financial Agent(s) _____
Address/Phone No. _____
Relationship to You _____

A "financial agent" is a person authorized to make financial decisions for you during your life if you are unable to do so due to illness or absence.

Health Care Power of Attorney:

Health Care Agent(s) _____
Address/Phone No. _____
Relationship to You _____

Alternate Health Care Agent(s) _____
Address/Phone No. _____
Relationship to You _____

A "health care agent" is a person authorized to make medical and health care decisions for you during your life if you become incapacitated.

Guardian (For Minor Children):

Guardian(s) _____
Address/Phone No. _____
Relationship to You _____

Successor Guardian(s) _____
Address/Phone No. _____
Relationship to You _____

A "guardian" is a court-approved individual who makes decisions regarding a minor child's support, care, education, health, and welfare.