

**CLIENT INFORMATION**  
[Strictly Confidential]



Husband's Legal Name: \_\_\_\_\_  
(First, Middle, Last Name)

Other Names used by Husband: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec No. (Last 4 Digits): \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_  
(First, Middle, Last Name)

Other Names used by Wife: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec No. (Last 4 Digits): \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Business/Employment: \_\_\_\_\_

E-Mail: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Prior Marriages?

Husband:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Wife:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**  None **AGE or DOB**  
 (First Name, Middle Initial, Last Name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

(First Name, Middle Initial, Last Name)

<b>CHILDREN FROM <u>PRIOR</u> MARRIAGE:</b>	<b>WIFE</b>	<b>HUSBAND</b>	<b>AGE</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage?  No  Yes

- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| • Any deceased children?<br>If yes, name: _____<br>If yes, survived by issue?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?<br>If yes, name: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |

- Do you wish to disinherit any of your children, grandchildren or any other close relative?
  - Do you have an existing Marital Property Agreement?
  - Do either of you expect to inherit substantial assets (\$100,000 +)?
- |   | <u><b>YES</b></u>        | <u><b>NO</b></u>         |
|---|--------------------------|--------------------------|
| • Do you have existing Wills?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control the distribution of the entire estate after the first death?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children before the second spouse's death?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want to pay your Trustee if they are a family member?  | <input type="checkbox"/> | <input type="checkbox"/> |

**PERSONAL REPRESENTATIVE AND/OR TRUSTEE**

The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death

**(Personal Representative for Will Plan or Trustee for Trust Plan):**

**(First Name, Middle Initial, Last Name)**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

**GUARDIAN FOR MINOR CHILDREN**

The name of the person(s) that you want to raise a child that is under 18, if both spouses die (**Guardian**) (if applicable):

(**First Name, Middle Initial, Last Name**)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

If the above name is a married couple, who would you want to be Guardian of your children in the event the married couple would divorce? \_\_\_\_\_

**HEALTH CARE AGENT**

The name of the person(s) that you want to make any major medical decisions on your behalf (**Health Care Agent**)

**HUSBAND**

Primary Health Care Agent:

\_\_\_\_\_

*(First, Middle Initial, Last Name)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Successor Health Care Agent: \_\_\_\_\_

*(First, Middle Initial, Last Name)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*(Please list First Name, Middle Initial, Last Name for all Agents above)*

**WIFE**

Primary Health Care Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*(First, Middle Initial, Last Name)*

Successor Health Care Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*(Please list First Name, Middle Initial, Last Name for all Agents above)*

## AGENT--POWER OF ATTORNEY FOR FINANCES & PROPERTY

The name of the person(s) that you want to make financial decisions on your behalf if you are incapacitated (**Agent for Financial Power of Attorney**):

### HUSBAND

Primary Agent (*Usually Spouse if married, but not required*): \_\_\_\_\_  
(*First, Middle Initial, Last Name*)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Successor Agent: \_\_\_\_\_

(*First, Middle Initial, Last Name*)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(*Please list First Name, Middle Initial, Last Name for all Agents above*)

### WIFE

Primary Agent (*Usually Spouse if married, but not required*): \_\_\_\_\_  
(*First, Middle Initial, Last Name*)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Successor Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(*Please list First Name, Middle Initial, Last Name for all Agents above*)

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## BURIAL WISHES

**HUSBAND:**

At my death, I wish to be:             cremated             buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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---

I have already made arrangements at:

---

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**WIFE:**

At my death, I wish to be:             cremated             buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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---

I have already made arrangements at:

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# ESTIMATED\* VALUE OF ESTATE

<b><u>TYPE OF ASSET:</u></b>	<b><u>HUSBAND'S SEP. PROP.</u></b>	<b><u>WIFE'S SEP. PROP.</u></b>	<b><u>COMMUNITY PROPERTY</u></b>
• <b>REAL ESTATE:</b> (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• <b>SECURITIES:</b> (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• <b>CASH TYPE ASSETS:</b> (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• <b>BUSINESS INTERESTS:</b> (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• <b>RETIREMENT PLANS:</b> (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• <b>VEHICLES:</b> (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• <b>PERSONAL PROPERTY:</b> (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

**ADDRESS OF EACH PIECE OF REAL ESTATE:**

**Property #1:**

Street Address: \_\_\_\_\_

County, State: \_\_\_\_\_

Tax Parcel ID No. (if known): \_\_\_\_\_

How is the Deed Titled? (Individual, Joint Tenants, Joint Tenants w/Rights of Survivorship, Marital Property, Tenants in Common, Life Estate, etc.) \_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_

Mortgages on the Property (Please list the total of all mortgages on property): \_\_\_\_\_

Any joint owners? If yes, please list: \_\_\_\_\_

**Property #2:**

Street Address: \_\_\_\_\_

County, State: \_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_

Mortgages on the Property (Please list the total of all mortgages on property): \_\_\_\_\_

How is the Deed Titled? (Individual, Joint Tenants, Joint Tenants w/Rights of Survivorship, Marital Property, Tenants in Common, Life Estate, etc.) \_\_\_\_\_

Any joint owners? If yes, please list: \_\_\_\_\_

**How did you find my office? (Website, Google, Referral, etc.)**

\_\_\_\_\_

If you used my website, did you have any issues navigating the website or any other comments/feedback on the website?

\_\_\_\_\_

**Name of Financial Advisor** (if any): \_\_\_\_\_

Firm Name and Address: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

**Name of Bank or Financial Institution:** \_\_\_\_\_

Address: \_\_\_\_\_



## LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Husband's Signature**

\_\_\_\_\_  
**Wife's Signature**

### **Instructions Regarding Real Estate Deeds and Other Paperwork:**

When returning this document, please attach copies of the recorded deeds for real property that you own. If you do not have the deeds available when you return the questionnaire you may also bring this paperwork with you to the initial consultation. If you cannot find the deeds, please make a note, with your initialed authorization to incur the fees, and I can search and purchase them online in most counties. When preparing a trust-based plan it is critical to have the legal description from the previously recorded deed in order to draft the quitclaim deed for your home to your trust. After review we may also recommend ordering a letter report from a title company, before preparing the quitclaim deed, and if you have bought, sold or transferred any piece of your property since it was acquired by deed, or if the legal description has changed, this is our practice. Please feel free to attach bank statements, investment account statements, titles, or paperwork concerning other valuable assets that you believe would be useful to us to review when returning this document. Thank you for completing this questionnaire and for working with me to make your initial consultation as efficient and effective as possible!

### **Scheduling Your Estate Planning Design Meeting:**

When you have completed this questionnaire and returned it to my office, please contact the office by email at [attorney@theburtonlawoffice.com](mailto:attorney@theburtonlawoffice.com) to schedule an appointment for your initial consultation where we will review your questionnaire and design a custom estate plan designed to fit your needs. Clients who return the questionnaire first will receive first priority in scheduling available appointments. Thank you for your understanding and cooperation!

### **Instructions for Returning Completed Estate Planning Questionnaire:**

U.S. Mail, email, or online electronic submission is the preferred method for receiving the completed questionnaire. If you send the form via email, please send in PDF format to:

[attorney@theburtonlawoffice.com](mailto:attorney@theburtonlawoffice.com)

### **U.S. Mail or Drop Off in Person:**

Alternatively, you can mail the completed questionnaire (U.S. Mail is preferred during COVID-19 to limit in person contact) or drop it off in person and leave it with the receptionist at the shared front desk on the 3<sup>rd</sup> floor for Waterford Executive Offices/Goldridge Group Monday-Friday from 9:00-5:00 p.m. Please place the completed questionnaire in an envelope addressed to Attorney Thomas B. Burton and leave it with the receptionist.

### **Burton Law LLC**

310 Pinnacle Way, Suite 301  
Eau Claire, WI 54701

[Parking Directions are available at this link](#)



*A Boutique Law Firm Focusing on Estate Planning, Asset Protection, Real Estate & Business Law*  
[www.theburtonlawoffice.com](http://www.theburtonlawoffice.com)