

RENARD LAW OFFICE, LLC
CLIENT INFORMATION FORM

(PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)

CLIENT NAME (1): _____

(Include middle initials if you sign legal documents using the initial)

CLIENT SPOUSE (2): _____

*or Significant Other/Partner

CLIENT ADDRESS: _____

CLIENT E-MAIL: _____

CLIENT 2 E-MAIL: _____

CLIENT PHONE: _____

CLIENT 2 PHONE: _____

CLIENT LANDLINE: _____

CLIENT 1: Last four digits of SSN: _____

CLIENT 2: Last four digits of SSN: _____

CLIENT 1: DOB: _____

CLIENT 2: DOB: _____

Only answer the following question if you are having a Prenuptial or Marital Property Agreement drafted and if not, please skip to "Family Information" below:

If you are married, were you previously married? YES NO

If yes, name of previous spouse(s): _____

Divorce Date(s): _____ Death Date(s): _____

(Add additional page if necessary)

Husband: CHILDREN FROM PREVIOUS MARRIAGE(S)/RELATIONSHIPS:

NAME: CHILD'S SPOUSE'S NAME: # OF CHILDREN: MINOR OR ADULT?

Wife: CHILDREN FROM PREVIOUS MARRIAGE(S)/RELATIONSHIPS:

NAME: CHILD'S SPOUSE'S NAME: # OF CHILDREN: MINOR OR ADULT?

FAMILY INFORMATION:

I/We have no children from a previous marriage or relationship. These are our children:

CHILD'S NAME: DOB: ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR): ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR) ADDRESS and PHONE: SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

CHILD'S NAME: (DOB IF MINOR) ADDRESS and PHONE SPOUSE'S NAME:

GRANDCHILDREN: (NAMES AND DOB)

(For additional children, please attach a page)

Are any children or grandchildren receiving governmental benefits (such as Medicaid, SSI, Katie Beckett, etc.) or have a disability? YES NO

If yes—what type of disability?

EXISTING ESTATE PLANNING DOCUMENTS

I/We have the following existing estate planning documents: (CHECK AS APPROPRIATE)

If yes, please provide their dates)

___	WILL(S)	DATE SIGNED: _____
___	FINANCIAL POWER(S) OF ATTORNEY	DATE SIGNED: _____
___	MEDICAL POWER(S) OF ATTORNEY/LIVING WILL	DATE SIGNED: _____
___	REVOCABLE LIVING TRUST	DATE SIGNED: _____
___	IRREVOCABLE TRUST	DATE SIGNED: _____
___	MARITAL PROPERTY AGREEMENT	DATE SIGNED: _____

I/We were residents of a state other than Wisconsin when our estate planning documents were signed. YES NO (IF YES, WHAT STATE(S)?)

WHAT ARE YOUR ESTATE PLANNING GOALS?

ASSET INFORMATION

CHECK AND CIRCLE WHICH APPLY: (NOTE: You do not need to provide amounts or current balances in any accounts)

___ I/We bank at (names and branch locations [not full address]):

___ I/We own mutual funds/investment accounts **that are NOT retirement accounts** at
(names of funds ex: Stifel, Merrill Lynch, Vanguard, etc.):

___ I/We own stock shares in **certificate** form YES NO

Name of Stock:

Year Acquired:

Was this inherited stock?

___ I/We own savings bonds YES NO

Type: EE E H OTHER

Have they matured? Y N Approximate total amount? _____

___ I/We own the following retirement accounts (IRA, 401K, SEP, etc.):

HUSBAND:

WIFE:

___ I/We own Annuities as follows (name of company):

HUSBAND:

WIFE:

___ I/We own Term or Whole Life Insurance with these companies and in these face
amounts: (Also indicate "T" for Term or "W" for whole life)

HUSBAND:

WIFE:

___ I/We own (or are part of) a: (CIRCLE IF APPLICABLE—IF APPLICABLE, PROVIDE NAME AND DATE ESTABLISHED OR FIRST OPERATIONAL)

Closely-held company:

S Corporation

C Corporation

Partnership or Family Limited Partnership

Limited Liability Company (LLC)

Farming Operation

___ I/We own a home YES NO

If yes, FMV per property tax bill: \$ _____

Tax Parcel Number: _____

Do you have an outstanding mortgage? YES NO

(If yes, what is your approximate **principal** amount outstanding?) _____

Do you have an outstanding home equity loan or line or credit? YES NO

Do you have a copy of the Deed or Satisfaction of Mortgage (if fully paid)? YES NO

Do you have Managed Forest Land? If yes, how many acres?

Do you have water frontage? If yes, how many feet?

___ I/We own real property (ex: vacation home, timeshare interest) **out of State** located in _____ (STATE). If a Timeshare, do you have a Deed for the property? YES NO

___ I/We own real property (vacant land or otherwise) in Wisconsin. YES NO

Is it titled jointly with anyone? If yes—with whom? Relationship to you?

Does it have Managed Forest Land or water frontage? If so, provide here.

___ I/We own rental property YES (If yes, provide address/location): NO

Is it titled jointly with anyone? If yes—with whom? Relationship to you?

___ I/We have the following (CIRCLE AS APPROPRIATE):

- * ATV/UTV
- * MOTORCYCLE(S)
- * BOAT(S)
- * FIREARMS
- * VALUABLE COLLECTIONS

___ I/We own the following vehicles: How are they titled? (sole or joint names)

___ I/We own one or more pets.

___ I/We rent a safe deposit box from our bank. YES NO

If "Yes", which bank(s)?

(If yes, do you have a joint owner designated on the box?)

___ I/We have a home safe YES NO

(If yes, does at least one of your adult children/family members know where the key or what the combination is?)

Can we thank someone for referring you to us? (Please provide name and address (if known) or e-mail address because we send Thank you notes!)
