

CLIENT INFORMATION

[Strictly Confidential]



Legal Name: _____
(Please list your legal First Name, Middle Name, and Last Name)

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

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

Business/Employer: _____

Marital Status: ☐ Never married ☐ Divorced ☐ Widowed ☐ Married

If married, name of Spouse: _____
(First Name, Middle Name, and Last Name)

If married, date of Marriage: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

CHILDREN: ☐ None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____

(Please list First Name, Middle Name, Last Name for all children listed above)

• Number of grandchildren: _____ Range of Ages: _____

YES **NO**

• Any deceased children? ☐ ☐

If yes, name: _____

If yes, survived by issue?	☐	☐
If yes, name(s): _____		
	<u>YES</u>	<u>NO</u>
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	☐	☐
• Do you have any relatives (other than children) who depend on you for all or part of their support?	☐	☐
• Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	☐	☐
• Do you wish to disinherit any of your children, grandchildren or any other close relative?	☐	☐
• If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?	☐	☐
• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	☐	☐
• Do you expect to inherit substantial assets (\$100,000 +)?	☐	☐
• Do you have an existing Will?	☐	☐
• Have you ever executed a trust (either revocable or irrevocable)?	☐	☐
• Have you ever filed a Federal Gift Tax Return?	☐	☐
• Do you have an existing General Power of Attorney?	☐	☐
• Do you currently hold any assets in Joint Tenancy with another person?	☐	☐
• Do you want to pay your Trustee if they are a family member?	☐	☐

PERSONAL REPRESENTATIVE OR TRUSTEE

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

Primary Personal Representative (PR): _____
(First, Middle Initial, Last Name)

Relationship to You: _____
(Ex: Brother, Sister, Friend, Cousin, etc.)

Successor Personal Representative: _____
(First, Middle Initial, Last Name)

Relationship to You: _____
(Ex: Brother, Sister, Friend, Cousin, etc.)

GUARDIAN FOR MINOR CHILDREN

The name of the person(s) that you want to raise a child that is under 18 (if applicable):

Primary Guardian: _____
Address: _____

Successor Guardian: _____
Address: _____
(Please list First Name, Middle Initial, Last Name and Relationship for all persons listed above)

HEALTH CARE AGENT

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

Primary Agent: _____
Address: _____
Phone: _____

Successor Agent: _____
Address: _____
Phone: _____
(Please list First Name, Middle Initial, Last Name and Relationship for all persons listed 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:

Primary Agent: _____
Address: _____
Phone: _____

Successor Agent (optional): _____
Address: _____

Phone: _____
(Please list First Name, Middle Initial, Last Name and Relationship for all persons listed above)

- In general, state how you want your estate distributed among your beneficiaries?

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

How did you find my office? (Website, Google, Avvo, 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 Primary Bank: _____

Address: _____

Name of Secondary Bank (if any): _____

Address: _____

BURIAL WISHES

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

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

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

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

TYPE OF ASSET:

ESTIMATED VALUE

- TOTAL REAL ESTATE: \$ _____
(fair market value, less loans)

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: _____

Property #3:

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: _____

PLEASE ATTACH COPIES OF ANY DEEDS YOU HAVE READILY AVAILABLE FOR REAL ESTATE WHEN YOU RETURN THIS FORM. THANK YOU!

- SECURITIES: \$ _____
(stocks, bonds, mutual funds)
- CASH TYPE ASSETS: \$ _____
(cash, annuities, notes due you)
- BUSINESS INTERESTS: \$ _____
(sole proprietorship, partnerships,
closely held corporation, etc.)
- RETIREMENT PLANS: \$ _____
(IRA, 401k, etc.**)
- VEHICLES: \$ _____
(autos, R.V., boat)
- PERSONAL PROPERTY: \$ _____
(jewelry, furniture, antiques)
- TOTAL:** \$ _____

* 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.

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

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 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 our office, please request to book a virtual meeting at <https://www.theburtonlawoffice.com/estateplanning> and click the button that says “**Book Virtual Video Consult.**” Virtual meetings can be requested directly through our online scheduling system and are generally the fastest way to request and hold an available date on the calendar for review. If you prefer an in-person meeting, please contact the office by email at attorney@theburtonlawoffice.com to request an appointment. At your initial consultation, we will review your questionnaire and design a custom estate plan to fit your needs. All appointment requests are reviewed manually before they are confirmed. Clients who return the questionnaire first will receive first priority in scheduling available appointments. Thank you for your patience, understanding, and cooperation!

Instructions for Returning Completed Estate Planning Questionnaire:

U.S. Mail (preferred), email, or online electronic submission are acceptable methods for returning the completed questionnaire. If you use email, please email in PDF format (not JPEG) as one document to:

attorney@theburtonlawoffice.com

U.S. Mail or Drop Off in Person:

Alternatively, you can mail the completed questionnaire (U.S. Mail is preferred) or drop it off in person and leave it with the receptionist at the shared front desk on the 3rd floor for Waterford Executive Offices/Goldridge Companies Monday-Friday from 9:00-5:00 p.m. Please place the completed questionnaire in an envelope addressed to Burton Law LLC and leave it with the receptionist at the front desk and they will get it to Attorney Burton.

Burton Law LLC

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Eau Claire, WI 54701

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

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LLC

www.theburtonlawoffice.com