RENARD LAW OFFICE, LLC CLIENT INFORMATION FORM

(PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)

CLIENT NAME: _____**DOB:** _____

(Include middle initial only if you sign legal documents using it)

CLIENT SPOUSE: _____**DOB**: _____
(or Life Partner)

CLIENT ADDRESS: _____

CLIENT EMAIL: _____

SPOUSE'S EMAIL: _____

DO YOU USE AND REGULARLY CHECK YOUR EMAIL? _____ YES ____ NO

CLIENT LANDLINE: _____

CLIENT CELL: _____

SPOUSE'S CELL: _____

CLIENT 1: LAST FOUR DIGITS OF SSN: _____

SPOUSE: LAST FOUR DIGITS OF SSN: _____

IF MARRIED, DATE OF MARRIAGE: _____

WERE YOU PREVIOUSLY MARRIED? IF YES, NAME OF FORMER SPOUSE:

_____

DID THE MARRIAGE END IN DIVORCE OR DEATH? PROVIDE DATE: _____

DEATH _____ DIVORCE _____

CHILDREN OF THIS MARRIAGE:

CHILD'S NAME: DOB ONLY IF A MINOR: ADDRESS AND PHONE:

CHILD'S NAME: DOB ONLY IF A MINOR: ADDRESS AND PHONE:

CHILD'S NAME: **DOB ONLY IF A MINOR:** **ADDRESS AND PHONE**

CHILD'S NAME: **DOB ONLY IF A MINOR:** **ADDRESS AND PHONE**

CHILD'S NAME: **DOB ONLY IF A MINOR:** **ADDRESS AND PHONE**

GRANDCHILDREN:

LIST NAME OF PARENT FIRST, THEN NAME OF GRANDCHILD AND DOB IF A MINOR:

ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN RECEIVING GOVERNMENT BENEFITS SUCH AS MEDICAID, SSI, KATIE BECKETT? IF YES, NAME OF CHILD OR GRANDCHILD AND TYPE OF BENEFITS RECEIVED:

IF YOU WERE PREVIOUSLY MARRIED AND HAVE CHILDREN FROM THAT RELATIONSHIP, PLEASE PROVIDE THE NAMES AND ADDRESSES OF YOUR CHILDREN FROM THAT RELATIONSHIP:

CLIENT:

CLIENT'S SPOUSE:

_____

EXISTING ESTATE PLANNING DOCUMENTS:

I/We have the following existing estate planning documents:

_____ WILL **DATE SIGNED: _____**

_____ FINANCIAL POWER OF ATTORNEY **DATE SIGNED: _____**

_____ MEDICAL POWER OF ATTORNEY/LIVING WILL **DATE SIGNED: _____**

_____ IRREVOCABLE TRUST **DATE SIGNED: _____**

_____ REVOCABLE TRUST **DATE SIGNED: _____**

_____ MARITAL PROPERTY AGREEMENT OR PRENUP **DATE SIGNED: _____**

PLEASE BRING THESE DOCUMENTS WITH YOU TO THE INITIAL OFFICE CONFERENCE

WHAT ARE YOUR ESTATE PLANNING GOALS?

ASSET INFORMATION

CHECK OR CIRCLE WHICH APPLY: NOTE: YOU DO NOT NEED TO PROVIDE AMOUNTS OR CURRENT BALANCES IN ANY ACCOUNTS

1. **NAME OF BANKS** _____
2. **TYPE OF ACCOUNTS (EX: CHECKING, SAVINGS, CD, MONEY MARKET)**

DO YOU HAVE BENEFICIARY DESIGNATIONS ON THESE ACCOUNTS? (POD)

_____YES _____ NO

3. **I/WE OWN MUTUAL FUNDS/INVESTMENT ACCOUNTS THAT ARE NOT RETIREMENT ACCOUNTS: _____ YES _____ NO**
   NAME OF COMPANY (EX: EDWARD JONES, STIFEL, VANGUARD, ETC.)
   _____

4. **I/WE OWN STOCK IN CERTIFICATE (PAPER) FORM: _____ YES _____ NO**
   IF YES, NAME OF STOCK. _____
   WAS THIS INHERITED FROM A FAMILY MEMBER? _____

5. **I/WE OWN SAVINGS BONDS _____ YES _____NO**
   TYPE: EE E H OTHER
   HAVE THEY MATURED? APPROXIMATE VALUE: _____

6. **I/WE OWN THE FOLLOWING RETIREMENT ACCOUNTS (IRA, 401K, SEP, ROTH, ETC.)_(INDICATE TYPE OF RETIREMENT ACCOUNT AND VALUE IF KNOWN)**
   CLIENT:

   CLIENT'S SPOUSE:

7. **I/WE OWN ANNUITIES (PROVIDE NAME OF COMPANY)**
   CLIENT:

   CLIENT'S SPOUSE:

8. **I/WE OWN TERM OR WHOLE LIFE INSURANCE POLICIES (INDICATE DEATH BENEFIT AMOUNT AND WHETHER IT IS TERM OR WHOLE LIFE IF KNOWN)**
   CLIENT:

   CLIENT'S SPOUSE:

9. **I/WE ARE MEMBERS OF OR OWNERS OF THE FOLLOWING:**
   S CORPORATION
   C CORPORATION
   PARTNERSHIP OR FAMILY LIMITED PARTNERSHIP
   LLC
   FARMING OPERATION
   SOLE PROPRIETORSHIP
   (IF YES, PROVIDE ARTICLES OF ORGANIZATION, SS4, DATE FORMED AND NAME OF COMPANY)

10. **I/WE OWN A HOME _____ YES _____ NO**
    DO YOU HAVE AN OUTSTANDING MORTGAGE? _____ YES _____ NO
    DO YOU HAVE A HELOC (LINE OF CREDIT)? _____ YES _____ NO

11. **I/WE OWN ADDITIONAL REAL ESTATE (VACATION HOME, TIME SHARE INTEREST, OWNERSHIP INTEREST IN VACANT LAND, ETC.) _____ YES _____ NO**

    DOES IT HAVE MANAGED FOREST LAND?

    DOES IT HAVE WATER FRONTAGE? IF SO, HOW MANY FEET?

12. **I/WE OWN REAL ESTATE OUTSIDE THE STATE OF WISCONSIN _____ YES ___ NO**
    IS IT TITLED JOINTLY WITH ANYONE? _____ YES _____ NO
    LOCATION: STATE _____

13. **I/WE OWN RENTAL PROPERTY ____ YES ____ NO**
    IS IT TITLED JOINTLY WITH ANYONE? ____ YES _____ NO
    IS THE JOINT TITLE OWNER RELATED TO YOU? _____ YES _____ NO

14. **I/WE OWN THE FOLLOWING: (CIRCLE THE APPROPRIATE CHOICES)**
    ATV/UTV
    MOTORCYCLE(S)
    BOAT(S)
    FIREARMS
    VALUABLE COLLECTIONS

15. I/WE OWN THE FOLLOWING MOTOR VEHICLES: (YEAR, MAKE MODEL)

_____

_____

16. I/WE OWN ONE OR MORE PETS: _____

17. I/WE RENT A SAFE DEPOSIT BOX FROM OUR BANK: _____ YES _____ NO
IF YES, WHICH BANK? _____
DO YOU HAVE A JOINT OWNER (OTHER THAN YOUR SPOUSE) DESIGNATED ON THE BOX? IF NOT, YOU SHOULD ADD A JOINT OWNER SO THEY HAVE ACCESS TO THE BOX AFTER YOUR DEATH.

18. I/WE HAVE A HOME SAFE: _____ YES _____ NO
(IF YES, DOES AT LEAST ONE OF YOUR ADULT CHILDREN OR EXTENDED FAMILY MEMBERS KNOW WHERE THE KEY OR COMBINATION IS?) _____ YES _____ NO

QUESTIONS FOR THE ATTORNEY:

CAN RENARD LAW OFFICE THANK SOMEONE FOR REFERRING YOU TO US? PLEASE PROVIDE NAME AND ADDRESS OR EMAIL ADDRESS BECAUSE WE SEND THANK YOU NOTES! THANK YOU!

**** NOTE: PLEASE BRING YOUR CHECKBOOK WITH YOU TO THE INITIAL APPOINTMENT BECAUSE WE DO REQUEST AN ADVANCE FEE PAYMENT OF ½ YOUR ANTITIPATED ESTIMATED PROFESSIONAL CHARGES.**

REV. 10-28-26