



**HASKINS  
SHORT &  
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***ESTATE PLANNING QUESTIONNAIRE  
WILL INFORMATION WORKSHEET  
(SINGLE)***

**NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Employer \_\_\_\_\_  
Email \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ Tel. No. (Home) \_\_\_\_\_  
\_\_\_\_\_ Tel. No. (Work) \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_ Bank \_\_\_\_\_  
Yes No

Veteran \_\_\_\_\_ Period of Service \_\_\_\_\_  
Yes No Serial No. \_\_\_\_\_

Previous Will \_\_\_\_\_ Date \_\_\_\_\_  
Yes No Location \_\_\_\_\_

Previous Trust \_\_\_\_\_ Date \_\_\_\_\_  
Yes No Location \_\_\_\_\_

**CHILDREN**

| Name  | Birth Date | Address |
|-------|------------|---------|
| _____ | _____      | _____   |
| _____ | _____      | _____   |
| _____ | _____      | _____   |
| _____ | _____      | _____   |
| _____ | _____      | _____   |
| _____ | _____      | _____   |

Are children from a previous marriage, or no marriage?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF NO CHILDREN -- List closest relatives**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**FAMILY ADVISORS**

|                   | Name  | Address |
|-------------------|-------|---------|
| Insurance (life)  | _____ | _____   |
| Insurance (other) | _____ | _____   |
| Pension Advisors  | _____ | _____   |
| Doctor            | _____ | _____   |
| Other             | _____ | _____   |
| Other             | _____ | _____   |

**INCOME**

| Source of Income | Monthly Amount |
|------------------|----------------|
| _____            | _____          |
| _____            | _____          |
| _____            | _____          |
| _____            | _____          |

**CHECKING & SAVINGS ACCOUNTS (Include money market funds)**

**Note: If co-owned, specify other owner and if Payable on Death (POD) specify beneficiary.**

| Bank, Credit Union<br>and/or Savings & Loan | How owned | Type<br>(Checking, Savings,<br>CD) | Value |
|---|-----------|------------------------------------|-------|
| _____                                       | _____     | _____                              | _____ |
| _____                                       | _____     | _____                              | _____ |
| _____                                       | _____     | _____                              | _____ |
| _____                                       | _____     | _____                              | _____ |

**REAL ESTATE**

| Location/County | How owned | Mortgage<br>Balance | Value |
|-----------------|-----------|---------------------|-------|
| _____           | _____     | _____               | _____ |
| _____           | _____     | _____               | _____ |
| _____           | _____     | _____               | _____ |

**TANGIBLE PERSONAL PROPERTY (Automobiles, Antiques, Collectibles, Sporting Equipment, etc.)**

| Type  | Value |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**RETIREMENT BENEFITS**

| Type<br>(Qualified, Keogh, IRA) | Value or<br>Death Benefit | Beneficiary |
|---------------------------------|---------------------------|-------------|
| _____                           | _____                     | _____       |
| _____                           | _____                     | _____       |
| _____                           | _____                     | _____       |

**STOCKS & BONDS (include U.S. Government Bonds)**

**Note: If co-owned, specify other owner and if Payable on Death (POD) specify beneficiary.**

| Company | How owned | No. Shares | Value |
|---------|-----------|------------|-------|
| _____   | _____     | _____      | _____ |
| _____   | _____     | _____      | _____ |
| _____   | _____     | _____      | _____ |
| _____   | _____     | _____      | _____ |

**ANNUITIES**

| Company | How owned | Beneficiary if<br>any | Value |
|---------|-----------|-----------------------|-------|
| _____   | _____     | _____                 | _____ |
| _____   | _____     | _____                 | _____ |
| _____   | _____     | _____                 | _____ |

**BUSINESS INTERESTS (C Corporations, S Corporations, Partnerships, LLCs)**

| Name  | Type  | Ownership |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |

**(NOTE: Please bring copies of any Buy-Sell Agreements with you to the conference with your attorney.)**

**LIFE INSURANCE**

| Company | Beneficiary | Policy # | Face Amount | Cash Value |
|---------|-------------|----------|-------------|------------|
| _____   | _____       | _____    | _____       | _____      |
| _____   | _____       | _____    | _____       | _____      |
| _____   | _____       | _____    | _____       | _____      |

**OTHER ASSETS (Including Notes Receivable, Tax Shelter Partnerships, etc.)**

| Name  | Type  | Ownership |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |

**LIABILITIES**

| To Whom Payable | Amount Owing | Security |
|-----------------|--------------|----------|
| _____           | _____        | _____    |
| _____           | _____        | _____    |
| _____           | _____        | _____    |

**MISCELLANEOUS**

1. Are you or your children currently beneficiaries of any existing trusts? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Are your children or beneficiaries currently receiving public benefits? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Do you expect to inherit any property? \_\_\_\_\_ If yes, from whom: \_\_\_\_\_  
When? \_\_\_\_\_ Please estimate the value: \$ \_\_\_\_\_  
Will the property be in trust? \_\_\_\_\_

4. Do you foresee any radical fluctuation in your total net worth in the next five years? \_\_\_\_ If so, please explain: \_\_\_\_\_

5. Do you currently hold any powers of appointment under any trust agreement or will? If so, please explain: \_\_\_\_\_

6. Have you ever made a gift to someone of more than \$10,000?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Do you have a **Financial Power of Attorney**?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, who do you want to name as Agent?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Who do you want to name as Alternate Agent?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

8. Do you have a **Health Care Power of Attorney**?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who do you want to name as Agent under your Health Care Power of Attorney?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Who do you want to name as Alternate Agent?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

9. Who do you want to name as **Personal Representative** of your estate?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Personal Representative?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

10. Who do you want to name as **Trustee**?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Trustee?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

11. Who do you want to name as **Guardian**?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you want to name an Alternate Guardian?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_