**RENARD LAW OFFICE, LLC CLIENT INFORMATION FORM**

**(PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)**

**CLIENT NAME:** _____

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

**CLIENT SPOUSE:** _____
(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:**

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**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**

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**WHAT ARE YOUR ESTATE PLANNING GOALS?**

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**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**

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**QUESTIONS FOR THE ATTORNEY:**

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**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!**

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**** 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**