



# Wilson Law Group, LLC

*Your Life. Your Legacy. Your Way.<sup>TM</sup>*

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## CLIENT CONFIDENTIAL DISCLOSURE

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

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*If you have insufficient space, you may add additional information on page 12.*

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### 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 _____	Home _____
	Work _____	Work _____
	Cell _____	Cell _____
9. Email	_____	_____
10. Is it ok to communicate via email?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>	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 potential issues with any forms of addiction? 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.

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## **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 so, 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 to reduce estate and death taxes to the lowest possible level.	1 2 3 4 5	Not applicable
7.	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
8.	I want to ensure that my estate planning does not render a beneficiary ineligible for government benefits.	1 2 3 4 5	Not applicable
9.	I have one or more pets that should be protected and cared for.	1 2 3 4 5	Not applicable
10.	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
11.	I wish to give specific assets to certain charities.	1 2 3 4 5	Not applicable
12.	I want to avoid capital gains tax being paid upon the sale of property.	1 2 3 4 5	Not applicable

## GOALS FOR YOUR SPOUSE

13.	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
14.	I want my assets to be available to support my spouse after I am gone.	1 2 3 4 5	Not applicable
15.	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	
16.	I want to appoint guardians for my minor children rather than let the court appoint a guardian.	1 2 3 4 5	Not applicable
17.	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
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 my estate plan to provide for the management of assets for my minor or disabled beneficiaries.	1 2 3 4 5	Not applicable
20.	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
21.	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
22.	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
23.	I want to disinherit one or more children or other family members.	1 2 3 4 5	Not applicable

24.	I want to plan for my grandchildren.	1 2 3 4 5	Not applicable
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## GOALS FOR YOUR HEALTH CARE

		Importance Least.....Most	
25.	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
26.	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
27.	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
28.	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
29.	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
30.	I want my family to be informed of my health care decisions.	1 2 3 4 5	Not applicable

## GOALS FOR BUSINESS

31.	I want to plan for the transfer and survival of the family business or farm.	1 2 3 4 5	Not applicable
32.	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:

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My top three estate planning goals are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## E. 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: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_
- b. Name of Company: \_\_\_\_\_ Policy Owner: \_\_\_\_\_  
Named Beneficiaries: \_\_\_\_\_  
Death benefit amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_
- c. Name of Company: \_\_\_\_\_ Policy Owner: \_\_\_\_\_  
Named Beneficiaries: \_\_\_\_\_  
Death benefit amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_



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

**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:      Sole Proprietorship ☐      S-Corp ☐      C-Corp ☐      LLC ☐

4. Business phone number: \_\_\_\_\_

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

**G. KEY ADVISORS**

**Please List the Names And Addresses of Your Various Advisors**

**Accountant**      Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Financial Advisor(s)**      Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Life Insurance Agent**      Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Property Insurance Agent**      Name/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

**H. 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"/>



Wilson Law Group, LLC

*Your Life. Your Legacy. Your Way.™*

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:\_\_\_\_\_

[illegible]