

# Estate Planning Questionnaire

**Prepared for:**

**MACDONALD LAW OFFICE, LLC**  
4650 W. Spencer Street  
Appleton, WI 54914

**Phone: 920-560-4646**  
**Fax: 920-968-4650**



**Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by MACDONALD LAW OFFICE, LLC and will not be shared with anyone outside of our office. Please call us if you have any questions.**

**Date Completed:** \_\_\_\_\_

**Please Print**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Marital Status:  Single  Married, Date: \_\_\_\_\_  Widowed, Date: \_\_\_\_\_

Spouse Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Telephone \_\_\_\_\_

**Military Service**

Husband: Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

Wife: Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

**Referred By:** \_\_\_\_\_ **Located in:** \_\_\_\_\_

# CHILDREN'S INFORMATION

**Child # 1** Age \_\_\_\_\_ Child of:  Both Husband and Wife  Husband  Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

## Does this child have children?

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child # 2** Age \_\_\_\_\_ Child of:  Both Husband and Wife  Husband  Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

## Does this child have children?

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child # 3** Age \_\_\_\_\_ Child of: Both Husband and Wife Husband Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child # 4** Age \_\_\_\_\_ Child of: Both Husband and Wife Husband Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child # 5** Age \_\_\_\_\_ Child of: Both Husband and Wife Husband Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child # 6** Age \_\_\_\_\_ Child of: Both Husband and Wife Husband Wife

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male Female Nickname \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**Does this child have children?**

Children's Names	Ages	Birth-Child	Step-Child	Adopted	Special Needs
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OTHER DEPENDENTS

Are there any persons that are dependent upon you for their support?

## **Dependent # 1**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth date \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs?  Medical  Educational  Financial

Marital Status of this person:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

## **Dependent # 2**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth date \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs?  Medical  Educational  Financial

Marital Status of this person:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

# ADDITIONAL PERSONAL INFORMATION

## Seasonal Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Seasonal Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

When are you usually there (what months)? \_\_\_\_\_

## Other

- Are any of your parents living?  Yes  No

If yes,  
Name \_\_\_\_\_ Age \_\_\_\_\_ Father of: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Mother of: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Father of: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Mother of: \_\_\_\_\_

- Please indicate any charitable, church, and/or community organizations in which you have strong personal involvement:

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

- Family Pets?

Name \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Name \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Name \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

**ESTIMATED VALUE OF MY ESTATE**

Please use estimated figures, round where necessary.

Primary Home \_\_\_\_\_

Other Real Estate \_\_\_\_\_

Business Interests \_\_\_\_\_

Checking Accounts /Money Market Accounts \_\_\_\_\_

Regular Savings Accounts \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_

Stocks and/or Bonds /Mutual Funds \_\_\_\_\_

Life Insurance (Death Benefit) \_\_\_\_\_

Annuities \_\_\_\_\_

IRA/Pension/TSA \_\_\_\_\_

Autos, Boats, RV's, etc. \_\_\_\_\_

Personal Property \_\_\_\_\_

Collectible Loans or other money due to you \_\_\_\_\_

Expected Inheritance \_\_\_\_\_

Total Assets: (add everything up) \$ \_\_\_\_\_

Approximately how much do you owe right now?  
(Total mortgages, loans, etc.) \$ \_\_\_\_\_

Approximate Net Worth: (subtract the two) \$ \_\_\_\_\_

PLEASE USE THIS SPACE TO WRITE IN ADDITIONAL FAMILY INFORMATION, OR TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE:

# **TRUST FUNDING CHECKLIST**

## **Bank and Credit Union Accounts**

Current statement for all accounts

## **Life Insurance**

Statements showing insurance company, address, owner, and policy number

## **Retirement Funds**

Statement showing custodian of account, address, account number, and owner

## **Investments**

Copy of statement showing company, address, account number and owner

Copy of company stock certificates

## **Insurance Company and Agent for Homeowners, Liability, and Automobile**

Statement showing name, address and policy number

## **Real Estate**

Most recent tax bill

Deed

## **Bonds**

Original bonds

## **Motor Vehicles**

Value over \$15,000.00

Original Title: Signed as both buyer and seller

Current odometer reading

## **Business Interests**

Partnership agreement

Corporate Book

## **Financial Advisor**

Name, address, and phone number

**If you have any questions, please call Sue Hornes at  
(920) 560-4646 ; Fax: (920) 968-4650 or email: [sue@macdonaldestateplans.com](mailto:sue@macdonaldestateplans.com)**