



# ESTATE PLANNING QUESTIONNAIRE

FOR A MORE COMPLETE EXPERIENCE, PLEASE COMPLETE  
THIS QUESTIONNAIRE IN ADVANCE OF OUR MEETING

If you need assistance completing the information, please call our office  
at 612-455-7720 and we will help you.

ESTIMATES ARE ACCEPTABLE IF ACCURATE NUMBERS  
ARE NOT AVAILABLE

WE LOOK FORWARD TO SEEING YOU

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

## ESTATE PLANNING INFORMATION

### GENERAL INFORMATION

Marital Status:    Married    Unmarried, with long-term partner (domestic partner)

Are you Registered Domestic Partners?    Yes    No    Don't Know

### Client Name Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:    Male    Female   SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?    Yes    No

If No, specify citizenship: \_\_\_\_\_

Health:    Excellent    Reasonably good    Poor    Serious Adverse Condition

Legally blind?    Yes    No   Disabled?    Yes    No

### Spouse/Partner Name Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:    Male    Female   SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?    Yes    No

If No, specify citizenship: \_\_\_\_\_

Health:    Excellent    Reasonably good    Poor    Serious Adverse Condition

Legally blind?    Yes    No   Disabled?    Yes    No

### Contact Information

	CLIENT	SPOUSE/PARTNER
<b>Address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip</b>		
<b>Home Phone</b>		
<b>Home Fax</b>		
<b>Personal email</b>		
<b>Cell Phone</b>		
<b>Business Phone</b>		
<b>Business Fax</b>		
<b>Business email</b>		

**Referral Information**

By whom were you referred to this office?

Name	Address	City	State	Zip

**CHILDREN (if applicable)**

	Name	Living	Gender	Date of Birth	Child of Both	Child of Client only	Child of Spouse only
Child 1		Y / N	M / F		Y / N	Y / N	Y / N
Child 2		Y / N	M / F		Y / N	Y / N	Y / N
Child 3		Y / N	M / F		Y / N	Y / N	Y / N
Child 4		Y / N	M / F		Y / N	Y / N	Y / N
Child 5		Y / N	M / F		Y / N	Y / N	Y / N
Child 6		Y / N	M / F		Y / N	Y / N	Y / N

	Address (if not living with client and spouse/partner)	Legally Blind	Disabled	Receives SSI	Completed Education
Child 1		Y / N	Y / N	Y / N	Y / N
Child 2		Y / N	Y / N	Y / N	Y / N
Child 3		Y / N	Y / N	Y / N	Y / N
Child 4		Y / N	Y / N	Y / N	Y / N
Child 5		Y / N	Y / N	Y / N	Y / N
Child 6		Y / N	Y / N	Y / N	Y / N

**Guardian(s) for minor or disabled children (if applicable):**

**Initial Guardians/Conservators**

Name	Address

**Successor Guardians/Conservators**

Name	Address

**CLIENT'S DISPOSITIVE PROVISIONS**

**Cash Gifts (cash and cash-equivalent gifts)**

Name of Recipient	Relationship	Amount

**Gifts of Real Estate**

Name of Recipient	Relationship	Description of property

**Gift of Tangible Property (autos/jewelry/art/etc.)**

Name of Recipient	Relationship	Description of property

**Gift of Intangibles (stock/bonds/annuities/etc.)**

Name of Recipient	Relationship	Description of property

**SPOUSE/PARTNER'S DISPOSITIVE PROVISIONS**

**Spouse/Partner's Cash Gifts (cash and cash-equivalent gifts)**

Name of Recipient	Relationship	Amount

**Spouse/Partner's Gifts of Real Estate**

Name of Recipient	Relationship	Description of property

**Spouse/Partner's Gift of Tangible Property (autos/jewelry/art/etc.)**

Name of Recipient	Relationship	Description of property

**Spouse/Partner's Gift of Intangibles (stock/bonds/annuities/etc.)**

Name of Recipient	Relationship	Description of property

**CLIENT'S RESIDUAL GIFTS (after specific gifts, above)**

**Spouse/Partner**

Want to provide primarily for your Spouse/Partner (secondarily for children/descendants, if any)?

Yes  No

If "Yes", prefer gift to Spouse/Partner to be given:  outright  In a Trust

**Children/Descendants**

Prefer gift to children (if any) to be given:  outright  In a Trust

Do you wish to treat children equally?  Yes  No

Prefer gift to grandchildren (if any) to be given:  Outright  In a Trust

Do you wish to treat grandchildren equally?  Yes  No

**Other Beneficiaries**

Specify gift to other beneficiary(ies):

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**SPOUSE'S RESIDUAL GIFTS (after specific gifts, above)**

**Spouse/Partner**

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?  Yes  No

If "Yes", prefer gift to Spouse/Partner to be given:  outright  In a Trust

**Children/Descendants**

Prefer gift to children to be given:  outright  In a Trust

Do you wish to treat children equally?  Yes  No

Prefer gift to grandchildren to be given:  outright  In a Trust

Do you wish to treat descendants equally?  Yes  No

**Other Beneficiaries of Spouse/Partner**

Specify gift to other beneficiary(ies):

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**PERSONAL REPRESENTATIVE (for Wills)**

**CLIENT'S PERSONAL REPRESENTATIVE**

**Initial Personal Representative under Client's Will (shall serve concurrently)**

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

**Successor Personal Representative under Client's Will (shall serve upon the death/disability of Initial Personal Representative)**

Name

**SPOUSE/PARTNER'S PERSONAL REPRESENTATIVE**

**Initial Personal Representative under Spouse/Partner's Will (shall serve concurrently)**

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

**Successor Personal Representative under Spouse/Partner's Will (shall serve upon the death/disability of Initial Personal Representative)**

Name

**TRUSTEES  
(if applicable)**

**CLIENT'S TRUSTEES**

**Initial Trustees for Client (applicable if trusts being considered)**

Name

**Successor Trustees for Client (applicable if trusts being considered)**

Name

**SPOUSE/PARTNER'S TRUSTEES**

**Initial Trustees for Spouse/Partner (applicable if trusts being considered)**

Name

**Successor Trustees for Spouse/Partner (applicable if trusts being considered)**

Name

### CLIENT'S HEALTH CARE DIRECTIVES

Do you have a current Living Will?  Yes  No If yes, date: \_\_\_\_\_

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)?  
 Yes  No If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization?  Yes  No If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:**

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent?  Yes  No

Do you wish to become an organ donor?  Yes  No

**Primary Health Care Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Alternate Health Care Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Name of Primary Care Physician**

Name	Address, City, State, Zip	Phone

### SPOUSE/PARTNER'S HEALTH CARE DIRECTIVES

Do you have a current Living Will?  Yes  No If yes, date: \_\_\_\_\_

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)?  
 Yes  No If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization?  Yes  No If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:**

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent?  Yes  No

Do you wish to become an organ donor?  Yes  No



**Spouse/Partner's Primary Health Care Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Spouse/Partner's Alternate Health Care Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Name of Primary Care Physician of Spouse/Partner**

Name	Address, City, State, Zip	Phone

**CLIENT'S DURABLE POWER OF ATTORNEY**

**Primary Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Alternate Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**SPOUSE'S DURABLE POWER OF ATTORNEY**

**Primary Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

**Alternate Agent(s)**

Name	Address, City, State, Zip	Phone	Relationship

## ASSETS AND LIABILITIES

Personal Net Worth (combined): \$ \_\_\_\_\_

Client Annual Income: \$ \_\_\_\_\_

Spouse Annual Income: \$ \_\_\_\_\_

Client has interest in qualified pension plan(s)?     Yes     No

Spouse/Partner has interest in qualified pension plan(s)?     Yes     No

**Please bring a list of all life insurance policies on each of your life and that of your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.**

## FINANCIAL SUMMARY

ASSET(S)	DESCRIPTION	ASSET OWNER			LIABILITIES
		Client	Spouse/Partner	Joint	
<b>Cash/Liquid</b>					
	Savings				
	Checking				
	Money Market				
	Other				
<b>Real Estate</b>					
	Primary				
	Secondary				
	Other				
<b>Personal Property</b>					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
<b>Intangibles</b>					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
<b>Retirement Benefits</b>					
	IRAs				
	401K				
	Keogh Plan				
	SEP				
	Other				
<b>Life Insurance</b>					
	Cash Value of all policies				

## OTHER PLANNING ISSUES

	Client	Spouse/Partner
Want to benefit Charity?	Y / N	Y / N
Ownership in farm or ranch?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Own stock in Subchapter S corporation?	Y / N	Y / N
Ownership in a Medical, Dental or Veterinarian Practice?	Y / N	Y / N
Own a valuable collection? (e.g., art, stamp collections)	Y / N	Y / N
Owns interest in gas/oil?	Y / N	Y / N
Own a Primary Residence?	Y / N	Y / N
Own a Secondary Residence?	Y / N	Y / N
Own other significant interests in real estate?	Y / N	Y / N

## MISCELLANEOUS

Do you have a safe-deposit box?    Yes    No

Location of safe-deposit box: \_\_\_\_\_

Location of important papers: \_\_\_\_\_

Has Client made gifts to any one person exceeding the gift tax annual exclusion  
(currently \$15,000) in any one calendar year?    Yes    No

Has Spouse/Partner made gifts to any one person exceeding the gift tax annual exclusion  
(currently \$15,000) in any one calendar year?    Yes    No

Has Client ever filed a Federal Gift Tax Return?    Yes    No

If Yes, Years of Returns filed: \_\_\_\_\_

Has Spouse/Partner ever filed a Federal Gift Tax Return?    Yes    No

If Yes, Years of Returns filed: \_\_\_\_\_

Do you have any other legal issues of which I should be aware?    Yes    No

If "Yes", please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_