



Wilson Law Group, LLC

Your Life. Your Legacy. Your Way.TM

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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 page 12.

A. PERSONAL INFORMATION

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

CHILDREN

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

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

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

Full name: _____ Date of Birth: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Child of? Both C1 C2 Male Female
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

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

C. OTHER IMPORTANT QUESTIONS

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 receiving benefits from an existing trust? Yes No

5. Do any proposed beneficiaries receive Social Security, Disability or other government benefits?

Yes No

6. Do you have any specific burial requests or directions? Yes No

7. Do you have long term care insurance? Yes No

8. Do you provide primary or other major financial support to adult children? 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 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 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
7.	I want to ensure that my estate planning does not render a beneficiary ineligible for government benefits.	1 2 3 4 5	Not applicable
8.	I have one or more pets that should be protected and cared for.	1 2 3 4 5	Not applicable
9.	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
10.	I wish to give specific assets to certain charities.	1 2 3 4 5	Not applicable

GOALS FOR YOUR SPOUSE

11.	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
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12.	I want my assets to be available to support my spouse after I am gone.	1 2 3 4 5	Not applicable
13.	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

GOALS FOR YOUR CHILDREN

		Importance Least.....Most	
14.	I want to appoint guardians for my minor children rather than let the court appoint a guardian.	1 2 3 4 5	Not applicable
15.	I want to provide written directives for my minor children so my guardian knows how to raise my children.	1 2 3 4 5	Not applicable
16.	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
17.	I want my estate plan to provide for the management of assets for my minor or disabled beneficiaries.	1 2 3 4 5	Not applicable
18.	I want to protect my children's inheritance from the possibility of lawsuits, creditor claims, and failed marriages.	1 2 3 4 5	Not applicable
19.	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
20.	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
21.	I want to disinherit one or more children or other family members.	1 2 3 4 5	Not applicable
22.	I want to plan for my grandchildren.	1 2 3 4 5	Not applicable

GOALS FOR YOUR HEALTH CARE

		Importance Least.....Most	
23.	I want to avoid court control of family assets in the event of my or my spouse's incapacity.	1 2 3 4 5	Not applicable
24.	I want to avoid unnecessary placement in a nursing home by providing instructions for in-home health care.	1 2 3 4 5	Not applicable
25.	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
26.	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
27.	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
28.	I want my family to be informed of my health care decisions.	1 2 3 4 5	Not applicable

GOALS FOR BUSINESS

29.	I want to plan for the transfer and survival of the family business or farm.	1 2 3 4 5	Not applicable
30.	I want to avoid the risk that my corporation or LLC will fail to protect business assets.	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. _____

F. FINANCIAL INFORMATION

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

- 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. **Bank Accounts** (*savings and checking accounts, CDs, 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: _____
- d. **Safe Deposit Box:** Yes No How Titled: _____
Institution Name: _____ Location/Branch: _____

I have arranged for POD/TOD designations on some or all of my bank accounts. Yes No

3. **Investments, Stocks, and Bonds** (*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: _____
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 a child is the insured, 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: _____
Qualified Non-Qualified

b. Name of Company: _____ Owner: _____
Named Beneficiaries: _____
Value: \$ _____ Agent: _____
Qualified Non-Qualified

c. Name of Company: _____ Owner: _____
Named Beneficiaries: _____
Value: \$ _____ Agent: _____
Qualified Non-Qualified

7. **Motor Vehicles**

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, business personal property*)

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. 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.

H. KEY ADVISORS

Please List the Names And Addresses of Your Various Advisors

Accountant Name/Company: _____

Phone: _____

Financial Advisor Name/Company: _____

Phone: _____

Life Insurance Agent Name/Company: _____

Phone: _____

Property Insurance Agent Name/Company: _____

Phone: _____

I. HOUSEHOLD INCOME

Under \$50,000 \$100,000 - \$200,000

\$50,000 - \$75,000 \$200,000 - \$500,000

\$75,000 - \$100,000 \$500,000 or more



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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:_____

