



Wilson Law Group, LLC

Your Life. Your Legacy. Your Way.™

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CLIENT CONFIDENTIAL DISCLOSURE

All information is protected by the attorney/client privilege of confidentiality.

If you have insufficient space, you may add additional information on pages 11-12.

A. PERSONAL INFORMATION

	Client 1 ("C1")	Client 2 ("C2")
1. Full legal name	_____	_____
2. Age	_____	_____
3. Birth date	_____	_____
4. Social Security Number	_____	_____
5. Address	_____ _____ _____	_____ _____ _____
6. Phone numbers		
Home	_____	_____
Work	_____	_____
Cell	_____	_____
7. Email	_____	_____
8. Date of marriage	_____	
9. Do you have a Prenuptial or Marital Property Agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are you a Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Employer	_____	_____
County of residence	_____	_____

CHILDREN

1. Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Does your child have children: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Does your child have children: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Does your child have children: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Does your child have children: Yes No If yes, number _____

If you have more children, please attach an additional page with the requested information for each child.

2. Do you have children not listed above? Yes No
If so, please list the information requested above.
3. Do you have any children who have predeceased you? Yes No
If so, please list name(s) _____
4. Did that/those child(ren) have any children? Yes No
If so, please list name(s) _____
5. Are there any children who are living with you as family members or considered family members who have not been adopted? Yes No
If so, please list name(s) _____
6. Are any of your children disabled in any way? Yes No
If so, please list name(s) and identify disability: _____

7. Do any of your children have special education, medical, or physical needs? Yes No
 If so, please explain _____
8. Do any children have a potential problem with drug or alcohol abuse? Yes No
9. Are you concerned with the ability of any children to handle/manage money? Yes No
10. Are you concerned with your children's ability to get along with one another? Yes No
11. Are there any concerns relative to your relationship with your children or your spouse's children? Yes No
12. Are you concerned about any of your children being involved in a divorce? Yes No

B. OTHER POTENTIAL BENEFICIARIES

1. Are you contemplating naming any beneficiaries other than children? Yes No
 If so, please identify the potential beneficiaries and their relationship to you.

C. INHERITANCES

1. Have you received any significant gifts or inheritance? Yes No
2. Have you kept these assets segregated from other assets? Yes No
 If yes, how have they been segregated?

3. Do you anticipate any future substantial gifts or inheritance? Yes No
 If so, from whom and in what amount?

4. Are either of you the beneficiary of any trust? Yes No

D. ESTATE PLANNING GOALS (*For married couples, consider together*)

If you answer yes to any question, identify on a scale of 1-5 the importance to you.

		Importance Least.....Most	
1.	I want to get my estate in order and create a consistent and comprehensive estate plan.	1 2 3 4 5	Not applicable
2.	I want to control all of my own assets while I am alive and healthy.	1 2 3 4 5	Not applicable
3.	I want to avoid contests and disputes upon my death.	1 2 3 4 5	Not applicable
4.	I want to preserve the privacy of my estate and my family from business competitors, creditors, dishonest persons, or curiosity seekers.	1 2 3 4 5	Not applicable
5.	I want to avoid probate and minimize settlement expenses for myself and my family.	1 2 3 4 5	Not applicable
6.	I want to reduce estate and death taxes to the lowest possible level.	1 2 3 4 5	Not applicable
7.	I want to plan for the possibility of my disability or the disability of my spouse and avoid the expense, publicity, and loss of control of court conservatorship proceedings.	1 2 3 4 5	Not applicable
8.	I want to avoid unnecessary placement in a nursing home providing instructions for in-home health care.	1 2 3 4 5	Not applicable
9.	I am aware of the potentially catastrophic costs of extended nursing home care, and I want my estate to be protected from these costs.	1 2 3 4 5	Not applicable
10.	I want to control which of my family or loved ones will make decisions for me in the event of my incapacity, including health care decisions and life support decisions.	1 2 3 4 5	Not applicable
11.	I want my decisions to be followed with respect to the utilization of feeding tubes and life sustaining procedures.	1 2 3 4 5	Not applicable
12.	I want my family to be informed of my health care decisions.	1 2 3 4 5	Not applicable

13.	I want to save 100% of the estate tax on my life insurance so that all life insurance passes to my heirs estate tax free.	1	2	3	4	5	Not applicable
14.	I want my estate plan to be valid in every state, and allow me to decide which state law will apply if I later decide to move.	1	2	3	4	5	Not applicable
15.	I want to arrange my assets to protect my spouse in the event a claim is made against my spouse.	1	2	3	4	5	Not applicable
16.	I want my assets to be available to support my spouse after I am gone.	1	2	3	4	5	Not applicable
17.	I want to ensure my assets pass on to my children after my spouse and I are deceased, even if my spouse remarries.	1	2	3	4	5	Not applicable
18.	I want to plan for a child with disabilities or special needs, such as medical or learning disabilities.	1	2	3	4	5	Not applicable
19.	I want to ensure that my estate planning does not render a beneficiary ineligible for government benefits.	1	2	3	4	5	Not applicable
20.	I want my estate plan to protect the assets of my minor or disabled children or grandchildren, so that my family can avoid having the court take control of their property under conservatorship.	1	2	3	4	5	Not applicable
21.	I want to protect my children from the possibility of failed marriages by designing a plan whereby my children can control the property I leave to them, if they wish.	1	2	3	4	5	Not applicable
22.	I recognize the importance of planning with IRAs and retirement plans. I want to maximize the tax deferral growth capability for the benefit of my family.	1	2	3	4	5	Not applicable
23.	I want to eliminate the concern that an inheritance left to my child may pass to a spouse, who then remarries, resulting in the disinheritance of my grandchildren.	1	2	3	4	5	Not applicable
24.	I want to plan for children from a previous marriage so that they are treated fairly in my estate plan.	1	2	3	4	5	Not applicable
25.	I want to disinherit one or more children or other family members.	1	2	3	4	5	Not applicable

26.	I want to plan for my grandchildren.	1	2	3	4	5	Not applicable
27.	I want to plan for elderly parents' disability.	1	2	3	4	5	Not applicable
28.	I want to plan the transfer and survival of the family business or farm.	1	2	3	4	5	Not applicable
29.	I want to avoid the risk that my corporation or LLC will fail to protect business assets.	1	2	3	4	5	Not applicable
30.	I may wish to give specific assets to certain charities.	1	2	3	4	5	Not applicable
31.	I want to avoid any capital gains tax being paid upon the sale of property.	1	2	3	4	5	Not applicable
32.	I want to create a special trust for charity to which I can transfer some of my assets that will give me a lifetime of income.	1	2	3	4	5	Not applicable
33.	I have one or more pets that should be protected and cared for.	1	2	3	4	5	Not applicable

I have other goals and objectives for my estate plan not mentioned above, and they are:

My top three estate planning goals are:

1. _____

2. _____

3. _____

E. FINANCIAL INFORMATION

1. **Real Estate** (*home, cottage, farm, lots, timeshare, etc.*)

Name and Address of Property and Casualty Insurance Agent/Company:

- a. **Type of Real Estate:** _____
- How Titled: _____
- Market Value: \$ _____ Lien Amount: _____

- b. **Type of Real Estate:** _____
 How Titled: _____
 Market Value: \$ _____ Lien Amount: _____
- c. **Type of Real Estate:** _____
 How Titled: _____
 Market Value: \$ _____ Lien Amount: _____

2. **Cash and Cash Equivalents** (*savings and checking accounts, CD's, money markets, etc.*)

- a. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____
- b. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____
- c. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____

3. **Securities** (*other than IRAs or retirement plans*)

- a. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____
- b. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____
- c. **Type of Account:** _____ How Titled: _____
 Value: \$ _____ Institution Name: _____

4. **IRAs or Retirement Plans** (*company pensions, profit-sharing, 401k*)

- a. **Type of Account:** _____
 How Titled: _____ Agent: _____
 Value: \$ _____ Institution name:: _____

Named Beneficiaries:

b. **Type of Account:** _____
How Titled: _____
Value: \$ _____ Institution name: _____
Named Beneficiaries:

c. **Type of Account:** _____
How Titled: _____
Value: \$ _____ Institution name: _____
Named Beneficiaries:

d. **Type of Account:** _____
How Titled: _____
Value: \$ _____ Institution name: _____
Named Beneficiaries:

5. **Life Insurance** (*If for children, please indicate*)

a. Name of Company: _____ Policy Owner: _____
Named Beneficiaries:

Death benefit amount: \$ _____ Agent: _____

b. Name of Company: _____ Policy Owner: _____
Named Beneficiaries:

Death benefit amount: \$ _____ Agent: _____

c. Name of Company: _____ Policy Owner: _____
Named Beneficiaries:

Death benefit amount: \$ _____ Agent: _____

6. Annuities

- a. Name of Company: _____ Owner: _____
Named Beneficiaries: _____
Value: \$ _____ Agent: _____
- b. Name of Company: _____ Owner: _____
Named Beneficiaries: _____
Value: \$ _____ Agent: _____
- c. Name of Company: _____ Owner: _____
Named Beneficiaries: _____
Value: \$ _____ Agent: _____

7. Motor Vehicles (Include copy of title)

- a. Year: _____ Make: _____ Model: _____ Color: _____
How Titled: _____ Market Value: _____ Lien Amount: _____
- b. Year: _____ Make: _____ Model: _____ Color: _____
How Titled: _____ Market Value: _____ Lien Amount: _____

8. Household Goods and Furniture (Total approximate value of household goods and furniture if you were to sell what you currently own): _____

9. Other Financial and Security Interests (land contract interests, notes, interests in partnerships or corporations, mortgages owed to you)

- a. **Type of Interest:** _____
Parties to Contract: _____
Date of Contract: _____ Value: \$ _____
- b. **Type of Interest:** _____
Parties to Contract: _____
Date of Contract: _____ Value: \$ _____
- c. **Type of Interest:** _____
Parties to Contract: _____
Date of Contract: _____ Value: \$ _____

10. Liabilities (Other than those already listed)

<u>Creditor</u>	<u>Who is Liable</u>	<u>Secured/Unsecured</u>	<u>Lien Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. BUSINESS *(If you own or operate a business, please complete this section)*

1. Name of business:

2. Business address:

3. Is the business a: Partnership ; S-Corp ; C-Corp ; LLC

4. Business phone number: _____

5. Please provide copies of all shareholder, partnership, or buy/sell agreements.

G. KEY ADVISORS

1. Please List the Names And Addresses of Your Various Advisors

Accountant Name/Company: _____

Financial Advisor Name/Company: _____

Life Insurance Agent Name/Company: _____

H. FINANCIAL OVERVIEW

Household Income:

Under \$50,000	<input type="checkbox"/>	\$100,000 - \$200,000	<input type="checkbox"/>
\$50,000 - \$75,000	<input type="checkbox"/>	\$200,000 - \$500,000	<input type="checkbox"/>
\$75,000 - \$100,000	<input type="checkbox"/>	\$500,000 or more	<input type="checkbox"/>

I. MISCELLANEOUS QUESTIONS

1. Do any proposed beneficiaries receive Social Security, Disability or other government benefits? Yes No
2. Do you have any specific burial requests or directions? Yes No
3. Do you have long term care insurance? Yes No
4. Do you provide primary or other major financial support to adult children? Yes No



I/We the undersigned have provided this information to Wilson Law Group, LLC with the understanding that they will use 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 will not hold Wilson Law Group, LLC liable for any omissions or errors I/we have made in completing this form. I/We hereby expressly direct Wilson Law Group, LLC to rely on the information I/we have provided in this document to create and maintain my/our estate plan. If my/our financial situation changes in the future it shall be my/our duty to notify Wilson Law Group, LLC of any change.

Client's signature (C1)

Date: _____

Client's signature (C2)

Date: _____

Additional Information
