



**Renard Law Office LLC**

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**CLIENT INFORMATION FORM**

CLIENT NAME (1): \_\_\_\_\_

CLIENT SPOUSE (2): \_\_\_\_\_  
\*or Significant Other/Partner

CLIENT ADDRESS: \_\_\_\_\_

CLIENT E-MAIL: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_ CLIENT SPOUSE'S PHONE: \_\_\_\_\_

CLIENT 1: Last four digits of SSN: \_\_\_\_\_

CLIENT 2: Last four digits of SSN: \_\_\_\_\_

CLIENT 1: DOB: \_\_\_\_\_

CLIENT 2: DOB: \_\_\_\_\_

NAMES OF CLIENT'S CHILDREN: ADDRESS: PHONE NUMBERS:

1.

2.

3.

4.

5.

INDICATE IN THE LEFT MARGIN HOW MANY GRANDCHILDREN EACH ADULT CHILD HAS  
ARE ANY CHILDREN OR GRANDCHILDREN RECEIVING GOVERNMENTAL BENEFITS? YES NO

FIRST MARRIAGE?    YES                      NO (CIRCLE ONE)  
IF SECOND OR LATER MARRIAGE, PROVIDE PREVIOUS RELATIONSHIP DEATH OR DIVORCE DATE  
AND LIST CHILDREN OF PRIOR RELATIONSHIP/MARRIAGE

WHAT ARE YOUR GOALS FOR ESTATE PLANNING?

**ASSET INFORMATION**

CHECK OR CIRCLE WHICH APPLY:

\_\_\_\_\_ CHECKING ACCOUNT(S)    NUMBER OF ACCTS?    BANK?    JOINT OWNER?

\_\_\_\_\_ SAVINGS ACCOUNT(S)    NUMBER OF ACCTS?    BANK?    JOINT OWNER?

\_\_\_\_\_ MUTUAL FUNDS                      NAME OF FUNDS: (Ex. Van Kampen, etc.)

\_\_\_\_\_ STOCKS                              CERTIFICATE FORM    YES    NO

\_\_\_\_\_ LIFE INSURANCE                      COMPANY:                      DEATH BENEFIT:  
Group, Whole, or Term?  
Name of Insured?

\_\_\_\_\_ ANNUITIES                              COMPANY:

\_\_\_\_\_ PREPAID BURIAL/FUNERAL/CREMATION?  
IF SO, WHICH FUNERAL HOME?

My preference is:                      BURIAL \_\_\_\_                      CREMATION \_\_\_\_

\_\_\_\_\_ HOME                      FMV PER TAX BILL? \_\_\_\_\_  
ACRES? \_\_\_\_\_  
MORTGAGE? AMT: \_\_\_\_\_  
JOINT OWNERSHIP?    YES                              NO

\_\_\_\_\_ OTHER REAL ESTATE (Ex: vacation property/rental property)

WHERE? \_\_\_\_\_

VALUE: \_\_\_\_\_

MORTGAGE? AMT: \_\_\_\_\_

OWNED JOINTLY? YES NO

\_\_\_\_\_ TIMESHARE WHERE?

DO YOU HAVE A DEED FOR THE PROPERTY? YES NO

\_\_\_\_\_ CLOSELY HELD BUSINESS OR PARTNERSHIP/STOCK?

NAME OF COMPANY: SHARES OF STOCK: \_\_\_\_\_

\_\_\_\_\_ IRA(S) NUMBER: WHERE: BENEFICIARY?

\_\_\_\_\_ 401K or SEP NUMBER: WHERE: BENEFICIARY?

\_\_\_\_\_ COLLECTIONS (Ex: guns, dishes, jewelry, sporting, etc.) YES NO

\_\_\_\_\_ CAR/TRUCK/VAN NUMBER:

\_\_\_\_\_ BOAT VALUE?

\_\_\_\_\_ MOTORCYCLE/ATV/UTV NUMBER: VALUES:

\_\_\_\_\_ MISC PERSONAL PROPERTY

\_\_\_\_\_ ANY OTHER ASSET(S) NOT LISTED HERE

\$ \_\_\_\_\_ ESTIMATED VALUE OF TOTAL ESTATE (ALL ASSETS)

TAX RETURN PREPARER/CPA (Name and Phone number):

FINANCIAL/WEALTH MANAGEMENT ADVISOR (Name and Phone number):

DO YOU HAVE LONG TERM CARE INSURANCE? YES NO

If so, what company?