

LAW OFFICE OF



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Wealth Transfer Planning and Administration

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## ESTATE PLANNING QUESTIONNAIRE

FOR

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Date Prepared \_\_\_\_\_

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**PERSONAL DATA**

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**I. HUSBAND**

Full legal name \_\_\_\_\_

Known by any other names? \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship (If not U.S., indicate residency) \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status (select the most appropriate):

- Married currently, and my spouse is alive.
- Married once, and my spouse predeceased me.
- Divorced, not presently married  
Date of Dissolution \_\_\_\_\_

Single, never married.

Social Security number \_\_\_\_\_

Do you expect to receive substantial property by inheritance, gift, pending lawsuit or other means? Please state from whom, and amount.

\_\_\_\_\_

Have you ever resided in a community property (or marital property) state? (California, Nevada, Idaho, Texas, Wisconsin, Arizona, New Mexico, Washington and Louisiana.) If yes, do you have in force any form of Marital Property Agreement?

\_\_\_\_\_

Information concerning parents (if living): (name, address, age, state of health)

Father \_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. WIFE**

Full legal name \_\_\_\_\_

Known by any other names? \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship (If not U.S., indicate residency) \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status (select the most appropriate):

- Married currently, and my spouse is alive.
- Married once, and my spouse predeceased me.
- Divorced, not presently married  
Date of Dissolution \_\_\_\_\_

Single, never married.

Social Security number \_\_\_\_\_

Do you expect to receive substantial property by inheritance, gift, pending lawsuit or other means? Please state from whom, and amount.

\_\_\_\_\_

Have you ever resided in a community property (or marital property) state? (California, Nevada, Idaho, Texas, Wisconsin, Arizona, New Mexico, Washington and Louisiana.) If yes, do you have in force any form of Marital Property Agreement?

\_\_\_\_\_

Information concerning parents (if living): (name, address, age, state of health)

Father \_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. HUSBAND'S BROTHERS AND SISTERS**

**IV. WIFE'S BROTHERS AND SISTERS**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Married? \_\_\_\_\_ Living? \_\_\_\_\_ Children \_\_\_\_\_

**V. CHILDREN (Please indicate birth or adoptive parent if not by present marriage)**

1. Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Spouse's Name, if any \_\_\_\_\_  
Additional Comments \_\_\_\_\_

2. Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Spouse's Name, if any \_\_\_\_\_  
Additional Comments \_\_\_\_\_

3. Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Spouse's Name, if any \_\_\_\_\_  
Additional Comments \_\_\_\_\_

4. Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Spouse's Name, if any \_\_\_\_\_  
Additional Comments \_\_\_\_\_

Are any children adopted? \_\_\_\_\_

Are any children handicapped or in poor health? \_\_\_\_\_

Are any children deceased? \_\_\_\_\_

Step-children (your spouse's children) will not inherit from you unless they have been adopted by you or are specifically included in your Will.

Do you want to include your spouse's children in your Will?  Yes  No

If so, please list the children's names and birthdates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the other parent of your minor child(ren):  Your Spouse  Another Person

If the other parent of your minor child(ren) is a person other than your spouse, list below:

Name

**VI. DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE:**

How do you wish to give the remainder of your estate (whatever property remains after paying debts and expenses of administration)?

**If you have a spouse:**

- To my spouse. If my spouse is not living, then upon my death my estate shall be distributed to my descendants by right of representation. (“Descendants by right of representation” means that your bequest will be distributed to your then living children; provided, however, that if a child is not then living but leaves descendants then living, the gift to the child will follow the child’s bloodline.)
- To my spouse. If my spouse is not living, then upon my death, my estate shall be distributed to certain individual(s). Please name the individual or individuals: \_\_\_\_\_

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- To my spouse. If my spouse is not living, then upon my death, my estate shall be distributed to a named charity. Please name the charity or charities: \_\_\_\_\_

**If you do not have a spouse:**

- To my descendants, by right of representation. (“Descendants by right of representation” means that your bequest will be distributed to your then living children; provided, however, that if a child is not then living but leaves descendants then living, the gift to the child will follow the child’s bloodline.)
- To a class of people. Please describe (i.e. my nieces and nephews, my grandchildren, etc.): \_\_\_\_\_

(Note: a “class” includes all individuals in the group you describe unless you specifically omit a person(s))

- To certain named individual(s). If the named individual(s) is/are not living upon my death, the bequest shall be distributed to another named individual or individuals.  
Please name the individual(s): \_\_\_\_\_

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- Please name the alternate individuals): \_\_\_\_\_

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- To certain charity(ies): \_\_\_\_\_

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To certain individuals (in a table format, as below) with equal or unequal distribution:

Beneficiary	Relationship	Share

**VII. DISINHERITING SOMEONE**

Do you wish to disinherit someone?  Yes  No

If so, who (please provide the name and relationship to you)? \_\_\_\_\_

If you wish to disinherit your spouse, please realize that Minnesota provides a statutory minimum for your spouse at your death, even if disinherited or legally separated.

**VIII. UNDERAGE BENEFICIARIES:**

If trusts will be set up for your children, at what age(s) do you want them to receive their gift? (eg. 25, 30, 35)  
Age: \_\_\_\_\_

**IX. CONTINGENT BENEFICIARIES**

In the event your spouse, all your descendants, and your parents have predeceased you, how would you like your estate distributed?

**A. Husband:**  
(indicate preference)

1. "One-half to my heirs-at-law and one-half to the heirs-at-law of my spouse."
2. "To my heirs-at-law."
3. "To the following individuals and organizations in the percentages indicated:"

[list names (full legal name for charitable organizations, where known), relationships, locations (city and state), and percentage of estate to be allocated to each]

\_\_\_\_\_ % to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ % to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ % to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ % to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Wife:**  
(indicate preference)

1. "One-half to my heirs-at-law and one-half to the heirs-at-law of my spouse."
2. "To my heirs-at-law."
3. "To the following individuals and organizations in the percentages indicated:"

[list names (full legal name for charitable organizations, where known), relationships, locations (city and state), and percentage of estate to be allocated to each]

\_\_\_\_\_ % to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ % to \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_% to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. PERSONAL REPRESENTATIVE**

Your Personal Representative(s) make(s) sure your estate is settled upon your death. This generally involves going through probate, which is a court-administered procedure for settling an estate as provided in your Will or under State law. Probate involves settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any competent adult may serve as your Personal Representative.

Whom do you wish to have as your Personal Representative?

My spouse.  
 \_\_\_\_\_  
Name \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Do you want a successor Personal Representative if the first Personal Representative(s) named is unable to act?

Yes  No (*The successor will act only if your first choice is unable to be your Personal Representative*).

If Yes, please name your desired successor Personal Representative:

\_\_\_\_\_  
Name \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**XI. TRUSTEE:**

Your trustee(s) will manage any trust funds for your children if your spouse predeceases you. Your Trustee will be responsible for seeing that any assets held in trust are properly invested and for distributing the assets to the beneficiaries according to the directives contained in the trusts created under your Will. A family member, a trusted friend, a professional advisor, or a bank or other institution, or a combination of these can be named as your Trustee(s). You may have more than one Trustee.

Whom do you wish to name as Trustee?

\_\_\_\_\_  
Name \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Do you want a successor Trustee if the first Trustee named is unable to act?  Yes  No  
*The successor will act only if your first choice is unable to be your Trustee.*

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address, City, State, Zip  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**XII. GUARDIANSHIP:**

If your children are minors (under age 18) when you die, and if their other natural or adoptive parent is not alive or for any reason cannot act as guardian, the court can appoint the person(s) you name to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you are divorced and have sole custody of your children, 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. However, you should still name a guardian to act in the event the child's other natural or adoptive parent dies before you, is unwilling to act as parent, cannot be located, or for any reason cannot act as guardian.

Whom do you wish to appoint to act as Guardian for any minor children?

1. Guardian: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address, City, State, Zip  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2. Successor Guardian: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address, City, State, Zip  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**XIII. MILITARY SERVICE:**

Have you ever served in the military?  Yes  No

If yes, then the following paragraph will be added to the powers clause 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 or 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.

**XIV. HEALTH CARE DIRECTIVE:**

You may appoint another to speak on your behalf regarding health care decisions in the event that you are unable to communicate your wishes through a Health Care Directive. This document gives the person you name as your agent the authority to make a wide range of medical 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 and mental health 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.

Do you want your spouse to act as your agent?  Yes  No

If you are not married, whom would you like to act as your agent? Please provide the following information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State, Zip

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you want a successor agent(s) if the first named agent is unable to act?  Yes  No.

*The successor(s) will act only if your first choice is unable to be your Agent.* If yes, please provide the following information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State, Zip

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State, Zip

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Some people choose to give specific direction in their Health Care Directive regarding certain end of life issues. If you would like to include a statement in your Health Care Directive regarding any of the following situations, please check the appropriate box:

**Your wishes regarding cremation or burial:**

- I wish to be buried
- I wish to be cremated
- I do not wish to make a designation

**Your wishes regarding organ donation:**

- I wish to be an organ donor
- I do not wish to make a designation

**XV. FINANCIAL POWER OF ATTORNEY:**

You may appoint another to act on your behalf regarding financial or economic matters through a Statutory Short Form Power of Attorney. A financial Power of Attorney will allow the agent you designate to handle your assets in case you are unable to do so. Note: This document is effective immediately upon execution.

Would you like a financial power of attorney?  Yes  No

Do you want your spouse to act as your agent?  Yes  No

If you are not married, who would you like to act as your agent?

\_\_\_\_\_

Name

\_\_\_\_\_

Address, City, State, Zip

Do you want a successor Agent(s) if the first named Agent is unable to act?  Yes  No

*The successor(s) will act only if your first choice is unable to be your Agent.* If yes, please provide the following information:

\_\_\_\_\_

Name

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Name

\_\_\_\_\_

Address, City, State, Zip

<b><u>Approximate Total Value of Your Estate (What You Own):</u></b>	<b><u>Husband</u></b>	<b><u>Wife</u></b>	<b><u>Joint</u></b>
Cash: Bank Accounts, CD's, etc.:	_____	_____	_____
Real Estate (equity only):	_____	_____	_____
Life Insurance (death benefit):	_____	_____	_____
Retirement assets: IRA, 401(k), etc, that have value at your death:	_____	_____	_____
Pension Benefits that continue after your death:	_____	_____	_____
Vehicles and other Personal Property (jewelry; art, etc.):	_____	_____	_____
Business Interests:	_____	_____	_____
Stocks & Bonds:	_____	_____	_____
Money owed to you (outstanding <i>notes</i> payable to you):	_____	_____	_____
Other money & property:	_____	_____	_____
<b>TOTAL:</b>	=====	=====	=====
Do you have a farm or family-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No			