

PERSONAL INFORMATION  
QUESTIONNAIRE



**Horn & Johnsen sc**

---

ESTATE PLANNING CENTER OF WISCONSIN

---

8446 Excelsior Drive, Suite 102

Madison, Wisconsin 53717

Telephone: (608) 829-2525

Fax: (608) 829-2527

[www.hornjohnsen.com](http://www.hornjohnsen.com)

# PERSONAL INFORMATION QUESTIONNAIRE

Your Full Name \_\_\_\_\_

Your Signature Name for Legal Documents \_\_\_\_\_ Nickname \_\_\_\_\_

Other Names by Which You Are Also Known \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Your Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ County \_\_\_\_\_

Your E-Mail Address \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital/Partner Status \_\_\_\_\_

Date of Marriage \_\_\_\_\_

---

Spouse/Partner's Full Name \_\_\_\_\_

Spouse/Partner's Signature Name for Legal Documents \_\_\_\_\_ Nickname \_\_\_\_\_

Other Names by Which Your Spouse or Partner is Known \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Citizenship \_\_\_\_\_

**CHILDREN**

FULL LEGAL NAME	BIRTH DATE	NICK NAME	PARENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER HEIRS OR DEPENDENTS**

FULL LEGAL NAME	NICKNAME	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PERSONAL QUESTIONS

GUARDIANS FOR YOUR MINOR CHILDREN. Who would you choose to raise your children if you were unable to do so? Provide each guardian's full legal name.

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

- Yes  No      Do you have a child with a learning disability?
- Yes  No      Do any of your children receive governmental support or benefits?
- Yes  No      Do any of your children have special educational, medical, or physical needs?
- Yes  No      Are any of your children institutionalized?
- Yes  No      Do you provide primary or other major financial support to adult children?

---

Yes  No      Are you or your spouse/partner receiving social security, disability, or other governmental benefits?

Yes  No      Have either you or your spouse/partner been divorced?

FINANCIAL DECISIONMAKERS. If you ever become unable to effectively manage your property or financial affairs, who would you want to handle your financial affairs for you? Provide each agent's full legal name. (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

First Choice Address & Phone Number: \_\_\_\_\_  
Second Choice Address & Phone Number: \_\_\_\_\_  
Third Choice Address & Phone Number: \_\_\_\_\_  
Fourth Choice Address & Phone Number: \_\_\_\_\_

MEDICAL DECISIONMAKERS. If you ever become unable to communicate your wishes to your doctor, who would you want to make medical decisions for you? Provide each agent's full legal name. (Name your spouse or partner or one or more persons, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

First Choice Address & Phone Number: \_\_\_\_\_  
Second Choice Address & Phone Number: \_\_\_\_\_  
Third Choice Address & Phone Number: \_\_\_\_\_  
Fourth Choice Address & Phone Number: \_\_\_\_\_

EXECUTORS AND DEATH TRUSTEES. Upon your death, who would you want to carry out your will and trust instructions? Provide each representative's full legal name. (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

**YOUR ASSETS**

**CASH ACCOUNTS**

NAME OF BANK OR INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	OWNER	CURRENT BALANCE
				\$

**Total: \$** \_\_\_\_\_

**INVESTMENT ACCOUNTS (other than retirement accounts)**

NAME OF BROKERAGE OR INVESTMENT FIRM	TYPE OF ACCOUNT	ACCOUNT NUMBER	OWNER	CURRENT BALANCE
				\$

**Total: \$** \_\_\_\_\_







## LIFE INSURANCE POLICIES

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

---

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

---

POLICY NUMBER: \_\_\_\_\_ WHO PAYS THE PREMIUM? \_\_\_\_\_

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

---

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

---

POLICY NUMBER: \_\_\_\_\_ WHO PAYS THE PREMIUM? \_\_\_\_\_

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

---

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

---

POLICY NUMBER: \_\_\_\_\_ WHO PAYS THE PREMIUM? \_\_\_\_\_

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

---

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

---

POLICY NUMBER: \_\_\_\_\_ WHO PAYS THE PREMIUM? \_\_\_\_\_

---

**LIFE INSURANCE POLICIES (CONTINUED)**

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

OWNER:

BENEFICIARY:

POLICY NUMBER:

WHO PAYS THE PREMIUM?

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

OWNER:

BENEFICIARY:

POLICY NUMBER:

WHO PAYS THE PREMIUM?

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
	\$			\$	\$

OWNER:

BENEFICIARY:

POLICY NUMBER:

WHO PAYS THE PREMIUM?

NET CASH VALUE

\$ \_\_\_\_\_

NET PROCEEDS

\$ \_\_\_\_\_

## MORTGAGES, NOTES & OTHER DEBTS OWED TO YOU

NAME OF DEBTOR AND DESCRIPTION OF NATURE OF LOAN, IF APPLICABLE	YEAR OF LOAN	YEAR LOAN IS DUE	TO WHOM IS THIS DEBT OWED?	CURRENT LOAN BALANCE
--	-----------------	------------------------	----------------------------------	----------------------------

\$

---



---



---



---



---

**Total: \$** \_\_\_\_\_

## PARTNERSHIP INTERESTS

NAME OF PARTNERSHIP	GENERAL PARTNER %	LIMITED PARTNER %	OWNER	VALUE OF PARTNER INTERESTS
---------------------	-------------------------	-------------------------	-------	----------------------------------

\$

	_____%	_____%		
	_____%	_____%		
	_____%	_____%		
	_____%	_____%		
	_____%	_____%		
	_____%	_____%		

**Total: \$** \_\_\_\_\_

**LLC, CORPORATE, OR PROFESSIONAL INTERESTS**

NAME OF CORPORATION OR COMPANY	TYPE OF ENTITY	BUY/ SELL AGREE- MENT?	PERCENT OWNED	OWNER	VALUE
		<input type="checkbox"/>	_____%		\$
		<input type="checkbox"/>	_____%		
		<input type="checkbox"/>	_____%		
		<input type="checkbox"/>	_____%		

**Total: \$** \_\_\_\_\_

**SOLE PROPRIETORSHIP BUSINESS INTERESTS**

NAME OF CORPORATION OR COMPANY	DESCRIPTION OF BUSINESS	OWNER	VALUE
			\$

**Total: \$** \_\_\_\_\_



## ANTICIPATED INHERITANCE OR LAWSUIT JUDGMENT

PLEASE DESCRIBE THE INHERITANCE OR LAWSUIT SO THAT WE UNDERSTAND THE NATURE OF IT	OWNER	ESTIMATED VALUE
		\$

---

---

---

**Total: \$** \_\_\_\_\_

## OTHER ASSETS

PLEASE DESCRIBE EACH ASSET SO THAT WE UNDERSTAND THE NATURE OF IT	OWNER	ESTIMATED VALUE
		\$

---

---

---

**Total: \$** \_\_\_\_\_





**LIABILITIES (other than real property liabilities)**

PLEASE DESCRIBE EACH LIABILITY SO THAT WE UNDERSTAND THE NATURE OF IT	WHO OWES THE DEBT?	ESTIMATED VALUE
		\$

**Total: \$** \_\_\_\_\_

## ASSETS AND LIABILITIES

	TOTAL COMBINED ASSETS	RESERVED FOR OFFICE USE
Cash Accounts	\$ _____	
Investment Accounts	\$ _____	
Unexercised Employee Stock Options	\$ _____	
Retirement Plans and Accounts	\$ _____	
Annuities	\$ _____	
Mortgages, Notes & Other Debts Owed to You	\$ _____	
Partnership Interests	\$ _____	
LLC, Corporate, or Professional Interests	\$ _____	
Sole Proprietorship Business Interests	\$ _____	
Real Property Interests	\$ _____	
Anticipated Inheritance or Lawsuit Judgment	\$ _____	
Other Assets	\$ _____	
Personal Effects, Boats, and Automobiles	\$ _____	
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	
Real Property Mortgages & Liabilities	\$ _____	
Other Liabilities	\$ _____	
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>	
<b>NET WORTH</b>	<b>\$ _____</b>	
Insurance Cash Values Less Policy Loans	\$ _____	
Insurance Face Amounts Less Policy Loans	\$ _____	
<b>NET WORTH TODAY</b>	<b>\$ _____</b>	
<b>TOTAL ESTATE</b>	<b>\$ _____</b>	

You need not complete gray entries labeled “for office use”.