



WEISS
BERZOWSKI
BRADY

Estate Planning Questionnaire

CONFIDENTIAL



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ESTATE PLANNING QUESTIONNAIRE

Date Completed: _____

SECTION 1. PERSONAL AND FAMILY INFORMATION

Personal

	Husband or Single Man	Wife or Single Woman
Full Name		
Other Names (maiden, alias, nicknames)		
Occupation (if retired, list former occupation and check box)	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth		
Place of Birth		
Citizenship		
Social Security Number		
Date and Place of Marriage		

Address and Telephone Information

	Address	Telephone Number
Home		
Employer - Husband or Single Man		
Employer - Wife or Single Woman		
Other Telephone Numbers	Cellular: Pager: Vacation Home: Other (____)	

Send mail to: Home Husband's Business Wife's Business
 Other Address: _____

	Husband or Single Man		Wife or Single Woman	
	Yes	No	Yes	No
Any prior marriage(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any children by prior marriage(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any children out of wedlock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you adopted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have (either of) you ever consented to the adoption by another of any child of yours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do (either of) you own real estate or personal property located in another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you have a written marital agreement? (prenuptial or postnuptial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If married, have either of you ever lived in or owned property in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington State? (If yes, indicate which states.)				
If married, when did you establish your Wisconsin residency?				

Accountant _____

Other Lawyer _____

Bank/Banker _____

Children

No. 1

No. 2

Name

Date of Birth

Social Security No.

Marital Status

If living away from home:

Address

Telephone No.

Is this child presently supported by you?

Yes No

Yes No

No. 3

No. 4

Name

Date of Birth

Social Security No.

Marital Status

If living away from home:

Address

Telephone No.

Is this child presently supported by you?

Yes No

Yes No

Children (continued)

	No. 5	No. 6
Name	_____	_____
Date of Birth	_____	_____
Social Security No.	_____	_____
Marital Status	_____	_____
If living away from home:		
Address	_____	_____
Telephone No.	_____	_____
Is this child presently supported by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	No. 7	No. 8
Name	_____	_____
Date of Birth	_____	_____
Social Security No.	_____	_____
Marital Status	_____	_____
If living away from home:		
Address	_____	_____
Telephone No.	_____	_____
Is this child presently supported by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Grandchildren

	Name	Parent	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Parents

Husband's (or single man's) parents (indicate date of death if deceased)

Name _____

Address _____

Telephone No. _____

Age _____

Wife's (or single woman's) parents (indicate date of death if deceased)

Name _____

Address _____

Telephone No. _____

Age _____

Is financial support furnished or anticipated to be furnished:

to your parents?

Yes

No

to anyone else besides your children?

Yes

No

SECTION 2. GIFT HISTORY

		Yes	No
1.	Have you ever made gifts of cash or property in excess of \$10,000?	<input type="checkbox"/>	<input type="checkbox"/>
2.	If the answer to 1. is yes, were federal or state gift tax returns filed?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever inherited any cash or other property?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you expect to receive any substantial gifts or inheritances in the future?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever made gifts by creating a trust?*	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you a beneficiary of an existing trust created by someone else?	<input type="checkbox"/>	<input type="checkbox"/>

* If yes, please bring a copy of the trust document to our initial conference.

SECTION 3. SCHEDULE OF ASSETS AND LIABILITIES

***Cash, Bank Accounts, Money Market Funds, Treasury Bills, and Certificates of Deposit
(not including IRAs and retirement plans)***

Name of Institution	How Titled? (husband, wife, or both)	Amount
	TOTAL	\$0.00

Mutual Funds (not including IRAs and retirement plans)

Name of Institution	How Titled? (husband, wife, or both)	Amount
	TOTAL	\$0.00

		TOTAL	
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Real Estate

Address	Owner (husband, wife, or both)	Type*/ Year Acquired	Approximate Value	Present Mortgage Balance

* **R** = residence / **S** = seasonal residence or vacation home / **O** = investment or other real estate

Business Interests**

	Business No. 1	Business No. 2
Name of Business:		
Sole Proprietorship, Partnership (general or limited), Limited Liability Company, or Corporation (C or Sub S):		
Principal Business Activity:		
Percent of Ownership:		
Approximate Value of Your Interest:		

** Include copies of recent financial statements and any employment, deferred compensation, split dollar insurance, death benefit, buy-sell, or redemption agreements.

Life Insurance

	Policy No. 1	Policy No. 2	Policy No. 3
Company			
Policy Number			
Type of Policy (whole life, variable, universal, or term)			
Insured Person			
Policy Owner			
Beneficiary			
Face Amount			
Cash Value			
Outstanding Loan			

	Policy No. 4	Policy No. 5	Policy No. 6
Company			
Policy Number			
Type of Policy (whole life, variable, universal, or term)			
Insured Person			
Policy Owner			
Beneficiary			
Face Amount			
Cash Value			
Outstanding Loan			

Retirement Benefits (pension, profit-sharing, 401(k), IRA, ESOP, and other)

Company	Type of Plan*	Participant	Beneficiary	Estimated Value

Include a recent statement of these benefits.

Annuities

	No. 1	No. 2	No. 3
Company			
Contract Number			
Annuitant			
Owner			
Beneficiary			
Basis (original value)			
Current Value			
Outstanding Loan			

