



the law office of
DAVID WATSON, LLC

Estate Planning Questionnaire

The Law Office of David Watson, LLC

7702 W Mequon Road, Suite 300
Mequon, WI 53097

414.491.3283

david.watson@watsonatlaw.com

watsonatlaw.com



the law office of
DAVID WATSON, LLC

The Law Office of David Watson, LLC

7702 W Mequon Road, Suite 300
Mequon, WI 53097

414.491.3283

david.watson@watsonatlaw.com

watsonatlaw.com

Estate Planning Questionnaire

Client #1 General Information

Full Legal Name:

Birthdate:

Home Address

Street Address:

City:

State:

Zip/Postal Code:

County:

Telephone and Fax Numbers

Cell Phone:

Home Phone:

Work Phone:

Fax Number:

Email Addresses

Home Email:

Work Email:

Occupation

Title:

Company Name:

Work Street Address:

Work City:

State:

Zip/Postal Code:

Client #2 General Information

Full Legal Name:

Birthdate:

Home Address

Street Address:

City:

State:

Zip/Postal Code:

County:

Telephone and Fax Numbers

Cell Phone:

Home Phone:

Work Phone:

Fax Number:

Email Addresses

Home Email:

Work Email:

Occupation

Title:

Company Name:

Work Street Address:

Work City:

State:

Zip/Postal Code:



Children/Beneficiaries

List all of your children, if any, regardless whether they will be beneficiaries under your estate plan. Also list any grandchildren, friends, or charities that you want to be beneficiaries of your estate.

1. Beneficiary 1

Beneficiary 1 Full Legal Name:	Relationship:	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Beneficiary 2

Beneficiary 2 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Beneficiary 3

Beneficiary 3 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Beneficiary 4

Beneficiary 4 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5. Beneficiary 5

Beneficiary 5 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Children/Beneficiaries* Continued...

6. Beneficiary 6

Beneficiary 6 Full Legal Name:	Relationship:	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

7. Beneficiary 7

Beneficiary 7 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

8. Beneficiary 8

Beneficiary 8 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

9. Beneficiary 9

Beneficiary 9 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

10. Beneficiary 10

Beneficiary 10 Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

* If you have more than 10 beneficiaries, please list additional beneficiaries on the back side of this page; or, if you are completing this form electronically, please include the additional information in a separate email or Microsoft Word document.



Advisors

CLIENT #1 ADVISORS

Accountant for Client #1

Accountant Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Financial Advisor for Client #1

Financial Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Insurance Agent (Life, LTC, Umbrella) for Client #1

Agent Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Private Banker/Trust Officer for Client #1

Banker/Officer Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Other Advisors for Client #1

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CLIENT #2 ADVISORS

Accountant for Client #2

Accountant Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Financial Advisor for Client #2

Financial Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Insurance Agent (Life, LTC, Umbrella) for Client #2

Agent Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Private Banker/Trust Officer for Client #2

Banker/Officer Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Other Advisors for Client #2

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:

<input type="text"/>	<input type="text"/>
----------------------	----------------------



Summary of Assets

Assets	Client #1	Client #2	Title Held (H, W, Both)	Total Value
Checking, Savings, Money Market	\$	\$		\$
Certificates of Deposit	\$	\$		\$
Traditional IRA 401(k) 403(b), etc.	\$	\$		\$
Roth IRA 401(k)	\$	\$		\$
Non-Tax Deferred Brokerage Accounts	\$	\$		\$
Individual Stocks and Bonds	\$	\$		\$
Life Insurance (Death Benefit Values)	\$	\$		\$
Life Insurance (Cash Values)	\$	\$		\$
Real Estate Equity	\$	\$		\$
Annuities	\$	\$		\$
Stock Options (Current Value)	\$	\$		\$
Closely Held Business Interests	\$	\$		\$
Cars, Boats, Planes, etc.	\$	\$		\$
Valuable Tangible Personal Property	\$	\$		\$
Other:	\$	\$		\$
Other:	\$	\$		\$
Totals:	\$	\$		\$



Estate Plan Design Information

This section addresses the information we need to design your custom estate plan. The persons you name in the following sections will act for you if you become disabled and upon your death. All individual persons named should have a history of responsible behavior.

Guardian for Minor Children

If you have children under the age of 18, list in order of preference whom you wish to be guardian of your minor children. The guardians are named in your Will.

CLIENT #1 GUARDIANS	
First Choice (Client #1 Guardian)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #1 Guardian)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 GUARDIANS	
First Choice (Client #2 Guardian)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #2 Guardian)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

Executor

The Executor is the person or qualified corporation that is responsible for filing your Will with the probate court and administering your probate estate, if any. Spouses are often the first choice for each other.

CLIENT #1 EXECUTORS	
First Choice (Client #1 Executor)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #1 Executor)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #1 Executor)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 EXECUTORS	
First Choice (Client #2 Executor)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #2 Executor)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #2 Executor)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>



Trustee

If you set up a Living Trust or a Trust established under your Will, the Trustee is the person or qualified corporation that is responsible for managing your assets upon your disability and/or death. Spouses are often the first choice for each other.

CLIENT #1 TRUSTEE	
First Choice (Client #1 Trustee)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #1 Trustee)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #1 Trustee)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 TRUSTEE	
First Choice (Client #2 Trustee)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #2 Trustee)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #2 Trustee)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

Power of Attorney for Property | Finances Agent

The agent for your Power of Attorney for Property is the person who manages your financial affairs if you become disabled. If you have a Trustee, the same order should apply. Spouses are often the first choice for each other.

CLIENT #1 POA FOR PROPERTY/FINANCES AGENT	
First Choice (Client #1 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #1 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #1 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 POA FOR PROPERTY/FINANCES AGENT	
First Choice (Client #2 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice (Client #2 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice (Client #2 POA for Property/Finances)	
Full Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>



Power of Attorney for Health Care Agent

The agent for your Power of Attorney for Health Care is the person who makes health care decisions for you if you are not able to communicate decisions yourself. Spouses are often the first choice for each other.

CLIENT #1 POA FOR HEALTHCARE AGENT

First Choice (Client #1 POA for Healthcare)

Full Name:

Relationship: Phone:

Second Choice (Client #1 POA for Healthcare)

Full Name:

Relationship: Phone:

Third Choice (Client #1 POA for Healthcare)

Full Name:

Relationship: Phone:

CLIENT #2 POA FOR HEALTHCARE AGENT

First Choice (Client #2 POA for Healthcare)

Full Name:

Relationship: Phone:

Second Choice (Client #2 POA for Healthcare)

Full Name:

Relationship: Phone:

Third Choice (Client #2 POA for Healthcare)

Full Name:

Relationship: Phone:

Living Will

If you become terminally ill, and such illness is irreversible, and your death is imminent, do you want your doctors to **refrain** from using heroic measures (i.e., heart-lung machine, feeding tube, etc.) to keep you alive?

If you answer **"YES,"** you are indicating that **you want a Living Will.**

If you answer **"NO,"** you are indicating that **you do not want a Living Will.**

CLIENT #1 LIVING WILL

Yes

No

CLIENT #2 LIVING WILL

Yes

No



Additional Questions

1. Do you have Long-term Care Insurance that covers long-term nursing home or in-home nursing care?

Yes No

2. Do you expect to receive an inheritance?

Yes No

If yes, from whom, and approximately how much?

3. Is there anything else that you would like us to know relative to your estate planning?

Yes No

If yes, please describe.

4. Do you have pets that you would like to make provisions for?

Yes No

If yes, please describe?

Acknowledgement

The information I have provided herein is accurate to the best of my knowledge. The Law Office of David Watson, LLC may rely on the information herein in preparing my custom estate plan.

CLIENT #1 SIGNATURE

Printed Name:

Date:

--	--

Signature:

--

CLIENT #2 SIGNATURE

Printed Name:

Date:

--	--

Signature:

--



the law office of
DAVID WATSON, LLC

The Law Office of David Watson, LLC

7702 W Mequon Road, Suite 300
Mequon, WI 53097

414.491.3283

david.watson@watsonatlaw.com

watsonatlaw.com

Checklist of Documents Needed for Data Gathering

- Completed Estate Planning Questionnaire
- Current Will
- Current Trust (*created by you or by others for your benefit*)
- Current Powers of Attorney and Living Wills
- Personal Income Tax Return (*last year only*)
- Business Tax Return (*last year only*)
- Life/ Health/ Disability | Umbrella Insurance Policies
- Brokerage Statements (*last month only*) and Stock Certificates (*copies only*)
- Retirement Account Statements (*last month only*)
- Savings, Checking and Money Market Statements (*last month only*)
- Employee Benefit Plan Descriptions (Pension, Profit Sharing, Group Insurance, etc.) and Beneficiary Designation Forms
- Business Buy-Sell Agreements and Employment Contracts
- Pre-Nuptial or Post-Nuptial Agreements and Divorce Decrees | Property Settlements
- Gift Tax Returns
- Homeowner's Insurance Policy and Personal Property Riders
- Deed(s) to Real Estate and Title Insurance Policies
- Titles to Cars, Trucks, Boats and Planes
- Copy of Financial Profile created by you or your Financial Advisor
- Any Additional Documents That You Think I Should Be Aware Of