



**HASKINS  
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## ESTATE PLANNING QUESTIONNAIRE

- Single -

Please complete to the best of your abilities. If you have questions please note them and we will discuss them at your initial appointment.

Full Legal Name	_____
Name Preference	_____
Birthdate	_____
Home Address	_____
City/State/Zip Code	_____
Residence County	_____
Home Phone	_____
Work Phone	_____
Cell/Mobile Phone	_____
Email	_____

### EMPLOYMENT INFORMATION

Employer	_____
Title	_____
Work Address Street	_____
City/State/Zip Code	_____

### CITIZENSHIP

U.S. Citizen	_____
Other (please fill)	_____

## EXISTING DOCUMENTS

If there are previous documents, please bring to your appointment.

	Date	Location (Place of execution)
Will		
Trust		

## PREVIOUS MARRIAGES

<b>Marriage</b>	1)
How Ended/When/Length	
Living/Deceased	
<b>Marriage</b>	1)
How Ended/When/Length	
Living/Deceased	

## FAMILY INFORMATION

Children

<b>Child Name</b>	
Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	
<b>Child Name</b>	
Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	
<b>Child Name</b>	
Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

<b>Child Name</b>	
Address	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

<b>Child Name</b>	
Address	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

**Note:** Additional children or individuals may be identified in the space at the end of this form. Be sure to include their legal name, preferred name, address, and phone number.

**Close FAMILY MEMBERS OR FRIENDS** that *you may name in any estate planning.*

<b>Name</b>	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

<b>Name</b>	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

<b>Name</b>	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

## OTHER INFORMATION:

Safe Deposit Box: ☐ Yes ☐ No Bank: \_\_\_\_\_

Veteran: ☐ Yes ☐ No Period of Service:

Serial No.: \_\_\_\_\_

Discharge type: \_\_\_\_\_

Disability Rating: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Agency/Institution: \_\_\_\_\_

Contact information: \_\_\_\_\_

Long Term Care Insurance: ☐ Yes ☐ No Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Physician/Primary Care provider: \_\_\_\_\_ Office: \_\_\_\_\_

Treatment/Provider Network (UW, etc):

\_\_\_\_\_

## REAL ESTATE

Location/County	Owned (sole/joint)	Mortgage Balance	Approx Value	Monthly pymnt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## BANKING INFORMATION – FOR PURPOSE OF ESTATE TAXES

Bank / Credit Union	Owned (sole/joint)	Account Type	Approx Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INCOME

<b>Source:</b>	
Amount per month:	
<b>Source:</b>	
Amount per month:	
<b>Source:</b>	
Amount per month:	
<b>Source:</b>	
Amount per month:	
<b>Source:</b>	
Amount per month:	

## TANGIBLE COLLECTIBLE PROPERTY (ART, JEWELRY, GUNS, ANTIQUES, COLLECTIBLES)

Item	Value	Insured?	Insurer (Company)

**BUSINESS INTERESTS** (C Corps, S Corps, Partnerships, LLCs): Please bring operating agreement(s) or similar documents to your appointment

Name	Type	Ownership

## STOCKS & BONDS

Company/Entity	Owner	# of Shares & Value	Beneficiary

Please fill out to the best of your ability.

**RETIREMENT ACCOUNTS (401K, 403B, IRA, ETC).**

Type	Value/Death Benefit	Beneficiary/Beneficiaries and %

**NON QUALIFIED ACCOUNTS, NON-RETIREMENT ACCOUNTS, ANNUITIES, ETC.**

Company	How	Value	Beneficiary

**LIFE INSURANCE**

Company	Beneficiary	Policy #	Whole/ Term	Face Amt	Cash Value

**OTHER NOTABLE ASSETS:** Including notes receivable, tax shelter partnerships, etc.

Name	Type	Ownership

**OUTSTANDING LIABILITIES:** (NOT NOTED ELSEWHERE IN THIS FORM)

To Whom Payable	Amount Owed	Security

## DESIGNATIONS FOR ANY NEW ESTATE PLANNING DOCUMENTS

You may require new (updated) powers of attorney for your finances or health decisions.  
Please think about who you would like to make decisions for you, and one backup person.

Current <b>Financial</b> <b>Power of Attorney?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____
If no, who would you name as that <b>Agent</b> ?	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Who would you name as <b>Alternate Agent</b> ?	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

Current <b>Health Care</b> <b>Power of Attorney?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____
If no, who would you name as that <b>Agent</b> ?	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Who would you name as <b>Alternate Agent</b> ?	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

Who would you like to designate as **PERSONAL REPRESENTATIVE** of your estate?

A personal representative is the person who is authorized to administer your will. This role is commonly referred to as the estate executor.

Name of <b>Personal</b> <b>Representative</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Name of <b>Alternate</b> <b>Personal Representative</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

**IF** you create and fund a trust, who would you like to designate as **TRUSTEE**?

If you and/or your partner are not able to serve as trustee, this person would serve as Trustee.

Name of <b>Trustee</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Name of <b>Alternate Trustee</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

For any **minor** children, who would you like to name as **GUARDIAN**?

Name of <b>Guardian</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Name of <b>Alternate Guardian</b>	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

### ADDITIONAL QUESTIONS

1. Do you expect to inherit any property? \_\_\_\_\_  
If yes, from whom: \_\_\_\_\_ When? \_\_\_\_\_  
Estimated value: \$ \_\_\_\_\_ Will the property be in trust? \_\_\_\_\_
2. Do you foresee any radical fluctuation in your total net worth in the next 5 years? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_