

## PERSONAL DATA FOR YOUR BASIC ESTATE PLAN

Kitzke & Associates, S.C., 101 Falls Road, Suite 602, Grafton, WI 53024  
 262-387-0706 ♦ (800) 297-9460 ♦ Fax (262) 387-0716  
 Email Jvkitzke@AOL.COM

DATE: \_\_\_\_\_

**GENERAL INFORMATION:** Complete ALL information requested

Client's Name (First, Middle, Last)	Social Security Number	Date of Birth
Spouse's Name (First, Middle, Last)	Social Security Number (                      )                      (                      )	Date of Birth
Home Address (Number & Street)	City	(County)                      State/Zip                      Home Phone
Mailing Address (if different from above)	City	State/Zip

**When is the best time to reach you at home phone?** Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
**\*Alternate phone number:** (                      ) Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 (\*optional - Please list who can be reached at Alternate phone number: \_\_\_\_\_)

<b>PERSONAL INFORMATION</b> (please provide the following & circle Yes or No, if applicable)	<b>YOU</b>	<b>SPOUSE</b>
1. Are you a US Citizen?.....	YES NO	YES NO
2. Do you have a <u>Trust, Will, Power of Attorney, or Marital Property Agreement</u> ? If yes, please provide copies for review.....	YES NO	YES NO
3. How many of your children are living?.....		
4. How many of your children are deceased?.....		
5. In addition to your children, how many stepchildren live with you?.....		
6. Do you have any dependents who require special care?.....	YES NO	YES NO
7. Are either of your parents alive?.....	YES NO	YES NO
8. How many brothers and sisters do you have who are alive or had children?.....		
9. How many grandchildren do you have?.....		

**CHILDREN -- (include deceased children) (if additional, include on Special Notes section along with all info requested)**

	<u>Date of Birth/Death</u>	<u>client/spouse/both</u>
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B
Name: _____	_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> B

## SUMMARY OF PERSONAL ASSETS

ITEM	HUSBAND	WIFE	JOINT	COMMON	TOTALS
<b>CASH</b> (Savings, MM, checking)					
<b>INVESTMENTS:</b> <i>(not tax deferred)</i>					
Annuities					
Stocks					
Mutual Funds					
T-Bills					
CDs					
Savings Bonds					
Futures					
Other:					
<b>BUSINESS</b>					
<b>→REAL ESTATE:</b> <i>(List State if other than Wisconsin)</i>					
State: <b>→Home</b>					
State: <b>→Other</b>					
State: <b>→Other</b>					
<b>LIFE INSURANCE:</b>					
Long Term Care Policy:					
<b>RETIREMENT PLANS or TAX DEFERRED:</b>					
Pension					
IRAs					
401k					
Other:					
<b>TRUSTS</b>					
<b>AUTOS</b>					
<b>HOUSEHOLD GOODS</b>					
<b>FUTURE INHERITANCE</b>					
<b>OTHER:</b>					
Less Debts:					
<b>TOTALS</b>					

**→PLEASE INCLUDE COPY OF CURRENT TAX BILL(S) and DEED(S)**

# WHO WILL SERVE YOU?

**(IMPORTANT: Please complete ALL information as requested below)**

Attorney strongly recommends that client and spouse appoint the same people to serve as Alternate Agents in all financial positions (Financial Power of Attorney, Trust, and Back-up Will). Also, if possible, same people should serve as Alternate Agents in Power of Attorney for Health Care

Agents for DURABLE FINANCIAL POWER OF ATTORNEY (“DFPOA”),  
Trustees for FAMILY TRUST (Trust”) & Personal Representatives (“PRs”) for BACK UP WILL

<b>FIRST APPOINTMENTS</b> ( <i>Financial Matters</i> )			
<i>For DFPOAs &amp; BACK UP WILLS: usually Spouse (if married). For *DFPOA: if other than spouse, include date of birth and social security number. For Trust, usually Client &amp; Spouse, if married, and Client only, if single.</i>			
<input type="checkbox"/> Spouse (if married)			
<input type="checkbox"/> Other - complete <b>ALL</b> information requested below:			
Full Legal Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
Phone: ( <i>include area code</i> )		Relationship:	
<b>*Date of Birth:</b>		<b>*Social Security Number:</b>	
<b>1<sup>st</sup> ALTERNATE APPOINTMENTS</b> ( <i>Financial Matters</i> )			
Full Legal Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
Phone: ( <i>include area code</i> )		Relationship:	
<b>2<sup>nd</sup> ALTERNATE APPOINTMENTS</b> ( <i>Financial Matters</i> )			
Full Legal Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
Phone: ( <i>include area code</i> )		Relationship:	

**If you are married and wish to appoint separate people as your First and alternate Agents for your Durable Financial Power of Attorney, please speak to Attorney about the pitfalls.**

**WHO WILL SERVE YOU? (continued)**

**Agents for POWER OF ATTORNEY FOR HEALTH CARE**

(Please fill out and attach additional sheet if you are married and wish to appoint any separate Agents)

**FIRST APPOINTMENTS: Usually Spouse, if married (for Health Care Matters)**

Spouse (if married)

Other - complete ALL information below

Full Legal Name: (First, Middle, Last)

Address:

City:

State:

Zip:

Phone: (include area code)

Relationship:

**1<sup>st</sup> ALTERNATE APPOINTMENTS (for Health Care Matters)**

Full Legal Name: (First, Middle, Last)

Address:

City:

State:

Zip:

Phone: (include area code)

Relationship:

**2<sup>nd</sup> ALTERNATE APPOINTMENTS (for Health Care Matters)**

Full Legal Name: (First, Middle, Last)

Address:

City:

State:

Zip:

Phone: (include area code)

Relationship:

Attorney strongly recommends you to appoint separate Guardians from those who will serve in financial positions.  
Attorney also does NOT recommend appointing JOINT Guardians.

**GUARDIAN OF MINOR CHILDREN (if applicable)**

Current Spouse (Note: Ex-spouse normally is first for children of ex-spouse)

**1<sup>st</sup> ALTERNATE GUARDIAN**

**2<sup>nd</sup> ALTERNATE GUARDIAN**

Full Legal Name:

Full Legal Name:

Address:

Address:

City:

State:

City:

State:

Zip:

Phone: ( )

Zip:

Phone: ( )

Relationship:

Relationship:

**Should you have any questions about providing the information requested, please do not hesitate to call CJ of Kitzke & Associates, S.C. at (800) 297-9460**

# **DISTRIBUTION OF TRUST ESTATE**

In today's estate plan, we speak not of names but of relationships ("child" / "children" and "issue," who are your bloodline downstream).

**STANDARD PLAN:** When you (both of you) die, Trustee to distribute assets as follows:

1. As to your living children, **equal shares to your living children;**  
(**Example:** you have two children, each takes one half of Trust Estate)
2. As to your deceased children, **equal shares to your grandchildren, great grandchildren, and so on if their parent** (your child, grandchild, etc.) **dies before they received their share;**  
(**Example:** you have three grandchildren of a deceased child, each takes one-third of that deceased child's share of Trust Estate)
3. If no children, grandchildren, or great grandchildren survive you, in equal shares:
  - to your brothers and sisters ("siblings")
  - to the children of your siblings
  - to \_\_\_\_\_; and
4. If no relatives in 1 - 3 above survive you, in equal shares to your heirs at law.

**CUSTOMIZING:** When you (both of you) die, Trustee to distribute assets as follows:

And any parties you may wish to Disinherit:

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**SPECIAL GIFTS:** (If additional, include on Client Log section as requested below)

	<b><u>PARTY TO RECEIVE</u></b> <b><u>(List Full Legal Name)</u></b>	<b><u>ITEM TO RECEIVE</u></b> <b><u>(Specified \$ Amounts or Personal Items)</u></b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**MAGIC AGE:** Some families choose an age, but we recommend the "**Dynasty**" System.

# SPECIAL NOTES

## BASIC PLAN COST and SCHEDULE OF DOCUMENTS

BASIC PLAN FIXED/FLAT LEGAL FEE: **\$995.00 (\$1500 if Two Trusts)**  
(One half of fee up front and balance at signing)

Basic Plan includes the following documents:

- ◆ **Durable Financial Power of Attorney**  
*one document for each person*
- ◆ **“Opt In” or “Out” Marital Property Agreement**  
*if married, one document for both people*
- ◆ **Power of Attorney for Health Care**  
*one document for each person*
- ◆ **Revocable Family Trust**  
*if married, one document for both people, unless OPT OUT Marital Agreement, then Two Trusts*
- ◆ **Declaration of Trust Ownership**  
*this document transfers property into your Family Trust*
- ◆ **Last Will and Testament**  
*this document recommends Guardians for any minor children and acts as a backup to the other estate distribution documents purely as a precaution*
- ◆ **Certification of Documents in Effect**  
*this document summarizes all documents and is used to provide information without disclosing the particulars about your estate*

This cost does not include:

- (1) Advanced estate tax planning for individuals with estates which are over the applicable federal and state credits—currently, \$5 Million Dollars per person and for couples, over \$10,000. Estates for this purpose include retirement benefit and insurance policies owned by the client;
- (2) Medicaid, Title 19 or related divestment planning; or
- (3) Advanced estate customizing such as to provide for children of previous marriages, Business issues, Buy/Sell or other capital gains tax, real estate, creditor concerns, etc.
- (4) All other services not specifically included as part of Basic Plan, as from time to time constituted.

In these cases, you can speak directly with the Attorney about our standard fees for these and other non-Basic Plan services

Attorney has an obligation to refund any unearned advanced fee to Client, along with an accounting, at the termination of the representation. Attorney is also required to submit any dispute about a requested refund of advanced fees to binding arbitration within 30 days of receiving a request for such a refund. Client may file a claim with the Wisconsin Lawyer's fund for client protection in the event Attorney fails to provide a refund of advanced fees. No interest will be charged on sums owed by Client to Attorney, nor will Attorney file or claim any lien on Client's files or other property. Client shall also promptly reimburse Attorney when billed for filing and recording fees, but no other costs or expenses incurred by Attorney shall be billed to Client.