

PERSONAL INFORMATION QUESTIONNAIRE



Horn & Johnsen sc

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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 _____

Fourth 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?

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- 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	_____	_____

ACCOUNTING, FINANCIAL, AND INSURANCE ADVISORS

We work with everyone on your financial team to ensure you the best possible planning. We rely heavily on your other advisors to carry out the strategies you choose.

ACCOUNTING _____

Firm Name _____

Address _____

Phone _____

E-Mail Address _____

Nickname _____

Fax _____

INVESTMENTS _____

(your primary financial advisor)

Firm Name _____

Address _____

Phone _____

E-Mail Address _____

Nickname _____

Fax _____

INSURANCE _____

(liability insurance, such as homeowners', auto, umbrella, etc.)

Firm Name _____

Address _____

Phone _____

E-Mail Address _____

Nickname _____

Fax _____

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
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\$

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

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: \$ _____

REAL PROPERTY INTERESTS

NAME OR ADDRESS OF PROPERTY	TYPE OF PROPERTY	% OWNED	OWNER	MORT GAGE	VALUE
		_____ %		\$	\$
		_____ %			
		_____ %			
		_____ %			
		_____ %			
		_____ %			
		_____ %			
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		_____ %			
		_____ %			
		_____ %			
		_____ %			
		_____ %			
		_____ %			

TOTAL GROSS VALUE \$ _____

- TOTAL REAL PROPERTY LIABILITIES - \$ _____

TOTAL GROSS VALUE \$ _____

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	\$ _____	
TOTAL ASSETS	\$ _____	
Real Property Mortgages & Liabilities	\$ _____	
Other Liabilities	\$ _____	
TOTAL LIABILITIES	\$ _____	
NET WORTH	\$ _____	
Insurance Cash Values Less Policy Loans	\$ _____	
Insurance Face Amounts Less Policy Loans	\$ _____	
NET WORTH TODAY	\$ _____	
TOTAL ESTATE	\$ _____	

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