

ESTATE PLANNING AND WILL INFORMATION FORM

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.: _____

U.S. Citizen? Yes _____ No _____

I am a Veteran? Yes _____ No _____

Employer: _____

Former Employer if Retired: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Social Security No.: _____

U.S. Citizen? Yes _____ No _____

I am a Veteran? Yes _____ No _____

Spouse's Employer: _____

Spouse's Former Employer if Retired: _____

Street Address _____

Apartment _____ County _____ City _____

State _____ Zip _____

State of Residence _____

Telephone Number H: _____ W/Client _____

W/Spouse _____

2. Marriage.

- a. Have you and your spouse signed a Premarital Agreement? Yes _____ No _____
If you have, please bring a copy of it to the office conference.
- b. Have you or your spouse been divorced? Yes _____ No _____
If so, please bring a copy of the divorce decree to the office conference.

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.

Name of Child	Date of Birth	Address	Child of:

Identify any child who is not a natural or adopted child of both you and your spouse.

- 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. **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: _____

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: _____

Address: _____

Alternate Trustee: _____

Address: _____

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			
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. Beneficiary Designations.

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

b. Retirement Plans. Please list your retirement plans/IRAs; value of each and the beneficiary of each.

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? _____

8. 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:		

9. Safe Deposit Box.

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

If so, where? _____

Does anyone else have access to your box? _____

10. Future Inheritances.

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

11. Financial Advisors.

Accountant: _____

Address: _____

Telephone: _____

Financial Advisor: _____

Address: _____

Telephone: _____

12. Primary Physician.

Who is your primary physician?

Name: _____

Address: _____

13. 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.

14. 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 and Warranty Deed to any real estate.

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