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## CONFIDENTIAL PERSONAL INFORMATION

Date: \_\_\_\_\_

Your Name (in full): \_\_\_\_\_

Name used when signing a legal document: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Dates of Service/Branch: \_\_\_\_\_

Please provide the following information regarding your current or last employer and note if retired:

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Your Spouse's Name (in full): \_\_\_\_\_

Name used when signing a legal document: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Dates of Service/Branch: \_\_\_\_\_

Please provide the following information regarding your current or last employer and note if retired:

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

## CURRENT MARRIAGE

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

## PRIOR MARRIAGES

Have either of you been previously married? YES / NO

If yes, please explain: \_\_\_\_\_

When did the prior marriage(s) end? \_\_\_\_\_

How did the prior marriage(s) end (death/divorce)? \_\_\_\_\_

Have you signed an agreement governing your rights and responsibilities toward your current or a former spouse? YES / NO (if yes, please provide a copy of that agreement)

Have you ever lived in a community property state? YES / NO

## PROFESSIONAL ADVISORS:

Attorney: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Accountant: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## LOCATION OF:

Safe Deposit Box: \_\_\_\_\_

Valuable Papers: \_\_\_\_\_

How did you come to choose this firm/attorney for your estate planning needs? \_\_\_\_\_

Are there any specific topics or issues you would like to discuss? \_\_\_\_\_

**CHILDREN**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Married? YES / NO Parent if not a child of current marriage: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Married? YES / NO Parent if not a child of current marriage: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Married? YES / NO Parent if not a child of current marriage: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Married? YES / NO Parent if not a child of current marriage: \_\_\_\_\_

Is any child disabled? \_\_\_\_\_

Is any child adopted? \_\_\_\_\_

Is any child deceased? \_\_\_\_\_

**GRANDCHILDREN**

Name: _____	Date of Birth: _____
Address: _____ _____	Phone Number: _____
	Social Security Number: _____
Married?    YES /    NO	Parent: _____

Name: _____	Date of Birth: _____
Address: _____ _____	Phone Number: _____
	Social Security Number: _____
Married?    YES /    NO	Parent: _____

Name: _____	Date of Birth: _____
Address: _____ _____	Phone Number: _____
	Social Security Number: _____
Married?    YES /    NO	Parent: _____

Name: _____	Date of Birth: _____
Address: _____ _____	Phone Number: _____
	Social Security Number: _____
Married?    YES /    NO	Parent: _____

Name: _____	Date of Birth: _____
Address: _____ _____	Phone Number: _____
	Social Security Number: _____
Married?    YES /    NO	Parent: _____

Is any grandchild disabled? \_\_\_\_\_

Is any grandchild adopted? \_\_\_\_\_

Is any grandchild deceased? \_\_\_\_\_

## ASSET SCHEDULE

### Real Estate:

Location/Description	Title Holder/Owner(s)	Mortgage Amount	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Life Insurance or Long Term Care Insurance:

Company	Insured	Owner	Beneficiaries	Value
_____	_____	_____	Primary: _____	_____
Type of Insurance: _____	_____	_____	Contingent: _____	_____
_____	_____	_____	Primary: _____	_____
Type of Insurance: _____	_____	_____	Contingent: _____	_____
_____	_____	_____	Primary: _____	_____
Type of Insurance: _____	_____	_____	Contingent: _____	_____
_____	_____	_____	Primary: _____	_____
Type of Insurance: _____	_____	_____	Contingent: _____	_____

Does anyone other than you or your spouse own insurance on your life? YES / NO

### RETIREMENT ACCOUNTS (e.g. IRA, 401k, SEP, 403b):

Account Type	Description	Owner	Beneficiaries	Value
_____	_____	_____	Primary: _____	_____
			Contingent: _____	
_____	_____	_____	Primary: _____	_____
			Contingent: _____	
_____	_____	_____	Primary: _____	_____
			Contingent: _____	
_____	_____	_____	Primary: _____	_____
			Contingent: _____	

**Investments (e.g. stocks, mutual funds, brokerage accounts):**

Company	Description	Owner	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these accounts payable to a designated beneficiary?   YES /   NO

**Cash, CDs, and Checking/Savings/Money Market Accounts:**

Banking Institution	Type of Account	Owner	Balance/Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these accounts payable to a designated beneficiary?   YES /   NO

**Business Interests (e.g. limited liability company, partnership, closely-held corporation):**

If so, please provide any copies of operating or partnership agreements, split-dollar agreements, and non-qualified deferred compensation agreements.

Business Entity	Shares Held	Owner	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Promissory Notes, Mortgages, and other monies *payable/owed to you* by others:**

Description	Debtor	Owner	Balance Owed to You
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**Automobiles, boats, jewelry, household furnishings, and other miscellaneous personal property:**

Description	Owner	Value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Intellectual property rights including copyrights, trademarks, and patents, both registered and unregistered (e.g. photographs, artwork, inventions, etc.) and/or Digital Assets including website domains, blogs, digital photos, digital accounts, cryptocurrency: (e.g. iCloud, PayPal, Venmo, Etsy, digital bank accounts, Bitcoin, etc.):**

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**LIABILITY/DEBT SCHEDULE**

**Debts *you* owe to institutions or individuals (e.g. promissory notes, credit cards, conditional guarantees)**

Description	Creditor	Borrower	Balance Owed on Debt
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

### INCOME SCHEDULE

Please provide the following information regarding the monthly income of you and your spouse.

INCOME SOURCE	YOU	YOUR SPOUSE
Wages/Work Earnings		
Social Security Select the type: Retirement/Disability/SSI		
Veterans' Benefits		
Private Pension		
Public Employee Pension		
Railroad Retirement		
Annuity		
Alimony		
Unemployment Compensation		
Worker's Compensation		
Rental Income		
Trust Income		
Interest and Dividends		
Other:		
Other:		
Other:		
Other:		
TOTAL MONTHLY INCOME:		

### GIFT HISTORY

Please indicate any gifts or transfers of any asset for less than fair market value in the past 5 years.

Asset	Recipient	Value	Was a gift tax return filed?



**CONSIDERATION SHOULD BE GIVEN TO THE FOLLOWING:**

Note: If you do not understand all of the questions on the following pages, we will be happy to review them with you. Please also provide copies of any existing powers of attorney, last wills and testaments, & trusts.

1. Who should be the Executor of your estate? Primary: \_\_\_\_\_  
Backup: \_\_\_\_\_
2. Who should be Trustee of any trusts for children? Primary: \_\_\_\_\_  
Backup: \_\_\_\_\_
3. Describe the way each of you would like your property to be distributed at your death:  
If your spouse survives you: \_\_\_\_\_  
\_\_\_\_\_  
If you survive your spouse: \_\_\_\_\_  
\_\_\_\_\_  
In the event of your simultaneous deaths: \_\_\_\_\_  
\_\_\_\_\_  
In the event all named beneficiaries predecease you: \_\_\_\_\_  
\_\_\_\_\_
4. At what age would you like your children or the designated beneficiaries to receive the principal of any trust for their benefit? \_\_\_\_\_  
\_\_\_\_\_
5. If you are guardian for either minor children or a disabled adult, whom would you like to designate as the primary and backup guardian for those individuals? \_\_\_\_\_  
\_\_\_\_\_
6. Do you anticipate receiving an inheritance in the near future? If so, please explain the source and estimated amount: \_\_\_\_\_  
\_\_\_\_\_
7. Are you currently a beneficiary of a trust? If so, please explain and provide a copy. \_\_\_\_\_  
\_\_\_\_\_
8. Are you currently serving as legal guardian, power of attorney, trustee, or executor for another person? \_\_\_\_\_
9. Are you currently involved in a lawsuit or have reason to believe that you will be involved in a lawsuit? \_\_\_\_\_