



Wisconsin Estate Planning Guide

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ESTATE PLANNING

You have worked hard to build your assets and to provide a level of financial security for yourself and your loved ones. Now you want to make sure your assets pass on to your loved ones and/or favorite charities in accordance with your wishes.

When many people hear “estate planning,” they think of “tax planning.” Indeed, an estate plan can minimize estate and other transfer taxes. One of the most important aspects of estate planning, however, is transferring assets from one generation to another with as little family conflict as possible. By taking steps now, you can specify exactly how your assets should be distributed, thus minimize any conflict among surviving family members.

Part of good planning may involve considering how you wish to be remembered. Many people wish to leave a legacy by providing for a charitable organization, foundation, or cause which they have come to believe in and support.

Having a good plan in place may avoid the costs, publicity, and delays of a formal probate. An estate plan may employ many strategies, from very simple to very complex, which allow one to protect, preserve, and manage his or her estate. Estate planning is not only for the elderly or the wealthy; rather, it is wise for everyone to begin the estate planning process as early as possible, because the unexpected can happen at any moment and planning early can save time, headaches, and money down the road.

At Eckberg Lammers, we have experienced estate planning attorneys who would be happy to help you plan your estate for your loved ones and provide you with peace of mind.

Please review and complete the Estate Planning Guide and bring it with you to your upcoming appointment with an Eckberg Lammers estate planning attorney.

PERSONAL INFORMATION

Note: Please use middle initials in all names

Individual

| | | | |
|------------------|---------------|-----|--|
| Full Name | | | |
| Address | | | |
| City | State | ZIP | |
| County | | | |
| Phone | Date of Birth | | |
| E-mail | | | |
| Employer | | | |

I **do** **do not** authorize Eckberg Lammers to send me emails regarding my file.

I **do** **do not** authorize Eckberg Lammers to send me marketing emails.

Spouse (if applicable)

| | | | |
|------------------|---------------|-----|--|
| Full Name | | | |
| Address | | | |
| City | State | ZIP | |
| County | | | |
| Phone | Date of Birth | | |
| E-mail | | | |
| Employer | | | |

I **do** **do not** authorize Eckberg Lammers to send me emails regarding my file.

I **do** **do not** authorize Eckberg Lammers to send me marketing emails.

Referral Source

How did you hear about Eckberg Lammers Estate Planning services?

Friend _____

Advertisement

Attorney _____

Other _____

Financial Professional _____

Website

FAMILY INFORMATION

Children

Please list ALL children, from oldest to youngest, including deceased children and children born out of wedlock. List additional children in the back if you need additional space. Also list grandchildren in the back if you wish to include them by name in your estate planning. Please identify any child who is not a natural or adopted child of both you and your spouse. *Note: Please use middle initials in all names.*

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

Check here if you have additional children.

REPRESENTATION & INSTRUCTIONS (Individual)

Guardian

Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. *Note: Please use middle initials in all names.*

| | Name | Relationship to you |
|-------------------------------|------|---------------------|
| Guardian | | |
| Co-Guardian (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

Personal Representative

Who should be Personal Representative (also known as Executor) of your estate? A Personal Representative is responsible for probating your Will, paying your debts, collecting your assets, and settling your estate. *Note: Please use middle initials in all names.*

| | Name | Relationship to you |
|------------------------------------|------|---------------------|
| Personal Rep. | | |
| Co-Personal Rep. (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

Trustee

If a Trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person, bank, or trust company responsible for managing the assets you place in your Trust. A Trustee also manages the assets for your children or other beneficiaries until they reach the age you specify for final distribution of Trust assets. *Note: Please use middle initials in all names.*

| | Name | Relationship to you |
|------------------------------|------|---------------------|
| Trustee | | |
| Co-Trustee (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

REPRESENTATION & INSTRUCTIONS (Individual)

Financial Power of Attorney

Who will represent you in financial matters if you become incapacitated or are otherwise unable to handle your finances? *Note: Please use middle initials in all names.*

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| Attorney-in-fact | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--|-------|---------------------|--|--|
| Co-Attorney-in-fact (OPTIONAL) | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| First Alternate | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| Second Alternate | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

REPRESENTATION & INSTRUCTIONS (Individual)

Health Care Representative

Who will represent you in medical decisions if you are unable to communicate your wishes? *Note: Please use middle initials in all names.*

| | | | | |
|--------------------------|--------------------------------------|---------------------|-----|--|
| Health Care Agent | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|--|--------------------------------------|---------------------|-----|--|
| Co-Health Care Agent (OPTIONAL) | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|------------------------|--------------------------------------|---------------------|-----|--|
| First Alternate | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|-------------------------|--------------------------------------|---------------------|-----|--|
| Second Alternate | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

REPRESENTATION & INSTRUCTIONS (Individual)

Prolonged Health Care and Death

"I DIRECT MY Health Care Agent to carry out my stated desires, special provisions or limitations which I have marked with an "X" from the selections listed below. For those selections not marked, or marked with a "n/a" (not applicable), my health care agent shall make my health care decisions in accordance with the Power of Attorney for Health Care."

- I value a full life more than a long life. If my suffering is intense and irreversible, or should I be in a coma and the coma is certified to be irreversible by my physicians, or if I have lost the ability to interact with myself, family, friends, and environment, and have no reasonable hope of regaining this ability even though I may not have a terminal illness, I do not want my life prolonged. At that point I want to stop or withhold all treatments that might be used to prolong my life. Treatments I do not want if I reach this point include infusion of blood products, surgery, resuscitation procedures, tube feedings, intravenous feedings, hydration, respirator/ventilator, antibiotics and all other life-prolonging measures.
- If I have been certified by my physicians to be in a terminal state and all life-restoring options for an active life been exhausted, then err on the side of over-medication rather than under-medication for pain, even if over-medication may result in my death. For me, the goal of pain management is total relief of pain regardless of the risks. However, if I am not in a terminal state and there may be hope of life-restoring options for an active life, then over-medication that my result in my death just to reduce pain is not my preference.
- Be an active advocate as my Health Care Agent. Do not simply give in to decisions that physicians make. Ask questions and understand proposals, challenge assumptions, refuse care which I would not want, and demand care that I would want.
- I want to be an organ and tissue donor. If the requirements for organ donation conflict with my wishes above, I direct that action be taken to preserve organ function and permit organ donation to occur.
- If I have been diagnosed with Alzheimer's disease or a similar condition, I want my family to know that they should not feel guilty about putting me in an assisted living facility or appropriate care facility when I can no longer safely care for myself. I want my agents to have this authority and I direct my providers to honor my agents' decision without the need for guardianship or protective placement, if my agents believe it is appropriate, even if I express a desire to stay in my home, or to not be admitted to such a facility. I recognize now in creating this document that I may not recognize the extent of my impairments at that time, so whatever I say, be realistic about my condition and listen to the decisions of my agents. I prefer to remain at home if it can be done so safely and cost effectively, but I completely trust my agents to make the final decision.

Cardiopulmonary Resuscitation (CPR)

- I want CPR attempted if my heart stops.
- I want CPR attempted unless my physicians determine one of the following:
 - I have an incurable illness or injury and am dying; OR
 - I have no reasonable chance of survival if my heart stops; OR
 - I have little chance of long term survival if my heart stops and the process of resuscitation would cause significant suffering

Cremation

- I DO wish my remains to be cremated.
- I DO NOT wish my remains to be cremated.

REPRESENTATION & INSTRUCTIONS (Spouse)

Note: If both the individual and spouse have the same appointees (aside from spouse), please check here and skip to page 13.

Guardian

Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. Note: Please use middle initials in all names.

| | Name | Relationship to you |
|-------------------------------|------|---------------------|
| Guardian | | |
| Co-Guardian (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

Personal Representative

Who should be Personal Representative (also known as Executor) of your estate? A Personal Representative is responsible for probating your Will, paying your debts, collecting your assets and settling your estate. Note: Please use middle initials in all names.

| | Name | Relationship to you |
|------------------------------------|------|---------------------|
| Personal Rep. | | |
| Co-Personal Rep. (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

Trustee

If a Trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person, bank or trust company responsible for managing the assets you place in your Trust. A Trustee also manages the assets for your children or other beneficiaries until they reach the age you specify for final distribution of Trust assets. Note: Please use middle initials in all names.

| | Name | Relationship to you |
|------------------------------|------|---------------------|
| Trustee | | |
| Co-Trustee (OPTIONAL) | | |
| First Alternate | | |
| Second Alternate | | |

REPRESENTATION & INSTRUCTIONS (Spouse)

Financial Power of Attorney

Who will represent you in financial matters if you become incapacitated or are otherwise unable to handle your finances? *Note: Please use middle initials in all names.*

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| Attorney-in-fact | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--|-------|---------------------|--|--|
| Co-Attorney-in-fact (OPTIONAL) | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| First Alternate | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

| | Name | Relationship to you | | |
|--------------------------------------|-------|---------------------|--|--|
| Second Alternate | | | | |
| Address (if not already provided) | | | | |
| City | State | ZIP | | |
| Phone | | | | |

REPRESENTATION & INSTRUCTIONS (Spouse)

Health Care Representative

Who will represent you in medical decisions if you are unable to communicate your wishes? *Note: Please use middle initials in all names.*

| | | | | |
|--------------------------|--------------------------------------|---------------------|-----|--|
| Health Care Agent | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|--|--------------------------------------|---------------------|-----|--|
| Co-Health Care Agent (OPTIONAL) | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|------------------------|--------------------------------------|---------------------|-----|--|
| First Alternate | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

| | | | | |
|-------------------------|--------------------------------------|---------------------|-----|--|
| Second Alternate | Name | Relationship to you | | |
| | | | | |
| | Address (if not already provided) | | | |
| | City | State | ZIP | |
| | Phone | | | |

REPRESENTATION & INSTRUCTIONS (Spouse)

Prolonged Health Care and Death

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- I value a full life more than a long life. If my suffering is intense and irreversible, or should I be in a coma and the coma is certified to be irreversible by my physicians, or if I have lost the ability to interact with myself, family, friends, and environment, and have no reasonable hope of regaining this ability even though I may not have a terminal illness, I do not want my life prolonged. At that point I want to stop or withhold all treatments that might be used to prolong my life. Treatments I do not want if I reach this point include infusion of blood products, surgery, resuscitation procedures, tube feedings, intravenous feedings, hydration, respirator/ventilator, antibiotics and all other life-prolonging measures.
- If I have been certified by my physicians to be in a terminal state and all life-restoring options for an active life been exhausted, then err on the side of over-medication rather than under-medication for pain, even if over-medication may result in my death. For me, the goal of pain management is total relief of pain regardless of the risks. However, if I am not in a terminal state and there may be hope of life-restoring options for an active life, then over-medication that my result in my death just to reduce pain is not my preference.
- Be an active advocate as my Health Care Agent. Do not simply give in to decisions that physicians make. Ask questions and understand proposals, challenge assumptions, refuse care which I would not want, and demand care that I would want.
- I want to be an organ and tissue donor. If the requirements for organ donation conflict with my wishes above, I direct that action be taken to preserve organ function and permit organ donation to occur.
- If I have been diagnosed with Alzheimer's disease or a similar condition, I want my family to know that they should not feel guilty about putting me in an assisted living facility or appropriate care facility when I can no longer safely care for myself. I want my agents to have this authority and I direct my providers to honor my agents' decision without the need for guardianship or protective placement, if my agents believe it is appropriate, even if I express a desire to stay in my home, or to not be admitted to such a facility. I recognize now in creating this document that I may not recognize the extent of my impairments at that time, so whatever I say, be realistic about my condition and listen to the decisions of my agents. I prefer to remain at home if it can be done so safely and cost effectively, but I completely trust my agents to make the final decision.

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- I want CPR attempted unless my physicians determine one of the following:
 - I have an incurable illness or injury and am dying; OR
 - I have no reasonable chance of survival if my heart stops; OR
 - I have little chance of long term survival if my heart stops and the process of resuscitation would cause significant suffering

Cremation

- I DO wish my remains to be cremated.
- I DO NOT wish my remains to be cremated.

FINANCIAL INFORMATION

A financial inventory is needed to determine whether estate taxes apply to your estate and what estate tax measures should be implemented in your estate plan. It is important to keep a current financial inventory as it is a great help to the Personal Representative in settling your estate, as well as to the person handling your financial affairs if you become incapacitated.

Assets

Savings & Checking Accounts

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Certificates of Deposit

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Life Insurance & Annuities

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Non-Retirement Investments (stocks, bonds, mutual funds, etc.)

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Qualified Retirement Plans (IRA, 401K, 403B, SEP)

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Health Savings Account

| Financial Institution | Owner | Beneficiary(ies) | Estimated Value |
|-----------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

FINANCIAL INFORMATION

Assets (continued)

| Real Estate – Deeds | Owner | Beneficiary(ies) | Estimated Value |
|---------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| Timeshares | Owner | Beneficiary(ies) | Estimated Value |
|------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| Personal Property | Owner | Beneficiary(ies) | Estimated Value |
|-------------------|-------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Business Ownership

Do you own an interest in a business? Yes No

If so, what is the entity?

- Corporation
- S-Corp
- LLC
- LLP
- Partnership
- Sole Partnership
- Other _____

What is your percentage ownership % and approximate value? \$

Who are other owners/managers? _____

Please provide business organization documents.

TOTAL ASSETS

FINANCIAL INFORMATION

Liabilities

| | Description | Value |
|-------------|-------------|-------|
| Creditor #1 | | \$ |
| Creditor #2 | | \$ |
| Creditor #3 | | \$ |
| Creditor #4 | | \$ |
| Creditor #5 | | \$ |

TOTAL LIABILITIES

NET WORTH

(total assets less total liabilities)

PROFESSIONAL ADVISORS

Accountant

| | | | |
|-------------|-------|-----|--|
| Name | | | |
| Company | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Fax | | |

Financial Advisor

| | | | |
|-------------|-------|-----|--|
| Name | | | |
| Company | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Fax | | |

Insurance – Life

| | | | |
|-------------|-------|-----|--|
| Name | | | |
| Company | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Fax | | |

Insurance – Property/Casualty

| | | | |
|-------------|-------|-----|--|
| Name | | | |
| Company | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Fax | | |

ADDITIONAL INFORMATION

| | | |
|---|-------------------------------|------------------------------|
| Date of Marriage: | <input type="checkbox"/> | N/A |
| Have you and your spouse signed a premarital agreement? <i>If yes, please bring a copy of it to the meeting</i> | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Have you (or your spouse) been divorced? <i>If yes, please bring a copy of your divorce decree to the meeting</i> | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Have you ever lived in a state other than Wisconsin? <i>If yes, please list state(s):</i> | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Do you have a marital property agreement? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Do you (or your spouse) wish to make charitable contributions with your Will or Trust? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Do you (or your spouse) now have a Will or Trust? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Are you (or your spouse) now a beneficiary or Trustee of any Trust? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Do you (or your spouse) own real estate located in a state other than Wisconsin? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Do you (or your spouse) own real estate located outside the U.S.? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Are you a U.S. citizen? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Are you a citizen of any other country? <i>If yes, please list country(ies) of citizenship:</i> | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Is your spouse a U.S. citizen? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Is your spouse a citizen of any other country? <i>If yes, please list country(ies) of citizenship:</i> | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Have you (or your spouse) ever completed gifts in amounts greater than \$17,000 per individual, per year (or the latest annual exclusion amount)? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |
| Have you (or your spouse) ever completed a gift tax return? | <input type="checkbox"/> Yes. | <input type="checkbox"/> No. |

FAMILY INFORMATION

Children

Please list ALL children, from oldest to youngest, including deceased children and children born out of wedlock. List additional children in the back if you need additional space. Also list grandchildren in the back if you wish to include them by name in your estate planning. Please identify any child who is not a natural or adopted child of both you and your spouse. *Note: Please use middle initials in all names.*

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

| | | | |
|----------------------|---------------|-----|--|
| Name of Child | | | |
| Address | | | |
| City | State | ZIP | |
| Phone | Date of Birth | | |

Check here to navigate to next section