

LAW OFFICE OF



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Wealth Transfer Planning and Administration

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ESTATE PLANNING QUESTIONNAIRE

FOR

Date Prepared _____

PERSONAL DATA

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 _____

I. BROTHERS AND SISTERS

1. Name _____
Address _____
Married? ____ Living? ____ Children _____

2. Name _____
Address _____
Married? ____ Living? ____ Children _____

3. Name _____
Address _____
Married? ____ Living? ____ Children _____

II. 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 |
| |

III. 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: _____

- 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): _____

Please name the alternate individuals): _____

 To certain charity(ies): _____

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

| Beneficiary | Relationship | Share |
|--------------------|---------------------|--------------|
| | | |
| | | |
| | | |
| | | |

IV. 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.

V. 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: _____

VI. CONTINGENT BENEFICIARIES

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

A. (indicate preference)

1. "To my heirs-at-law."
2. "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 _____

_____ % to _____

VII. 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?

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: _____

VIII. TRUSTEE:

Your trustee(s) will manage any trust funds for your children or other named beneficiaries. 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: _____

IX. 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: _____

X. 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.

XI. 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; or I want my health care agent to make the decision for me.

Your wishes regarding organ donation:

- I wish to be an organ donor
- I do not wish to make a designation; or I want my health care agent to make the decision for me.

XII. 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

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

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 *notes* payable to you): _____

Other money & property: _____

TOTAL: _____

Do you have a farm or family-owned business? Yes No