

ESTATE PLANNING

PERSONAL INFORMATION FORM

IMPORTANT: Please complete the enclosed questionnaire with as much information as you can provide. Please return it to our office at least two days prior to your complimentary private planning consultation.

If you have any questions, please contact our office at (414) 289-9200.

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PERSONAL INFORMATION

This form provides the basis for good planning. Please be especially careful to enter personal data accurately. **Complete the form in black or blue ink only.** Please do not use pencil.

■ YOUR NAME (OR HUSBAND'S NAME, IF MARRIED)

Full Legal Name _____ / /
Your Name As You Sign It On Legal Documents (please print) _____
Email _____ Social Security No. _____ Birthdate _____
Home Address _____ City _____ State _____ Zip _____
County of Residence _____ Home Phone () _____ Cell Phone () _____
Employer _____ Position _____ Work Phone () _____
Work Address _____ City _____ State _____ Zip _____

Married: Date ____ / ____ / ____ Divorced: Date ____ / ____ / ____ Widowed: Date ____ / ____ / ____ Single

■ SPOUSE

Full Legal Name _____
Your Name As You Sign It On Legal Documents (please print) _____
Email _____ Social Security No. _____ Birthdate _____
Employer _____ Position _____ Work Phone _____
Work Address _____ City _____ State _____ Zip _____

■ CHILDREN

Please list and indicate if any of the children are deceased. For Parents, indicate Single (**S**), Husband's child only (**H**), Wife's child only (**W**), or Joint, child of both spouses (**J**).

Full Legal Name _____ Parent(s) _____ Birthdate ____ / ____ / ____
Social Security No. (optional) _____ Address _____
Spouse's Name _____ Names and Ages of Children _____

Full Legal Name _____ Parent(s) _____ Birthdate ____ / ____ / ____
Social Security No. (optional) _____ Address _____
Spouse's Name _____ Names and Ages of Children _____

Full Legal Name _____ Parent(s) _____ Birthdate ____ / ____ / ____
Social Security No. (optional) _____ Address _____
Spouse's Name _____ Names and Ages of Children _____

Full Legal Name _____ Parent(s) _____ Birthdate ____ / ____ / ____
Social Security No. (optional) _____ Address _____
Spouse's Name _____ Names and Ages of Children _____

Full Legal Name _____ Parent(s) _____ Birthdate ____ / ____ / ____
Social Security No. (optional) _____ Address _____
Spouse's Name _____ Names and Ages of Children _____

Please list additional children on page 8.

■ OTHER FAMILY AND FRIENDS

Relatives or friends you may wish to name as a beneficiary, guardian or agent in some capacity.

Full Legal Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ ADVISORS

Attorney _____	Phone () _____
Accountant _____	Phone () _____
Financial Advisor _____	Phone () _____
Life Insurance Agent _____	Phone () _____
Stock Broker _____	Phone () _____

■ IMPORTANT FAMILY QUESTIONS

	Yes	No
Do you have a child with a learning disability?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have adopted children?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are any of your children institutionalized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you or your spouse receiving social security, disability, or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
Have either you or your spouse been divorced?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In what states have you lived while married to your current spouse? During what periods of time did you reside there? _____		
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish a copy).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you or your spouse completed previous will, trust or estate planning? (Please furnish a copy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are both you and your spouse United States citizens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No," are either you or your spouse a resident or nonresident alien?	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL DATA ENTRY

Just do your best. Do your best to enter the data requested accurately, but don't make this an unpleasant chore. You shouldn't spend more than one hour on the form. Values should be estimated to the nearest \$100 or \$1000.

Look through the whole form before starting. Before starting to enter financial information, look through the whole form first. This will allow you to enter data in the right place. A common error is entering 401(k) and IRA investments in the wrong place – 401(k) accounts are entered at Item **13** and IRA accounts are entered at Item **14**. Do not list these in Items **3**, **4** or **5**.

Use ownership abbreviations. How you own your property is extremely important for purposes of designing and implementing your estate plan. Please specify the ownership using one of the following abbreviations. For property owned by you as a single person, use **(S)**. If you are married and you or your spouse individually own the property, use **(H)** for husband and **(W)** for wife. If you and your spouse jointly own the property, use **(J)**. If you jointly own property with someone other than a spouse, use **(JTO)**. For property owned by a Living Trust, use **(LT)**.

How to list children's assets. Assets you hold for minor children such as savings bonds or UTMA (Uniform Transfers to Minors Act) accounts should be listed only in Item **18**.

Not enough space on the form. If you have more assets or family information to enter than space allows, you may enter the information on page 8.

1 REAL ESTATE

TYPE: Primary Residence (**PR**), Duplex (**D**), Vacation home (**V**), Condominium (**Condo**), Rental (**R + number of units**), Commercial (**C**), Timeshare (**T**).

				Value
1	Address _____	Owner _____	Type _____	_____
	City _____	State _____	ZIP _____	
	County _____	Year Purchased _____	Mortgage _____	
2	Address _____	Owner _____	Type _____	_____
	City _____	State _____	ZIP _____	
	County _____	Year Purchased _____	Mortgage _____	
3	Address _____	Owner _____	Type _____	_____
	City _____	State _____	ZIP _____	
	County _____	Year Purchased _____	Mortgage _____	
4	Address _____	Owner _____	Type _____	_____
	City _____	State _____	ZIP _____	
	County _____	Year Purchased _____	Mortgage _____	
5	Address _____	Owner _____	Type _____	_____
	City _____	State _____	ZIP _____	
	County _____	Year Purchased _____	Mortgage _____	

1 Total _____

10 MONEY OWED TO YOU

TYPE: Note (N), Mortgage (M), Land Contract (LC), Other (O).

Debtor Name	Type	Owner	Balance Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			10 Total _____

11 ANNUITIES - COMMERCIAL

TYPE: Variable (V), Fixed (F), Annuitized (A). *Please do not list TSAs here – see Item 13.*

Annuity Company	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				11 Total _____

12 LIFE INSURANCE

TYPE: Term (T), Whole Life (W), Variable (V), Universal (U), Variable Universal (VU), Group Term through employer (GT), Accidental Death & Disability (AD&D).

Insurance Company	Type	Insured	Owner	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					12 Total _____

13 RETIREMENT BENEFITS THROUGH EMPLOYMENT

TYPE: 401(k) (401), Profit Sharing (PS), Pension (P), TSA/403(b) (403), 457 (457), ESOP (ESOP), Other (O).

Employer	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				13 Total _____

■ SUMMARY OF VALUES

Joint values go 1/2 in husband's column, 1/2 in wife's column.

If you are married, please note: Under Wisconsin law, title does not necessarily determine ownership as between husband and wife; however, for purposes of this summary, please list jointly owned property 1/2 in Husband's column and 1/2 in Wife's column; list assets titled in one spouse's name under that spouse's column.

ASSETS	Husband	Wife	Single Person
1 Real Estate	_____	_____	_____
2 Personal Property.....	_____	_____	_____
3 Bank & Credit Union Accounts.....	_____	_____	_____
4 Stock Brokerage Accounts	_____	_____	_____
5 Mutual Funds	_____	_____	_____
6 Certificates for Publicly Traded Stocks & Bonds ..	_____	_____	_____
7 Direct Stock Purchase Accounts.....	_____	_____	_____
8 Limited Partnership Interests.....	_____	_____	_____
9 Closely Held Business Interests.....	_____	_____	_____
10 Money Owed to You.....	_____	_____	_____
11 Annuities - Commercial.....	_____	_____	_____
12 Life Insurance	_____	_____	_____
13 Retirement Benefits through Employment	_____	_____	_____
14 Individual Retirement Accounts.....	_____	_____	_____
15 Non-Qualified Employment Benefits	_____	_____	_____
16 Miscellaneous Assets	_____	_____	_____
17 Anticipated Inheritance	_____	_____	_____
18 Children's Assets	_____	_____	_____
Additional Assets.....	_____	_____	_____
Total Assets	_____	_____	_____
LIABILITIES			
Loans Payable.....	_____	_____	_____
Accounts Payable.....	_____	_____	_____
Real Estate Mortgages Payable.....	_____	_____	_____
Contingent Liabilities.....	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes.....	_____	_____	_____
Other Obligations.....	_____	_____	_____
Total Liabilities	_____	_____	_____

NET ESTATE	_____	_____	_____
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Please turn to page 10 for signatures.

■ LIST OF DOCUMENTS NEEDED

1. Prior will or trusts executed and currently in effect.
2. Any health care documents executed including living wills, health care powers of attorney, durable powers of attorney, declaration to physicians, etc.
3. Any existing marital property agreements including prenuptial or postnuptial agreements.
4. Any divorce judgment and settlement agreement.
5. Any Buy-Sell or stock redemption agreements.
6. Any federal or state gift tax returns.

Please supply these in advance of your initial conference, if possible.

■ PLEASE SIGN HERE

I/We the undersigned have provided this information to Angermeier & Rogers, LLP, with the understanding that they will use it and rely on it in designing, implementing and funding my/our estate plan. The information is true and correct to the best of my/our knowledge. I/We hereby expressly direct Angermeier & Rogers, LLP, to rely on the information I/we have provided in this document to create my/our estate plan. If my/our financial situation changes in the future, it would be advisable to notify Angermeier & Rogers, LLP, of any change.

Signature _____

Signature _____

Date _____

Date _____