



Attorney  
Counselor  
Mediator

# Gromowski Law Firm, LLC

The following information will assist us during your first appointment and help to discuss your estate plan. This information is confidential and will not be given to anyone. Some of this information will not be applicable to you and need not be answered, please put N/A in those sections. Any financial information may be estimated and you do not need to bring in documentation. If there is any additional information you would like the attorney to know please attach additional pages or bring your questions to your first meeting.

## ESTATE PLANNING INTAKE CONFIDENTIAL

**Personal Information:**

\_\_\_\_\_ Male      \_\_\_\_\_ Female

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ County      \_\_\_\_\_ Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ \*Widowed: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**IF MARRIED:**

\_\_\_\_\_ Male      \_\_\_\_\_ Female

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street

City State County Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

\* Has a Termination of Decedent's Interest been drafted and recorded at the Register of Deed's office? Yes \_\_\_\_\_ No \_\_\_\_\_

Please draft a Termination of Decedent's Interest \_\_\_\_\_

**CHILDREN (INCLUDING ADOPTED AND STEP-CHILDREN)**  
**OR OTHER PARTIES WITH INTEREST (  attached list )**

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male \_\_\_\_\_ Female

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State County Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male \_\_\_\_\_ Female

Name: \_\_\_\_\_  
                                Last  First  Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street

\_\_\_\_\_  
City  State  County  Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male                \_\_\_\_\_ Female

Name: \_\_\_\_\_  
                                Last  First  Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street

\_\_\_\_\_  
City  State  County  Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male                \_\_\_\_\_ Female

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State County Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male \_\_\_\_\_ Female

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State County Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ (Son, Daughter, Sister, Brother, etc.)

\_\_\_\_\_ Male      \_\_\_\_\_ Female

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street

City                                      State                                      County                                      Zip Code

Telephone #: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children's Full Name and Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTHCARE**

Husband: \_\_\_\_\_      Wife: \_\_\_\_\_

Attorney in Fact:

First: \_\_\_\_\_  
                    Last                                      First                                      Middle

Address: \_\_\_\_\_  
                    Street

City                                      State                                      County                                      Zip Code

Telephone #: \_\_\_\_\_

Second: \_\_\_\_\_  
                    Last                                      First                                      Middle

Address: \_\_\_\_\_  
                    Street

City                                      State                                      County                                      Zip Code

Telephone #: \_\_\_\_\_

Third: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Attorney in Fact:

First: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Second: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Third: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS**

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Attorney in Fact:

First: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Second: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Third: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Attorney in Fact:

First: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State County Zip Code

Telephone #: \_\_\_\_\_

Second: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street

\_\_\_\_\_

City	State	County	Zip Code
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Telephone #: \_\_\_\_\_

Third: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street

\_\_\_\_\_

City	State	County	Zip Code
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Telephone #: \_\_\_\_\_

**DISTRIBUTION OF ESTATE**

Do you have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No      Dated: \_\_\_\_\_

Does your spouse have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No      Dated: \_\_\_\_\_

Provisions of the will: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Simple will, all to surviving spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

A Will with a Trust provisions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you, spouse or children beneficiaries of any Trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any existing trusts or any special bequests (such as charity or others): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Would you like to have your Estate equally divided among your children or other parties with interest as listed earlier in this document? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not please explain your plans for distribution of your estate:

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**Executor/Successor:**

First: Executor \_\_\_\_\_ or Successor \_\_\_\_\_

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Last First Middle

Successor Second:

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Last First Middle

Successor - Third:

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Last First Middle

There can be more than one Executor of the Estate; those individuals will share the responsibility as Trustees of the Estate jointly.

**LIFE ESTATE**

Number of Deeds Provided: \_\_\_\_\_

Please note legal fees cover one Life Estate for Property. There is a \$100.00 fee per additional Life Estate which covers cost only, recording fees are not included.

Have the latest Property Tax Bills been provided for all Deeds? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any mortgages on any listed properties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have client get "Letter of Acknowledgment"

What are the legal addresses, including the County, of the property being transferred? (If property is vacant or property has no actual address, please list a fire number, abutting road name, or road or intersection that is used to enter the property.)

Property 1: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot Size \_\_\_\_\_ Tenants in Common \_\_\_\_\_ Joint Tenancy \_\_\_\_\_

Property 2: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot Size \_\_\_\_\_ Tenants in Common \_\_\_\_\_ Joint Tenancy \_\_\_\_\_

Property 3: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot Size \_\_\_\_\_ Tenants in Common \_\_\_\_\_ Joint Tenancy \_\_\_\_\_

Property 4: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot Size \_\_\_\_\_ Tenants in Common \_\_\_\_\_ Joint Tenancy \_\_\_\_\_

Property 5: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot Size \_\_\_\_\_ Tenants in Common \_\_\_\_\_ Joint Tenancy \_\_\_\_\_

**Other Relatives**

**Parents (if appropriate)**

Name                      Relationship                      Address

**Siblings (if appropriate)**

Name                      Relationship                      Address

**Other Relatives (if appropriate)**

Name                      Relationship                      Address

**Prior Marriages**

To whom

How and when marriage ended

**Children by Prior Marriages**

Name                      Relationship                      Address

**Attorney's Checklist: Additional Personal Information**

- ( ) Inequalities of treatment? Why?
- ( ) Any disabled beneficiaries? Nature of disability?
- ( ) Antagonistic relatives?
- ( ) Spendthrifts?
- ( ) Prior wills? Contractual?
- ( ) Mental competence of clients?
- ( ) Undue influence?
- ( ) Health of client and beneficiaries?
- ( ) Organ donation and anatomical gifts?

**II. Financial Information**

**Assets**

<u>Asset</u>	<u>How Title Held (H, W, Both)</u>	<u>When &amp; How Acquired</u>	<u>Value (Less Any Mortgage)</u>
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Home:

Other Real Estate (address/location, type):

Securities:

Cash, CDs, Other Bank/Money Market Accounts:

Collectibles and Antiques:

Personal Property, Autos, etc.:

Other Investments (describe):

Have you received any significant gifts or inheritances?

Yes  No If so, indicate what value or what property was received, by whom, and when.

Do you anticipate any substantial gifts or inheritance?

Yes  No If so, from whom and in what amount?

**Life Insurance**

Name of Co.	Type of Policy/Plan
Title Holder	Whose Life Insured
Beneficiary	Alternate Beneficiary
When Acquired	Face Amount and/or Value

Name of Co.	Type of Policy/Plan
Title Holder	Whose Life Insured
Beneficiary	Alternate Beneficiary
When Acquired	Face Amount and/or Value

Do any policies provide double indemnity?

Yes  No Which ones?

**Annuities**

Name of Co.	When Acquired
Owner	Cost
Annuitant	Current Value
Beneficiary/Alternate	Current Payments/Amount

**webRetirement Plans**

(e.g., HR-10, IRAs, 401(k), 403(b), and Other Pension/Profit-Sharing Plans)

Name of Co.	Type of Policy/Plan
Title Holder	When Acquired
Beneficiary/Alternate	Face Amount and/or Value

Name of Co.	Type of Policy/Plan
Title Holder	When Acquired
Beneficiary/Alternate	Face Amount and/or Value

**Present Employer**

Husband	Annual Income
Wife	Annual Income

Do you have an existing marital property (or prenuptial or postnuptial) agreement?  
( ) Yes ( ) No If so, please provide a copy.

**Debts**

(Other than mortgages shown above in connection with assets)

<u>To Whom Payable</u>	<u>Who Is Liable?</u> <u>(H, W, Both)</u>	<u>Is Debt Secured</u> <u>by Lien? On</u> <u>What Property?</u>	<u>Amount</u>
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