

RENARD LAW OFFICE, LLC
CLIENT INFORMATION FORM

CLIENT NAME (1): _____
(Include middle initials if you sign legal documents using the initial)

CLIENT SPOUSE (2): _____
*or Significant Other/Partner

CLIENT ADDRESS: _____

CLIENT E-MAIL: _____

CLIENT 2 E-MAIL: _____

CLIENT PHONE: _____ CLIENT 2 PHONE: _____

CLIENT LANDLINE: _____

CLIENT 1: Last four digits of SSN: _____

CLIENT 2: Last four digits of SSN: _____

CLIENT 1: DOB: _____

CLIENT 2: DOB: _____

Only answer the following question if you are having a Prenuptial or Marital Property Agreement drafted and if not, please skip to "Family Information" below:

If you are married, were you previously married? YES NO

If yes, name of previous spouse(s): _____

Divorce Date(s): _____ Death Date(s): _____

(Add additional page if necessary)

Husband: CHILDREN FROM PREVIOUS MARRIAGE(S)/RELATIONSHIPS:
NAME: CHILD'S SPOUSE'S NAME: # OF CHILDREN: MINOR OR ADULT?

Wife: CHILDREN FROM PREVIOUS MARRIAGE(S)/RELATIONSHIPS:
NAME: CHILD'S SPOUSE'S NAME: # OF CHILDREN: MINOR OR ADULT?

FAMILY INFORMATION:

I/We have no children from a previous marriage or relationship. These are our children:

CHILD'S NAME: DOB: ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR): ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR) ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR) ADDRESS and PHONE SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

(For additional children, please attach a page)

Are any children or grandchildren receiving governmental benefits (such as Medicaid, SSI, Katie Beckett, etc.) or have a disability? YES NO

If yes—what type of disability?

EXISTING ESTATE PLANNING DOCUMENTS

I/We have the following existing estate planning documents: (CHECK AS APPROPRIATE)

If yes, please provide their dates)

<input type="checkbox"/> WILL(S)	DATE SIGNED: _____
<input type="checkbox"/> FINANCIAL POWER(S) OF ATTORNEY	DATE SIGNED: _____
<input type="checkbox"/> MEDICAL POWER(S) OF ATTORNEY/LIVING WILL	DATE SIGNED: _____
<input type="checkbox"/> REVOCABLE LIVING TRUST	DATE SIGNED: _____
<input type="checkbox"/> IRREVOCABLE TRUST	DATE SIGNED: _____
<input type="checkbox"/> MARITAL PROPERTY AGREEMENT	DATE SIGNED: _____

I/We were residents of a state other than Wisconsin when our estate planning documents were signed. YES NO (IF YES, WHAT STATE(S)?)

WHAT ARE YOUR ESTATE PLANNING GOALS?

ASSET INFORMATION

CHECK AND CIRCLE WHICH APPLY: (NOTE: You do not need to provide amounts or current balances in any accounts)

I/We bank at (names and branch locations [not full address]):

I/We own mutual funds/investment accounts that are **NOT** retirement accounts at (names of funds ex: Ziegler, Vanguard, etc.):

___ I/We own stock shares in **certificate** form YES NO
Name of Stock:
Year Acquired:

___ I/We own savings bonds YES NO
Type: EE E H OTHER
Have they matured? Y N Approximate total amount? _____

___ I/We own the following retirement accounts (IRA, 401K, SEP, etc.):

___ I/We own Annuities as follows (name of company):

___ I/We own Life Insurance with these companies and in these face amounts:
(Also indicate "T" for Term or "W" for whole life)

___ I/We own (or are part of) a: (CIRCLE IF APPLICABLE—IF APPLICABLE, PROVIDE NAME)
Closely-held company:
S Corporation
C Corporation
Partnership or Family Limited Partnership
Limited Liability Company (LLC)
Farming Operation

___ I/We own a home YES NO
If yes, FMV per property tax bill: \$ _____

Tax Parcel Number: _____

Do you have an outstanding mortgage? YES NO

(If yes, what is your approximate **principal** amount outstanding?) _____

Do you have an outstanding home equity loan or line or credit? YES NO

Do you have a copy of the Deed or Satisfaction of Mortgage (if fully paid)? YES NO

Do you have Managed Forest Land? If yes, how many acres?

Do you have water frontage? If yes, how many feet?

___ I/We own real property (ex: vacation home, timeshare interest) **out of State** located in _____ (STATE). If a Timeshare, do you have a Deed for the property? YES NO

___ I/We own real property (vacant land or otherwise) in Wisconsin. YES NO
Is it titled jointly with anyone? If yes—with whom? Relationship to you?

___ I/We own rental property YES (If yes, provide address/location): NO
Is it titled jointly with anyone? If yes—with whom? Relationship to you?

___ I/We have the following (CIRCLE AS APPROPRIATE):

- * ATV/UTV
- * MOTORCYCLE(S)
- * BOAT(S)
- * FIREARMS
- * VALUABLE COLLECTIONS

___ I/We own the following vehicles: How are they titled? (sole or joint names)

___ I/We rent a safe deposit box from our bank. YES NO
If "Yes", which bank(s)?
(If yes, do you have a joint owner designated on the box?)

- Do you want to provide for periodic distributions of principal (Ex: 1/3 at age 22, ½ the balance at age 26, and full balance at age 28.)? You can provide for one distribution, or distribution in halves, thirds, quarters, etc.
 - What expenses would you allow the Trustee to distribute principal for the beneficiary? (Ex: post high school education; down-payment on a home; purchasing a business; uninsurable medical conditions.)
 - If the beneficiary dies before you (or the survivor of you), or after your death but while the funds are being held in trust, should that share pass to his or her children, or back to his or her surviving siblings? (Ex: to your great-grandchildren, or your other grandchildren?)
 - If you have a disabled child receiving government benefits, a specific type of trust should be created called a “Supplemental Needs Trust” which protects interruption of their benefits. In that case you should consider where the money in that trust would pass if your disabled child (or grandchild) dies prematurely, or at his or her death.
 - In the event of a “catastrophe” where none of your family survived (common accident or disaster leaving no living children, grandchildren, etc.), where do you want your estate to pass? Percentages?
 - Do you want to provide that specific gifts or bequests be made upon your death (or the survivor’s death) **paid ahead of** the other distributions? If so, in what sum or percentages?
 - Are you excluding one or more adult children?
5. If you have a minor child or children, whom should be the Guardian? It is best to select only one Guardian, rather than a husband and wife together, because of the possibility of divorce. Name an alternate.
 6. If you decide to establish a Revocable Trust, you need to answer these same questions. Your most important decision will be deciding whom should be the Trustee(s), with at least one alternate.
 7. Are you expecting an inheritance from a mother, father, or other relative in the future?

PROBATE AVOIDANCE AND TAXES

- Probate can be avoided by any one of the following:
 - (i) Owning things jointly (Ex: husband and wife or ownership with adult child)
 - (ii) Adding Beneficiary Designations to your assets: Payable on Death "POD" for cash assets and Transfer on Death "TOD" for investments and real estate.
 - (iii) Establishing a Revocable Trust and "funding" the Trust during your lifetime.
- Currently, there are no death taxes, State or Federal, unless your assets total more than \$5.25 million (doubled for spouses). There is no inheritance tax.
- Inherited property is not taxable to the beneficiary (recipient) unless it includes taking distributions from a deceased person's IRA or other taxable retirement account, and in that event, it is subject to income tax.

Can we thank someone for referring you to us? (Please provide name and address (if known) or e-mail address because we send Thank you notes!)

NOTES/QUESTIONS FOR DISCUSSION