

WISCONSIN WILLS FOR HEROES

ESTATE PLANNING QUESTIONNAIRE

General Information & Instructions

In an effort to show our appreciation for the daily sacrifices of Wisconsin's police officers, firefighters and emergency medical technicians, this free program is brought to you by the State Bar of Wisconsin's pro bono program, in partnership with Foley & Lardner LLP, Thrivent Financial for Lutherans, LexisNexis and the State Bar Young Lawyers Division. The Wills for Heroes program offers free Wills, Financial Powers of Attorney, Health Care Powers of Attorney and Living Wills to Wisconsin's publicly employed and volunteer first responders and their spouses/partners.

The complimentary estate planning documents we offer, however, are not for everyone. To enable us to offer these estate planning documents to all Wisconsin publicly employed and volunteer police officers, firefighters and emergency medical technicians efficiently and at no cost, the documents do not cover many issues for persons with large or complicated estates, beneficiaries with special needs, or beneficiaries who are unable to handle their finances. The Wills for Heroes program is also not appropriate for individuals who want to set up or require sophisticated trusts.

For purposes of Wisconsin's Wills for Heroes program, a large estate is one that exceeds \$2,000,000 for an unmarried person or \$4,000,000 for a married couple. (See page 3 of the estate planning questionnaire for a worksheet to assist you with calculating the value of your estate.) Your estate (for Wills for Heroes purposes) consists of your cash, tangible personal property, stocks and bonds, real estate (equity only), savings, life insurance (anticipated death benefit) and retirement assets like a 401(k) or an IRA. If you have a large or complicated estate or desire complex trust arrangements, this program is not available to you. You should instead contact a lawyer who focuses in the area of estate planning.

Wills for Heroes does not assist with completing beneficiary designations on any assets. Some assets can pass to beneficiaries without passing through your Will. These include life insurance, IRAs, retirement plans, annuities and 401(k) plans. If you complete a beneficiary designation for these assets and name a beneficiary other than your estate, the beneficiaries will receive their share of the assets without the assets passing through your Will. If a beneficiary is not designated for these assets or if you name your estate as the beneficiary, the assets will pass through your Will when you die. You should check with your beneficiary designation provider to make sure your beneficiary designations are correct and current.

Additionally, Wills for Heroes does not handle the following areas/issues: 1) beneficiary designations on any assets; 2) estate, trust or probate administration and/or the avoidance of probate; 3) estate, gift, income and/or generation skipping transfer tax issues; 4) all trusts (other than a trust created under your Will), including living (revocable) trusts, irrevocable trusts, special needs trusts and charitable trusts; 5) marital property issues; 6) citizenship/domicile of the first responder and/or spouse or partner (including estate planning issues); 7) business ownership and/or family business holdings; 8) assets held outside the United States of America

and/or asset protection; 9) guardianships; and 10) any other issues which are deemed by any Wills for Heroes volunteer for any reason to be beyond the scope of the program, including but not limited to any issue that is more complicated, difficult or that will require significantly more time and expertise than can be provided by the Wills for Heroes summary services. The program also does not handle complicated or intricate estate distributions outside of the options presented on pages 6 through 10 of the estate planning questionnaire.

No lawyer or law firm involved in the Wills for Heroes program has performed a conflict search on your name or your spouse or partner's name. Therefore, if you are aware of any legal proceeding involving you, your spouse or your partner and the attorney preparing your estate plan (or that attorney's law firm), please alert the attorney at the beginning of the interview so that the attorney can arrange for another attorney to meet with you.

This questionnaire will answer some common questions and prepare you to discuss your needs with an attorney. It will also provide a convenient form to record your important information. All discussions with an attorney will be kept confidential. You will keep your questionnaire at the end of the appointment. The Wills for Heroes program does not keep a copy of your Will or other estate planning documents. It will be up to you to keep your original documents in a safe and fireproof place. This questionnaire will also help you organize information that the attorney needs to advise you and prepare your estate plan. Some individuals need complex estate plans that may require assistance beyond what is available in this program. The attorney assigned to work with you will advise you if it is necessary in your case.

You and your spouse/partner will have separate appointments with different attorneys to avoid potential conflicts of interest. *Each spouse or partner must fill out and bring with him/her a separate estate planning questionnaire, even though the questionnaires may be similar to each other.* **We encourage you to discuss your questionnaire with your spouse/partner before your appointment, to ensure proper coordination of your estate plans.** Please bring your completed questionnaire with you to the Wills for Heroes Day, along with a government-issued form of identification.

If you have a large or complicated estate, beneficiaries with special needs, or beneficiaries who are unable to handle their finances, you can obtain a referral to a lawyer who focuses in the area of estate planning from the State Bar of Wisconsin's Lawyer Referral and Information Service, (800) 362-9082 (outside the Madison area) or (608) 257-4666 (in Madison or outside Wisconsin).

VALUING YOUR ESTATE

VALUE OF YOUR ESTATE: Please estimate the value of your estate. You are eligible to participate in the Wills for Heroes program if the value of your estate is \$2 million (for an unmarried person) or \$4 million (for a married couple) or less. Those with an estate in excess of these limits are not eligible for this program.

To determine the value of your estate, include only the following: cash, tangible personal property (for example, jewelry, furniture, cars), stocks and bonds, real estate (equity only), savings, life insurance (anticipated death benefit) and retirement assets (401(k), 403(b) or an IRA.)

For the purpose of discussing your assets with an attorney in this program, include below the value of all of the property you and/or your spouse own. For each asset, indicate whether it is titled solely in your name, in your spouse's name or whether you jointly own it. For assets you own jointly with your spouse, include the value of the entire asset. For assets you own jointly with someone other than your spouse, only include the value of your share of the asset.

Approximate Total Value of Your Estate (What You Own):

Asset	Value	Title (Self, Spouse or Joint)
Bank accounts, CDs, cash, etc.	\$	
Real estate (equity only)	\$	
Life insurance (cash surrender value)	\$	
Retirement accounts (IRA, 401(k), 403(b), etc.)	\$	
Vehicles	\$	
Business interests	\$	
Stocks & bonds	\$	
Pension (death benefit only)	\$	
Money owed to you	\$	
Other property	\$	
Approximate total value of your estate	\$	N/A

If the approximate total value of your estate is greater than \$2 million (for an unmarried person) or \$4 million (for a married couple), STOP. The Wills for Heroes program is not appropriate for you.

Do you own an interest in a farm or family-owned business? ☐ Yes ☐ No

If Yes, you should consult with an attorney outside of the Wills for Heroes program.

LAST WILL AND TESTAMENT

1. PERSONAL INFORMATION:

Your legal name as it should appear on your estate planning documents: _____

Your current address (street, city & zip): _____

Date of birth (month, day & year): _____

Are any of the individuals who will receive your property upon your death currently receiving (or may they receive in the future) public benefits (for example, Medicaid)? ☐ Yes ☐ No

If Yes, STOP. The Wills for Heroes program is not appropriate for you.

2. MARITAL STATUS:

☐ Married.

☐ Unmarried.

☐ Domestic partner.

Full legal name of your spouse/partner: _____

Is your spouse/partner's address the same as listed above? ☐ Yes ☐ No

If No, your spouse/partner's current address is (street, city, zip): _____

Spouse/partner's phone number: _____

Are you a U.S. citizen? ☐ Yes ☐ No

If No, STOP. The Wills for Heroes program is not appropriate for you.

Is your spouse/partner a U.S. citizen? ☐ Yes ☐ No

If No, STOP. The Wills for Heroes program is not appropriate for you.

3. CHILDREN:

Please list your children's names below and indicate whether they are less than 18 years old:

Name	Less Than 18 (Circle One)	Name	Less Than 18 (Circle One)
	Yes / No		Yes / No
	Yes / No		Yes / No
	Yes / No		Yes / No

If you do not already have children, do you anticipate having children in the future that you want to include in your Will? ☐ Yes ☐ No

The above list should not include stepchildren, if any. If you want to provide for stepchildren, they can be included in your Will (see Section 4 below), but should not be listed above unless they have been adopted by you.

4. STEPCHILDREN:

Typically, stepchildren are not included as beneficiaries in the stepparent's Will. However, if it is your intention to treat your stepchildren the same as your children, you can include them.

If you check the following box "Yes," your stepchildren will be included in the definition of the word "children" in your Will. By including your stepchildren in the definition of children, you will be providing for your stepchildren in your Will regardless of whether you are married to the stepchildren's parent at your death. If you check the following box "No," your stepchildren will not be included in the definition of "children."

Should all references in your Will to your "children" include your stepchildren? ☐ Yes ☐ No

If Yes, please list their names below:

Name	Name

5. MILITARY SERVICE:

Have you ever served in the United States military? ☐ Yes ☐ No

If Yes, then the following paragraph will be included in your Will:

I have served in the Armed Forces of the United States. I, therefore, request that my Personal Representative make appropriate inquiries to ascertain whether there are any benefits to which I, my dependents or heirs may be entitled by virtue of any military affiliation. I specifically request that my Personal Representative consult with a retired affairs officer at the nearest military installation, the Department of Veterans Affairs, and the Social Security Administration.

6. DISINHERITING SOMEONE:

If you are married at the time of your death, do you intend to leave the remainder of your estate (see Section 9 below) to your surviving spouse? ☐ Yes ☐ No

If you have children at the time of your death and your spouse does not survive you, do you intend to leave the remainder of your estate (see Section 9 below) to your children? ☐ Yes ☐ No

If you answered No to either of these questions, STOP. The Wills for Heroes program is not appropriate for you.

7. RESIDENCES:

Frequently, a husband and wife own their residences jointly with a right of survivorship or as survivorship marital property. If you and your spouse own your residences that way, your Will does not affect how your ownership interest passes upon your death if your spouse survives you; it will go to your spouse.

Do you own your primary residence? ☐ Yes ☐ No

If Yes, your Will will direct that it be distributed to your surviving spouse/partner.

Do you own a secondary residence? ☐ Yes ☐ No

If Yes, who do you want to receive your secondary residence?

☐ My spouse/partner.

☐ To pass with the remainder of my estate (see Section 9 below).

8. SPECIFIC BEQUESTS OF TANGIBLE PERSONAL PROPERTY & CASH:

A specific bequest is a statement in your Will that a certain asset or a specific amount of money will be given to named people or charities. You may make specific bequests of tangible personal property (for example, jewelry, furniture or cars) or cash to specific people or charities within your Will. These specific bequests will be distributed first and may deplete your estate. Also, problems may arise if an asset that is the subject of a specific bequest cannot be found at your death. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no specific bequests, all of your property will pass with the remainder of your estate (see Section 9 below).

Wisconsin law allows you to dispose of your tangible personal property by using a separate written statement signed outside of your Will. You can create or modify a separate written statement at any time after you sign your Will. In addition, unlike a Will, which requires that two people witness your signature, the separate written statement does not need to be witnessed. Using a separate written statement allows you to dispose of selected items of your tangible personal property without having to change your Will. As part of your Will, we will provide you with a blank separate written statement, which you can copy and sign at any time in the future.

Do you want to make any specific bequests of tangible personal property or cash in your Will (this should NOT include any tangible personal property you would like to include in a separate written statement)?

☐ Yes ☐ No

If Yes, please continue; if No, please go to Section 9.

There are two different categories of specific bequests: tangible personal property and cash. Below, please select what types of specific bequests you want to make.

- ☐ **TANGIBLE PERSONAL PROPERTY – PART 1** (SPECIFIC ITEMS) (do NOT list those items you will include on a separate written statement)

I would like to include in my Will specific bequests of the following tangible personal property to the individuals/charities named below:

Name of Individual or Charity	Relationship to You (if an individual)	Item

- ☐ **TANGIBLE PERSONAL PROPERTY – PART 2** (BALANCE)

Who do you want to receive your tangible personal property (TPP) (other than specific items included in Part 1 or on a separate written statement)?

All references in this section to “issue” mean the children, grandchildren and future descendants of the named individual. For example, “my issue” refers to your children, grandchildren and future descendants. “*Per stirpes*” means that your bequest will follow the named individual’s bloodline. For example, “my issue, *per stirpes*” means that, if all of your children survive you, the property will go to your children. However, if a child predeceases you, the child’s share will go to his or her surviving children.

- ☐ My spouse/partner, if living.
- ☐ My spouse/partner, if living. If my spouse/partner is not living upon my death, my TPP shall be distributed to my then living issue, *per stirpes*.
- ☐ My spouse/partner, if living. If my spouse/partner is not living upon my death, my TPP shall be distributed to other named individual(s) (identify in the table below), if living. If you name more than one individual, the distribution will be in equal shares.
- ☐ My then living issue, *per stirpes*.
- ☐ The then living members of a class, in equal shares. Please describe the class (for example, the children of my brothers and sisters, my grandchildren, etc.) _____. (Note: a “class” includes all individuals in the group you describe.)
- ☐ Named individual(s) (identify in the table below), if living. If you name more than one individual, the distribution will be in equal shares.
- ☐ Named individual(s) (identify in the table below), if living. If you name more than one individual, the distribution will be in equal shares. If any such named individual is not living upon my death, such individual’s share of my TPP shall be distributed to such named individual’s issue, *per stirpes*.

(options continue on next page)

☐ Named charity(ies) (identify in the table below), if then in existence. If you name more than one charity, the distribution will be in equal shares.

☐ To pass with the remainder of my estate (see Section 9 below).

Name of Individual or Charity	Relationship to You (if an individual)	Name of Individual or Charity	Relationship to You (if an individual)

☐ CASH

I would like to include in my Will specific bequests of cash to the individuals/charities named below in the amounts indicated. In the last column below, indicate whether an individual's descendants should receive the cash bequest indicated below if the individual does not survive you.

Name of Individual or Charity	Relationship to You (if an individual)	Amount (\$)	To Issue if Not Alive (Circle One)
			Yes / No
			Yes / No
			Yes / No
			Yes / No

9. DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE:

Who do you want to receive the remainder of your estate? The remainder of your estate includes whatever property remains after paying debts, expenses and specific bequests.

All references in this section to "issue" mean the children, grandchildren and future descendants of the named individual. For example, "my issue" refers to your children, grandchildren and future descendants. "*Per stirpes*" means that your bequest will follow the named individual's bloodline. For example, "my issue, *per stirpes*" means that, if all of your children survive you, the property will go to your children. However, if a child predeceases you, the child's share will go to his or her surviving children.

☐ My spouse/partner, if living. **Go to Section 11.**

☐ My spouse/partner, if living. If my spouse/partner is not living upon my death, the remainder of my estate shall be distributed to my then living issue, *per stirpes*. **Go to Section 10.**

☐ My spouse/partner, if living. If my spouse/partner is not living upon my death, the remainder of my estate shall be distributed to other named individual(s) (identify in the table below), if living, in specified percentages. **Complete table below and go to Section 11.**

☐ My spouse/partner, if living. If my spouse/partner is not living upon my death, the remainder of my estate shall be distributed to named charities (identify in the table below), if in existence, in specified percentages. **Complete table below and go to Section 11.**

(options continue on next page)

- ☐ My then living issue, *per stirpes*. **Go to Section 10.**
- ☐ The then living members of a class, in equal shares. Please describe the class (for example, the children of my brothers and sisters, my grandchildren, etc.) _____. (Note: a "class" includes all individuals in the group you describe.) **Go to Section 11.**
- ☐ Named individual(s) (identify in the table below), if living, in specified percentages. **Complete table below and go to Section 11.**
- ☐ Named individual(s) (identify in the table below), if living, in specified percentages. If any such named individual is not living upon my death, such individual's share of the remainder of my estate shall be distributed to such named individual's then living issue, *per stirpes*. **Complete table below and go to Section 11.**
- ☐ Named charity(ies) (identify in the table below), if in existence, in specified percentages. **Complete table below and go to Section 11.**

Name of Individual or Charity	Relationship to You (if an individual)	Percentage (%)

10. TRUST FOR CHILDREN:

In some cases, a parent may want the remainder of his/her estate to be held in a single account (referred to as a "trust") for his/her children until the youngest child reaches a certain age. Prior to the youngest child reaching the specified age, some or all of the trust assets can be used for the health, education, support and maintenance of some or all of the children. In addition, the Trustee (the person who manages the trust) will have the authority to terminate the trust at any time. When the youngest child reaches the specified age, the remaining trust assets are divided into separate shares for the surviving children and descendants of deceased children and distributed to them outright.

The alternative to this single trust account approach is to immediately (upon the parent's death) divide the remainder of the parent's estate among his/her surviving children and the descendants of any deceased children. If the child or descendant is a minor, Wisconsin law allows your Personal Representative (see Section 11 below) to place the child's/descendant's share of your estate in a custodial account for a minor, where it can be held for the child's/descendant's benefit until age 21.

Do you want the remainder of your estate to be held in a single trust account until your youngest child reaches a specified age? ☐ Yes ☐ No

If Yes, what age? _____

NOTE: Using a trust does create additional responsibilities and may result in additional costs (which would reduce the amount available for your children/descendants). For example, the Trustee will have to prepare and file trust income tax returns each year.

Whom do you want to name as the initial Trustee (the person who will manage the trust)?

Name & relationship to you:

Whom do you want to name as the successor Trustee, if the initial Trustee named above is unable to act?

Name & relationship to you:

Before you name a Trustee in your Will, be sure to ask the person you want to name whether he/she is willing to serve as Trustee.

11. PERSONAL REPRESENTATIVE:

Your Personal Representative (in other states, called the “executor”), once appointed by the court, makes sure your estate is settled upon your death. This ordinarily involves going through probate, a court administered procedure for settling an estate as provided in your Will or under state law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets and filing any necessary tax returns. Any competent adult may serve as your Personal Representative. **It is our strong recommendation that your Personal Representative be a Wisconsin resident.** Personal Representatives have a duty not only to the beneficiaries but also to the creditors of the estate. Before you name a Personal Representative in your Will, be sure to ask the person you want to name whether he/she is willing to serve as Personal Representative.

Whom do you want to name as your Personal Representative?

- ☐ My spouse/partner.
☐ Another individual. Name & relationship to you:
-

Whom do you want to name as your successor Personal Representative, if the Personal Representative named above is unable to act?

Name & relationship to you:

12. GUARDIAN OF MINOR CHILDREN:

If your children are minors (under age 18) when you die, and if the other natural/adopted parent is not alive or for any reason cannot act as guardian, the court may appoint the person you name to act as legal guardian of your minor children. The individual named will have physical control and custody of the children until they reach 18. If you are divorced from the child's other parent and have sole custody, upon your death, the child's other natural or adopted parent will presumptively act as parent even if you provide for someone else to serve as guardian in your Will. You should still name a guardian, however, in case the child's other natural or adopted parent dies before you, is unwilling to act as parent, cannot be located or for any reason cannot act as guardian. Before you name a guardian in your Will, be sure to ask the person you want to name whether he/she is willing to serve as guardian.

Whom do you want to name as the guardian of your minor children?

Name & relationship to you:

Whom do you want to name as successor guardian of your minor children, if the guardian named above is unable to act?

Name & relationship to you:

13. HEALTH CARE POWER OF ATTORNEY (Health Care POA):

Another important document is a power of attorney for health care. The Health Care POA appoints someone to make health care decisions for you if you cannot make your own health care decisions. It applies to more situations than the living will (see Section 14 below). The Health Care POA gives the person you name as your agent the authority to make a wide range of health care decisions on your behalf. Your agent, once you are unable to communicate your wishes, is given the power to act on your behalf to make health care decisions. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care you receive. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions and who you believe will follow your instructions. Before you name an agent, be sure to ask the person you want to name whether he/she is willing to serve as your agent. You may revoke your Health Care POA at any time by physically destroying it or revoking it in writing.

FULL ADDRESSES AND PHONE NUMBERS ARE IMPORTANT!

Whom do you want to name as your primary agent?

- ☐ My spouse/partner.
☐ Another individual. Name, relationship to you, complete address & phone number:
-

Whom do you want to name as your successor agent, if the agent named above is unable to act?

Name, relationship to you, complete address & phone number:

With respect to each of the four items below, please check the "Yes," "No" or "N/A" box that most accurately reflects your desires. If you desire to give your agent the broadest possible authority, consider checking "Yes" to each of the following items.

1. My health care agent may admit me to a nursing home for a purpose other than recuperative care or respite care. ☐ Yes ☐ No
2. My health care agent may admit me to a community-based residential facility for a purpose other than recuperative care or respite care. ☐ Yes ☐ No
3. My health care agent may have a feeding tube withheld or withdrawn from me, unless my physician has advised that, in his or her professional judgment, this will cause me pain or will reduce my comfort. ☐ Yes ☐ No
4. My health care agent may make health care decisions for me even if my agent knows I am pregnant. ☐ Yes ☐ No ☐ N/A

If you have any specific health care desires, be sure to discuss them with your health care agent.

Your Health Care POA can include an anatomical gifts section, if you want to express your desires regarding anatomical gifts. If you want to include one or more of the following four options in your Health Care POA, please **CHECK HERE** ☐ **and one or more of the four boxes below that apply.** If you select the first box below, specify which organs or parts. If you do not want to include one or more of these options in your Health Care POA, go to Section 14.

☐ I wish to donate only the following organs or parts:

☐ I wish to donate any needed organ or part.

☐ I wish to donate my body for anatomical study if needed.

☐ I refuse to make an anatomical gift. (If this revokes a prior commitment that I have made to make an anatomical gift to a designated donee, I will attempt to notify the donee to which or to whom I agreed to donate.)

14. LIVING WILL:

An advance medical directive or “living will” is separate from your Will, but may be an important part of your estate plan. In the event you have a terminal condition or are in a persistent vegetative state and cannot communicate your desires regarding the use of life support, the living will “speaks for you” so your doctors know your desires about life support. Once executed, the document is effective until you revoke it, which you may do at any time by physically destroying it or revoking it in writing.

With respect to each of the three items below, please check the “Yes” or “No” box that most accurately reflects your desires.

1. If I have a **terminal condition**, as determined by two physicians who have personally examined me, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

☐ YES, I want feeding tubes used if I have a terminal condition.

☐ NO, I do not want feeding tubes used if I have a terminal condition.

2. If I am in a **persistent vegetative state**, as determined by two physicians who have personally examined me, the following are my directions regarding the use of life-sustaining procedures:

☐ YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

☐ NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

3. If I am in a **persistent vegetative state**, as determined by two physicians who have personally examined me, the following are my directions regarding the use of feeding tubes:

☐ YES, I want feeding tubes used if I am in a persistent vegetative state.

☐ NO, I do not want feeding tubes used if I am in a persistent vegetative state.

Definitions:

“Feeding tube” means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

“Life-sustaining procedure” means any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient.

“Life-sustaining procedure” includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include (a) the alleviation of pain by administering medication or by performing a medical procedure; or (b) the provision of nutrition or hydration.

“Persistent vegetative state” means a condition that reasonable, medical judgment finds constitutes complete and irreversible loss of all the functions of the cerebral cortex and resulting in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

“Qualified patient” means a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by two physicians, one of whom is the attending physician, who have personally examined the declarant.

“Terminal condition” means an incurable condition caused by injury or illness that reasonable, medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

15. FINANCIAL POWER OF ATTORNEY (POA):

The POA will allow the agent you designate to handle your assets in case you are unable to do so. The POA does not deal with gifting issues, tax planning, long-term care planning, payment of fees to your agent, etc. If you want a POA to address any of the above-mentioned issues, please seek legal advice outside of this program. Before you name an agent, be sure to ask the person you want to name whether he/she is willing to serve as your agent. You may revoke your POA at any time by physically destroying it or revoking it in writing.

FULL ADDRESSES ARE IMPORTANT!

Whom do you want to name as your primary agent?

- ☐ My spouse/partner.
☐ Another individual. Name, relationship to you & complete address:

Whom do you want to name as your successor agent, if the agent named above is unable to act?

Name, relationship to you & complete address:

The following is a description of the authority that will be granted to your agent:

HANDLING MY MONEY AND PROPERTY

1. *PAYMENT OF BILLS*: My agent may make payments that are necessary or appropriate in connection with the administration of my affairs.
2. *BANKING*: My agent may conduct business with financial institutions, including endorsing all checks and drafts made payable to my order and collecting the proceeds; signing in my name checks or orders on all accounts in my name or for my benefit; withdrawing funds from accounts in my name; opening accounts in my name; and entering into and removing articles from my safe deposit box.
3. *INSURANCE*: My agent may obtain insurance of all types, as considered necessary or appropriate, settle and adjust insurance claims and borrow from insurers and third parties using insurance policies as collateral.
4. *ACCOUNTS*: My agent may ask for, collect and receive money, dividends, interest, legacies and property due or that may become due and owing to me and give receipt for those payments.
5. *REAL ESTATE*: My agent may manage real property; sell, convey and mortgage realty for prices and on terms as considered advisable; foreclose mortgages and take title to property in my name; and execute deeds, mortgages, releases, satisfactions and other instruments relating to realty.
6. *BORROWING*: My agent may borrow money and encumber my assets for loans as considered necessary.
7. *SECURITIES*: My agent may buy, sell, pledge and exchange securities of all kinds in my name; sign and deliver in my name transfers and assignments of securities; and consent in my name to reorganizations, mergers or exchange of securities for new securities.
8. *INCOME TAXES*: My agent may make and sign tax returns; represent me in all income tax matters before any federal, state, or local tax collecting agency; and receive confidential information and perform any acts that I may perform, including receiving refund checks and the signing of returns.
9. *TRUSTS*: My agent may transfer at any time any of my property to a living trust that has been established by me before the execution of this document.

PROFESSIONAL AND TECHNICAL ASSISTANCE

10. *LEGAL ACTIONS*: My agent may retain attorneys on my behalf; appear for me in all actions and proceedings to which I may be a party; commence actions and proceedings in my name; and sign in my name all documents or pleadings of every description.
11. *PROFESSIONAL ASSISTANCE*: My agent may hire accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate.

GENERAL AUTHORITY

12. *GENERAL*: My agent may do any act or thing that I could do in my own proper person if personally present, including managing or selling tangible assets, disclaiming a probate or nonprobate inheritance and providing support for a minor child or dependent adult. The specifically enumerated powers of the power of attorney for finances and property are not a limitation of this intended broad general power except that my agent may not take any action prohibited by law and my agent under this document may not:
- a. Make medical or health care decisions for me.
 - b. Make, modify or revoke a will for me.
 - c. Other than a burial trust agreement under section 445.125, Wisconsin Statutes, enter into a trust agreement on my behalf or amend or revoke a trust agreement, entered into by me.
 - d. Change any beneficiary designation of any life insurance policy, qualified retirement plan, individual retirement account or payable on death account of the like whether directly or by canceling and replacing the policy or rollover to another plan or account.
 - e. Forgive debts owed to me or disclaim or waive benefits payable to me, except a probate or nonprobate inheritance.
 - f. Appoint a substitute or successor agent for me.
 - g. Make gifts.

Please indicate when you would like your POA to become effective:

- ☐ Immediately upon signing, and remains effective if I become disabled or incapacitated.
- ☐ In the event I become disabled or incapacitated.

**** END OF ESTATE PLANNING QUESTIONNAIRE ****