

Terry Balding & Associates
515 W. Main Street
Sun Prairie, WI 53590
(608) 837-9099 1-800-727-3039
FAX 608-825-6468
tablading@hirep.net

Estate Planning Questionnaire

Attach additional sheets if necessary

Date: _____

I. Client Information

Name _____ Daytime Phone _____

Address _____ Evening Phone _____

_____ Social Security # _____

Employer Name _____ Occupation _____

Address _____ Email _____

_____ Fax # _____

Name _____ Daytime Phone _____

Address _____ Evening Phone _____

_____ Social Security # _____

Employer Name _____ Occupation _____

Address _____ Email _____

_____ Fax # _____

Are you married? Yes No If so, date of marriage: _____

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II. Children by Current Marriage

Name _____ **DOB** _____ **Relationship** _____

Address _____

Married? _____ **Grandchildren** _____

Name _____ **DOB** _____ **Relationship** _____

Address _____

Married? _____ **Grandchildren** _____

Name _____ **DOB** _____ **Relationship** _____

Address _____

Married? _____ **Grandchildren?** _____

Are any children not children of the current spouse? ___ Yes ___ No
Are there any children who have died? ___ Yes ___ No
Did they have children? ___ Yes ___ No
Are there any adopted children in the family? ___ Yes ___ No
Are there any children who are living as family
members that have not been adopted? ___ Yes ___ No

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Prior Marriages

To whom _____

How and when marriage ended _____

Children by Prior Marriages

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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III. Financial Information

A. Assets

<u>ASSET</u>	<u>HOW IS TITLE HELD (H/W/BOTH)</u>	<u>WHEN & HOW ACQUIRED</u>	<u>VALUE(LESS ANY MORTGAGE)</u>
Home:	_____	_____	_____

Other Real Estate (Address/Location Type):

_____	_____	_____	_____
_____	_____	_____	_____

<u>ASSET</u>	<u>HOW IS TITLE HELD (H/W/BOTH)</u>	<u>WHEN & HOW ACQUIRED</u>	<u>VALUE(LESS ANY MORTGAGE)</u>
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Securities:

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

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<u>ASSET</u>	<u>HOW IS TITLE HELD (H/W/BOTH)</u>	<u>WHEN & HOW ACQUIRED</u>	<u>VALUE (LESS ANY MORTGAGE)</u>
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Cash, CDs, Other Bank/Money Market Accounts:

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

Collectibles & Antiques:

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

Personal Property, Autos, etc.:

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

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<u>ASSET</u>	<u>HOW IS TITLE HELD (H/W/BOTH)</u>	<u>WHEN & HOW ACQUIRED</u>	<u>VALUE (LESS ANY MORTGAGE)</u>
Other Investments (Describe):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received any significant gifts or inheritances? ___Yes ___No

If so, indicate what value or what property was received, by whom, and when.

Do you anticipate any substantial gifts or inheritances? ___Yes ___No

If so, from whom and in what amount? _____

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B. Personal Life Insurance

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____ **Insured?** _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Personal Life Insurance Cont.

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____ **Insured?** _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Do any policies provide double indemnity? ___ Yes ___ No

If so, which ones? _____

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C. Employer Life Plans

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

Employer Life Plans Cont.

Company Name _____ **Type of Policy/Plan** _____

Title Holder _____

Beneficiary _____ **Face Amounts and/or Value** _____

When Acquired _____

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D. Current Income

Name _____ Annual Income: \$ _____

Name _____ Annual Income: \$ _____

E. Existing Documents

Do you have an existing marital property (or prenuptial or postnuptial) agreement?

Yes No If so, please provide us with a copy.

Have you executed a prior will or trust document?

Yes No If so, please provide us with a copy.

F. Debts

(Other than mortgages shown above in connection with assets)

TO WHOM PAYABLE	DEBTOR	PROPERTY PLEDGED FOR SECURITY	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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G. Miscellaneous

Guardian for minors: _____

Address: _____

Alternate selection for guardian: _____

Address: _____

Personal Representative: _____

Address: _____

Alternate selection for personal representative: _____

Address: _____

Trustee: _____

Address: _____

Alternate selection for trustee: _____

Address: _____

Agent/power of attorney for health care: _____

Address: _____

Alternate selection for agent/power of attorney for health care: _____

Address: _____

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Agent/durable power of attorney: _____

Address: _____

Phone number: _____ Social Security Number: _____

Alternate selection for agent/durable power of attorney: _____

Address: _____

Phone number: _____ Social Security Number: _____