

ESTATE PLANNING AND WILL INFORMATION FORM

Date Completed _____

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

1. Testator (Person(s) making will).

Name: _____ Date of Birth: _____

Social Security No.: _____

Street Address _____

Apartment _____ County _____ City _____

State _____ Zip _____ State of Residence _____

Home Telephone: _____

Work Telephone: _____ Cell Telephone: _____

Email address(s) _____

U.S. Citizen? Yes _____ No _____ Veteran? Yes _____ No _____

Employer/Former Employer if Retired: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Social Security No.: _____

Spouse's Work Telephone: _____ Cell Telephone: _____

Spouse's Email address(s) _____

U.S. Citizen? Yes _____ No _____ Veteran? Yes _____ No _____

Employer/Former Employer if Retired: _____

2. Marriage.

- a. Marriage date: _____
- b. Have you and your spouse signed a Premarital Agreement? Yes _____ No _____
If you have, please bring a copy of it to the office conference.
- c. Have you or your spouse been divorced? Yes _____ No _____
If so, please bring a copy of the divorce decree to the office conference.
- d. If you or your spouse are widowed. List Name(s) of deceased spouse(s) and date of death(s) _____

3. Children.

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Identify any child who is not a natural or adopted child of both you and your spouse.

Name of Child	Date of Birth	Address	Child of:

Identify any child who is not a natural or adopted child of both you and the other parent.

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

- b. Is there any reason NOT to treat your children equally? If so, please explain.

- c. Are any of the children under a disability?

- d. Do you have any special concerns or objections regarding your children?

- e. **Grandchildren.** Note here if any grandchildren were born out of wedlock.

- f. **Guardians.** Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name: _____

Address: _____

Alternate Guardian: _____

Address: _____

4. **Personal Representative.** Who should be Personal Representative (“executor”) of your estate? A Personal Representative is responsible for probating your Will, paying your debts, collecting your assets, and settling your estate.

Name: _____ Relationship to you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

Spouse’s Alternate Personal Representative: _____

Relationship to spouse: _____

Address: _____

5. **Trusts.** If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name: _____ Relationship to you: _____

Address: _____

Alternate Trustee: _____

Address: _____

Relationship to you: _____

Spouse’s Alternate Trustee: _____

Address: _____

Relationship to spouse: _____

6. Financial Inventory.

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e. bank statements, your abstract or deed to all real estate, retirement reports, stock and bond account reports, etc.

Assets	Husband	Wife	Joint
Home	\$	\$	\$
Farmland			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Certificate of Deposit			
Automobile			
Personal Property			
Stocks and Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
On Husband's Life			
On Wife's Life			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401K			
Other Assets (List):			
TOTAL			

Liabilities	Husband	Wife	Joint
Home Mortgage	\$	\$	\$
Other Mortgages			
Debts to Family Members			
Other Debts (describe):			
TOTAL LIABILITIES			

7. Real Estate.

Do you have an: Abstract Torrens Certificate Title Insurance

Is there a well on the property? Yes _____ No _____

Homeowners Insurance Company _____ Agent _____

8. Farmland.

County	# of Acres	Personally Farmed	Any land leased

9. Beneficiary Designations.

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
	\$			

b. Retirement Plans.

IRA/Pension/401k/ Name/Company	Number	Value	Owner	Beneficiary

c. Does your retirement plan have a death benefit? Yes ____ No ____
If so, who is the named beneficiary? _____

d. Bank Accounts and Certificates of Deposit. Have you named any person as Pay on Death (POD) on any bank account, Certificate of Deposit or Money Market Account? _____

e. Investments/Mutual Funds. Other than as listed above, have you named anyone under a Transfer on Death (TOD) for any mutual fund or other, non-retirement investment? _____

10. Personal Property.

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Personal Property	Description	Approximate Value
Automobiles		
Collectibles		
Jewelry		
Boats/Airplanes		
Other:		

11. Safe Deposit Box.

Do you have a safe deposit box? Yes _____ No _____

If so, where? _____

Does anyone else have access to your box? _____

12. Future Inheritances.

Do you expect any inheritance in the near future? If so, please give details:

13. Financial Advisors.

Accountant: _____

Company: _____ Telephone: _____

Address: _____

Financial Advisor: _____

Company: _____ Telephone: _____

Address: _____

Property Insurance Provider: _____

Company: _____ Telephone: _____

Address: _____

14. Primary Physician.

Name of your primary physician: _____

Address: _____ Telephone: _____

Name of your spouse's primary physician: _____

Address: _____ Telephone: _____

15. Special Requests.

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your Will) to your family or other responsible person. Organ donation is best handled in a Living Will or Health Care Power of Attorney.

16. Discussion Issues:

We will discuss the following issues at the meeting:

- **Current Will.** Do you have a Will or revocable trust? If so, bring a copy to the interview meeting.
- **Predeceased Child.** If any child should predecease a parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any. Do you wish to include grandchildren born out of wedlock? Yes _____ No _____
- **Trusts.** Do you wish to have a trust established for the benefit of your spouse and/or children?
- **Specific Gifts.** Do you wish to make any specific bequests to charities or individuals?
- **No Family Survives.** How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)
- **If No Children.** If you do not have children, to whom should your estate pass (beyond a spouse, if any)?
- **Living Will and Health Care Power of Attorney.** Are you interested in preparing a Health Care Directive (also known as a Living Will) appointing someone to make health care decisions for you and/or stating your preferences for your health care, when life would no longer be worth living, burial/cremation, organ donation and the like?
- **Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?
- **Special Requests.** Special requests regarding funeral, cremation, or burial instructions are best handled in a Health Care Directive or a separate Letter of Instruction which is separate from your Will. Organ donation preferences can be stated in a Health Care Directive.

- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to the meeting.
- **Real Estate.** Please bring in your Abstract, Torrens Certificates and/or Title Insurance and Deeds to any real estate.

JOELLEN DOEBBERT

ATTORNEY AT LAW

Law and Legacy Center

121 5th Avenue West, Suite 1

P.O. Box 1175

Alexandria, MN 56308

320-763-7838