

## **Marquette Volunteer Legal Clinics Estate Planning Clinic**

### **Estate Planning Questionnaire**

This questionnaire will prepare you to discuss your estate planning needs with a volunteer attorney. Spouses/partners should complete separate questionnaires.

#### **This program offers the following estate planning documents:**

- Will
- Power of Attorney for Finances and Property
- Power of Attorney for Health Care
- Living Will (Declaration to Health Care Professionals)

#### **Confidentiality, conflicts and limited scope of representation:**

- Your questionnaire and all discussions with the volunteer attorney and law student will be kept confidential.
- No lawyer or law firm involved in the program has performed a conflict search on your name or your spouse's/partner's name. If you are aware of any legal proceeding involving you or your spouse/partner and the volunteer attorney (or the attorney's law firm), please alert the attorney at the beginning of the appointment.
- The volunteer attorney and the volunteer's law firm will not have any obligation to provide continuing representation to you in this or any other matter after the clinic.
- You cannot participate if your situation is deemed to be beyond the scope of the program—including but not limited to any issue that is complicated, difficult, or will require significantly more time and expertise than can be provided in this program.
- **The program does not keep a copy of your estate planning documents. It is up to you to keep your original documents in a safe and fireproof place.**

#### **What to bring to your appointment:**

- This questionnaire, completed to the best of your ability
- Government-issued photo ID (for notarizing documents if your appointment is in-person)

**PLEASE BE ON TIME FOR YOUR APPOINTMENT.** We cannot fill last minute cancellations or no-show appointment slots.

**If you cannot attend your appointment, please notify us at 414-278-5392 as soon as possible.** There is a high demand for this service, so a cancellation affects the number of people we can assist.

### **VALUING YOUR ESTATE**

Do you own a business or have an interest in a family business or family farm? ☐ Yes ☐ No

**If Yes,** we are not able to prepare a Will for you. Please skip to Question 12.

**If No,** proceed below.

Include in the following table the value of all property you and/or your spouse own. Indicate how each property is titled. For property you own jointly with your spouse, include the value of the entire property. For property you own jointly with someone other than your spouse, include only the value of your share.

**Approximate Total Value of Your Estate (What You Own)**

Asset	Value	Title (Self, Spouse or Joint)
Bank accounts, CDs, cash, etc.	\$	
Real estate (equity only)	\$	
Life insurance (death benefit)	\$	
Retirement accounts (IRA, 401(k), 403(b), etc.)	\$	
Vehicles	\$	
Business interests	\$	
Stocks & bonds	\$	
Pension (death benefit only)	\$	
Money owed to you	\$	
Other property	\$	
<b>Approximate total value of your estate</b>	<b>\$</b>	N/A

**1. PERSONAL INFORMATION:**

Your legal name as it should appear on your estate planning documents:

Current address:

Date of birth:

**2. MARITAL STATUS:**

- ☐ Married  
☐ Unmarried  
☐ Domestic partner

Full legal name of your spouse/partner:

Spouse's/partner's current address:

Spouse's/partner's phone number:

**3. CHILDREN:**

List your children's names in the following table and indicate if they are younger than 18 years old. The list should not include stepchildren.

Name	Less Than 18 (Circle One)	Name	Less Than 18 (Circle One)
	Yes / No		Yes / No
	Yes / No		Yes / No
	Yes / No		Yes / No

If you do not have any children, do you plan on having children in the future that you want to include in your Will? ☐ Yes ☐ No

**4. STEPCHILDREN:**

Complete this section if you wish to provide for stepchildren in your Will. Including stepchildren in your Will means you will be providing for them even if you are not married to the stepchildren's parent at the time of your death.

Do you wish to provide for stepchildren in your Will? ☐ Yes ☐ No

**If Yes**, please list their names in the following table:

Name	Name

**5. MILITARY SERVICE:**

Have you ever served in the United States military? ☐ Yes ☐ No

**6. RESIDENCES:**

If you own your residence jointly with your spouse, it will automatically go to your spouse if he/she survives you. If you own your residence solely in your name, it will pass with the remainder of your estate unless you name a beneficiary.

Do you own your primary residence jointly with your spouse/partner? ☐ Yes ☐ No

**If Yes**, your Will will direct that it be distributed to your surviving spouse/partner.

**If No**, do you want information about naming a beneficiary in your deed? ☐ Yes ☐ No

Do you own a secondary residence? ☐ Yes ☐ No

**If Yes**, who do you want to receive your secondary residence?

☐ My spouse/partner.

☐ Another person (you will receive information about naming a beneficiary)

☐ It should pass with the remainder of my estate (see Question 8).

**7. SPECIFIC BEQUESTS OF TANGIBLE PERSONAL PROPERTY & CASH:**

You can make specific bequests of tangible personal property (for example, jewelry, furniture or cars) or cash in your Will. If you make no specific bequests, your property will pass with the remainder of your estate.

Alternatively, you may dispose of tangible personal property (but not cash) outside of your will using a separate written statement. You can make changes to your separate written statement without having to change your will.

**Complete the following sections if you wish to make specific bequests of tangible personal property or cash in your Will.**

☐ **TANGIBLE PERSONAL PROPERTY (SPECIFIC ITEMS)**

I wish to make specific bequests of tangible personal property to the following individuals/charities:

Name of Individual or Charity	Relationship to You (if an individual)	Item

☐ **TANGIBLE PERSONAL PROPERTY (BALANCE)**

**Who do you want to receive your tangible personal property not listed above or in a separate written statement?** Use the table in this section to name specific individuals or charities, if any.

All references in this section to “issue” mean the descendants (children, grandchildren, etc.) of the named individual. “Per stirpes” means your bequest will follow the named individual’s bloodline.

- ☐ My spouse/partner, if living.
- ☐ My spouse/partner, if living. If my spouse/partner does not survive me, to my then living issue, per stirpes.
- ☐ My spouse/partner, if living. If my spouse/partner does not survive me, to other named individuals, if living, in equal shares.
- ☐ My then living issue, per stirpes.
- ☐ The then living members of a class, in equal shares. Please describe the class (for example, my grandchildren): \_\_\_\_\_. (Note: a “class” includes all individuals in the group you describe.)
- ☐ Named individuals, if living, in equal shares.
- ☐ Named individuals, if living, in equal shares. If any named individual does not survive me, their share shall be distributed to their then living issue, per stirpes.
- ☐ Named charities, if in existence, in equal shares.
- ☐ To pass with the remainder of my estate.

Name of Individual or Charity	Relationship to You (if an individual)	Name of Individual or Charity	Relationship to You (if an individual)

☐ **CASH**

I would like to include in my Will specific bequests of cash to individuals/charities named in the following table. In the last column, indicate whether an individual's descendants should receive the cash bequest if the individual does not survive you.

Name of Individual or Charity	Relationship to You (if an individual)	Amount (\$)	To Issue if Not Alive (Circle One)
			Yes / No
			Yes / No
			Yes / No
			Yes / No

**8. DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE:**

**Who do you want to receive the remainder of your estate?** The remainder of your estate includes whatever property remains after paying debts, expenses and specific bequests. Use the table in this section to name specific individuals or charities, if any.

All references in this section to "issue" mean the descendants (children, grandchildren, etc.) of the named individual. "Per stirpes" means your bequest will follow the named individual's bloodline.

- ☐ My spouse/partner, if living.
- ☐ My spouse/partner, if living. If my spouse/partner does not survive me, to my then living issue, per stirpes.
- ☐ My spouse/partner, if living. If my spouse/partner does not survive me, to other named individuals, if living, in specified percentages.
- ☐ My spouse/partner, if living. If my spouse/partner does not survive me, to named charities, if in existence, in specified percentages.
- ☐ My then living issue, per stirpes.
- ☐ The then living members of a class, in equal shares. Please describe the class (for example, my grandchildren): \_\_\_\_\_. (Note: a "class" includes all individuals in the group you describe.)
- ☐ Named individuals, if living, in specified percentages.
- ☐ Named individuals, if living, in specified percentages. If any named individual does not survive me, their share shall be distributed to their then living issue, per stirpes.
- ☐ Named charities, if in existence, in specified percentages.

Name of Individual or Charity	Relationship to You (if an individual)	Percentage (%)


**9. TRUST OR CUSTODIAL ACCOUNT FOR CHILDREN:**

**If you do not have children and do not wish to provide for future children in your Will, skip to Question 10.**

You may choose to have the remainder of your estate held in a trust account until your youngest child reaches a certain age. When the youngest child reaches the specified age, the trust assets are distributed equally to the surviving children and descendants of any deceased children. A Trustee is responsible for managing the account, filing taxes for the account and completing paperwork that may be required by the court.

Alternatively, your Personal Representative may place a minor's share of your estate in a custodial account, where it can be held for the minor's benefit until age 21.

If your Personal Representative does not use a custodial account, children under 21 will inherit property directly. A guardian will be appointed to manage (with court supervision) the property of a beneficiary under age 18.

Do you want the remainder of your estate to be held in a trust account until your youngest child reaches a specified age? ☐ Yes ☐ No

**If Yes, what age?**

**If No, skip to Question 10.**

Trustee:

Name & relationship to you:

Successor Trustee:

Name & relationship to you:

**10. PERSONAL REPRESENTATIVE:**

Your Personal Representative settles your estate upon your death. He or she settles creditor claims, distributes assets and files any necessary tax returns. **We strongly recommend that your Personal Representative be a Wisconsin resident.**

Personal Representative:

☐ My spouse/partner.

☐ Another individual. Name & relationship to you:

Alternate Personal Representative:

Name & relationship to you:

**11. GUARDIAN OF MINOR CHILDREN:**

If your children are minors when you die, and if the other natural/adoptive parent is not alive or for any reason cannot act as parent, the court may appoint the person you name to act as the children's legal guardian. The guardian will have physical control and custody of the children until they turn 18.

Whom do you want to name as the guardian of your minor children?

Name & relationship to you:

Whom do you want to name as alternate guardian?

Name & relationship to you:

## 12. **POWER OF ATTORNEY FOR HEALTH CARE (Health Care POA):**

The Health Care POA appoints someone to make health care decisions and access your medical information if examining health care professionals declare you cannot make or communicate your own decisions. The person you name should be someone you trust with life and death decisions and who you believe will follow your instructions.

Primary agent:

☐ My spouse/partner.

☐ Another individual. **Name, relationship to you, complete address & phone number:**

Alternate agent:

**Name, relationship to you, complete address & phone number:**

Please indicate what types of health care decisions you authorize your agent to make if you are incapacitated:

1. My agent may admit me to a nursing home for a purpose other than recuperative care or respite care. ☐ Yes ☐ No

2. My agent may admit me to a community-based residential facility for a purpose other than recuperative care or respite care. ☐ Yes ☐ No

3. My agent may have a feeding tube withheld or withdrawn from me, unless my physician has advised that doing so will cause me pain or will reduce my comfort. ☐ Yes ☐ No

4. My agent may make health care decisions for me even if my agent knows I am pregnant.  
☐ Yes ☐ No ☐ N/A

**Anatomical Gifts:** Complete this section if you wish to include a section about anatomical gifts (organ donation) in your Health Care POA.

☐ I wish to donate only the following organs or parts:

☐ I wish to donate any needed organ or part.

☐ I wish to donate my body for anatomical study if needed.

☐ I refuse to make an anatomical gift.

## 13. **LIVING WILL:**

The Living Will outlines specific medical instructions about use of life support if you cannot communicate your wishes. For the questions below, select the answer that reflects your wishes.

1. Do you want feeding tubes used if you have a terminal condition?

☐ Yes ☐ No

2. Do you want life sustaining procedures used if you are in a persistent vegetative state?

☐ Yes ☐ No

3. Do you want feeding tubes used if you are in a persistent vegetative state?

☐ Yes ☐ No

**14. POWER OF ATTORNEY FOR FINANCES AND PROPERTY (Financial POA):**

The Financial POA names someone to handle your assets if you're unable to do so. Most often, this includes things like paying bills, writing checks and filing taxes.

Primary agent:

☐ My spouse/partner.

☐ Another individual. **Name, relationship to you & complete address:**

Alternate agent:

**Name, relationship to you & complete address:**

When would you like your Financial POA to become active?

☐ Immediately upon signing and remains active if I become disabled or incapacitated.

☐ In the event I become disabled or incapacitated.

**\*\* END OF ESTATE PLANNING QUESTIONNAIRE \*\***