SCHLOEMER LAW FIRM

Estate Planner – Client Data Sheet

Date of Initial Meeting: ________________

	Spouse 1/Single Individual	Spouse 2
Full Name		
Other Names (Maiden/Alias/Preferred First Name)		
Date of Birth		
Social Security Number		
Telephone Numbers **Please check preferred number.*	☐ Cell: ☐ Home: ☐ Work:	☐ Cell: ☐ Home: ☐ Work:
Email Address		
Employer		
Approximate Annual Income		
Tax Advisor/Accountant		
Financial Advisor	☐Please send copies of signed estate planning documents to my financial advisor once complete.	
Hobbies/Interests		

Mailing Address: ____
Address City Zip Code

County of: ____

Municipality: ☐Town ☐City ☐ Village of: ______________________________

Prefer documents sent by: ☐ U.S. Postal Mail ☐ Email

How did you hear about us? ☐ Website ☐ Facebook ☐ Online Search ☐ ______________________

	Spouse 1/Single Individual		Spouse 2	
	Yes	No	Yes	No
Any previous marriage(s)? **If yes, please provide name of former spouse.*				
Any obligation pursuant to a divorce decree? **If yes, please provide a copy of the divorce decree.*				
Any children from outside of current marriage?				
Any adopted children?				
Any long-term health (nursing home) insurance?				
Have you previously made any large gifts? **Please provide copies of gift tax returns, if any.*				
Are you a veteran?				
Do you receive any government benefits? *e.g. VA, Medicaid, Badgercare*				
Do you have a Prenuptial Agreement? ☐ Yes ☐ No	If yes, please provide a copy of the Agreement.			
Do any of your beneficiaries have lifelong disabilities? ☐ Yes ☐ No	If yes, please provide us with a list of what benefits and/or programs the beneficiary is receiving.			

CHILDREN:

Name	Address	Telephone	Date of Birth	Name of Spouse

GRANDCHILDREN:

Name	Age	Parents

Name	Age	Parents

*****These items will be discussed at your initial meeting.*****

After your death, who will manage the administration of your estate? (i.e. your Trustee or Personal Representative/Executor)	
1st	Name & Relation:
2nd	Name & Relation:
3rd	Name & Relation:

If you pass away and your children are minors, who should be their Guardian?	
1st	Name & Relation:
2nd	Name & Relation:
3rd	Name & Relation:

If you are alive but need assistance, who should manage your finances? (i.e., your financial POA)	
1st	Name & Relation:
2nd	Name & Relation:
3rd	Name & Relation:

Individual/Spouse 1: If you are alive but incapacitated, who should make your health care decisions? (i.e., your Health Care POA)	
1st	Name & Relation:
	Phone Number:
	Address:
2nd	Name & Relation:
	Phone Number:
	Address:
3rd	Name & Relation:
	Phone Number:
	Address:

Spouse 2: If you are alive but incapacitated, who should make your health care decisions? (i.e., your Health Care POA)	
1st	Name & Relation:
	Phone Number:
	Address:
2nd	Name & Relation:
	Phone Number:
	Address:
3rd	Name & Relation:
	Phone Number:
	Address:

OPTIONS TO CONSIDER

Are you looking for a Will-Based Plan or Trust-Based Plan?

☐ Undecided – I'd like to discuss this decision.
☐ Will Based Plan
☐ Trust Based Plan

If you are utilizing a Trust based plan, should your trustee be named as a 'Successor Trustee' or a 'Co-Trustee'?

☐ Undecided – I'd like to discuss with my attorney.
☐ Successor Trustee: *A 'Successor Trustee' is the standard plan. A Successor Trustee cannot act until they prove you are incapacitated, restricting access to your funds and their ability to manage assets until there has been a formal finding of incapacity.*
☐ Co-Trustee: *A 'Co-Trustee' can act immediately once documents are signed without proof of incapacity, making it easier for them to act on your behalf and access funds. This can be beneficial, for example, if your children are assisting you in managing your finances.*

Do you have special instruction for personal property (e.g. jewelry, guns, etc.)? ☐No ☐ Yes*
**If you answered 'yes', please attach a list of any personal property would like to discuss.*

How should your estate be distributed?

☐ Single Plan: Equally to my children. If a child dies before me, their share shall be divided among their children.
☐ Married Plan: To the surviving spouse. On the surviving spouse's death, equally to your children. If a child dies before both of you, their share shall be divided among their children.
☐ Custom: ____

____

____

At what age should assets be distributed to beneficiaries?

☐ Immediate distribution to beneficiaries.
☐ Trust to age ________.
**We generally recommend at least age 25; before the selected age, a Trustee may distribute funds for health, education, maintenance, or support upon request.*
☐ Trust, with distributions of 1/3 at age ______, 1/2 of remainder at age ______, and remainder at age ______
**Example: 1/3 at age 25, 1/2 of remainder at age 30, and remainder at age 35*
☐ Other: ____

Do you intend on providing for charitable bequests? ☐Yes ☐No ☐Undecided.
If you checked 'yes', please provide the names of the intended charities and amounts to be distributed to each:

____

Are there other issues that could affect your estate planning needs or matters you would like to discuss?

____

____

____

Internal Use – Retirement Accounts:	
Primary Beneficiary:	
Contingent Beneficiary:	

ASSET SUMMARY

***Please complete this page to the best of your ability. While we do not need precise values, this information is helpful in discussing your objectives. If additional space is needed, please attach additional sheets.**

Ownership: S = Spouse 1/Individual S2 = Spouse 2 J = Joint T = Trust

	Owner	Estimated Value	Estimated Debt
Real Estate:			
Residence	______________	$ ______________	$ ______________
Other: ______________	______________	$ ______________	$ ______________
Other: ______________	______________	$ ______________	$ ______________
Checking Accounts	______________	$ ______________	$ ______________
Savings Accounts	______________	$ ______________	$ ______________
Stocks	______________	$ ______________	$ ______________
Bonds	______________	$ ______________	$ ______________
Certificates of Deposit (CDs)	______________	$ ______________	$ ______________
Mutual Funds	______________	$ ______________	$ ______________
Life Insurance – Spouse 1	______________	$ ______________	$ ______________
Life Insurance – Spouse 2	______________	$ ______________	$ ______________
Annuities	______________	$ ______________	$ ______________
Retirement Funds - Spouse 1	______________	$ ______________	$ ______________
Retirement Funds - Spouse 2	______________	$ ______________	$ ______________
Automobiles	______________	$ ______________	$ ______________
Automobiles	______________	$ ______________	$ ______________
Personal Property	______________	$ ______________	$ ______________
Out of State Assets	______________	$ ______________	$ ______________
Paper Stock Certificates	______________	$ ______________	$ ______________
Safety Deposit Box Contents	______________	$ ______________	$ ______________
Other: ______________	______________	$ ______________	$ ______________
Other: ______________	______________	$ ______________	$ ______________
Other: ______________	______________	$ ______________	$ ______________
Total Assets		**$** ______________	**$** ______________
Net Worth After Debt		**$** ______________	

REAL ESTATE SUMMARY

Please provide copies of tax bills and Deeds, if available, for all real estate owned.

County	Address/Description	Mortgage? Y/N	Estimated Value	Attorney Notes

DETAILED ANNUAL INCOME SUMMARY

If you wish to discuss Title 19 planning (i.e., nursing home planning), a detailed income statement is needed.

Type of Income	Recipient	Annual Amount

BUSINESS ASSET SUMMARY (If Applicable)

***Please provide us with copies of governing documents (e.g. LLC Operating Agreement, Shareholder Agreements, etc.).**

Business Name	Ownership Percentage	Entity type (LLC, Corp., Sole Proprietorship)	EIN