

Johnson, Larson & Peterson, P.A.
Attorneys at Law

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 making Will).

Name: _____ Date of Birth: _____

Occupation: _____ Employer: _____

SSN: _____ U.S. Citizen? Yes No

Spouse Name: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Spouse's SSN: _____ U.S. Citizen? Yes No

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

State of Residence: _____ County of Residence: _____

Telephone Number: Home: _____

Cell: _____ Spouse's Cell: _____

Primary E-Mail Address: _____ Secondary E-Mail Address: _____

Name of Person Filling Out Form: _____

2. Marriage.

a. Have you and your spouse signed a Premarital Agreement? Yes No

b. Have you or your spouse been divorced? Yes No

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.

Full Name of Child	DOB	Address	Child of

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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 objectives 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: _____

Relationship to you: _____

Address: _____

Phone: _____

Alternate Guardian: _____

Relationship to you: _____

Address: _____

Phone: _____

4. Personal Representative. Who should be Personal Representative (“executor”) of your Estate if your spouse is unable to do so? A Personal Representative is responsible for probating your Will, paying your debts, collecting your assets and settling your estate.

Name: _____

Relationship to you: _____

Address: _____

Phone: _____

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Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

Phone: _____

5. Trusts. If a trust is appropriate to include in your estate plan, who should be 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, to act as your trustee.

Name: _____

Relationship to you: _____

Address: _____

Phone: _____

Alternate Trustee: _____

Relationship to you: _____

Address: _____

Phone: _____

6. Financial Inventory. Use approximate values under each person showing ownership of each asset. (NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own or copies of your property tax statements.)

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Accounts			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks and Bonds			
Closely Held Business Interest			

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Life Insurance (Face)			
On Husband's Life			
On Wife's Life			
Retirement Accounts			
IRA			
Pension			
Profit Sharing/401k			
Other Assets			
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 and Number	Face Value	Owner	Insured	Beneficiary(ies)
1.				
2.				
3.				
4.				

b. Retirement Plans or Pensions.

Account Name and Number	Value (or monthly benefit)	Owner	Beneficiary(ies)
1.			
2.			

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3.			
4.			

c. Does your retirement plan have a death benefit? Yes No

If so, who is the named beneficiary? _____

d. Do you own real estate in another state? Yes* No

If so, which state? _____

If yes, bring a copy of your non-Minnesota property tax statement.

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

<u>Description</u>	<u>Approximate Value</u>
Personal Property _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Safe Deposit Box or Safe

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

If so, where? _____

Does anyone else have access to your box besides you and your spouse? If so, who? _____

If you have a safe, who has access to the combination or key? _____

10. Future Inheritances.

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Do you expect any inheritance in the 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 (available upon request) or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled with a Health Care Directive.

14. Discussion Issues. We will discuss the following issues at the meeting:

- **Current Will.** Do you now have a Will or Revocable Trust? Yes No
(If so, bring a copy to the initial attorney meeting.)
- **Predeceased Child.** If any child should predecease you, should his/her share of your estate pass to his/her children? Yes No

If so please indicate grandchildren, if any. _____

- **Trusts.** Do you wish to have a trust established for the benefit of your spouse and/or children? Yes No

- **Specific Gifts.** Do you wish to make any special bequests to charities or individuals?
 Yes No _____

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- **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 your spouse, if any)?

- **Health Care Directive.** Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and stating your preferences for health care? (This document can also include instructions regarding organ donation.)

Yes No

If so, who do you want to act on your behalf?

Primary decision maker: _____

Address: _____

Phone Number: _____

Relationship to you: _____

Alternate decision maker: _____

Address: _____

Phone Number: _____

Relationship to you: _____

- **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? Yes No

If so, who do you want to act on your behalf?

Primary: _____

Address: _____

Alternate: _____

Address: _____

- **Real Estate.** Are you interested in designating an individual or individuals to take title to any real property you own? (Transfer on Death Deed [TODD]) Yes No If so, please bring copies of all property tax statements to the meeting.

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~Since 1905~

~A Tradition of Service~

~A History of Trust~

Wright County's Oldest Law Firm

908 Commercial Drive

Buffalo, MN 55313

(763) 682-4550

(763) 682-4465 fax

(866) 682-4550 toll free

www.jlplawmn.com

Disclaimer – The information contained herein is for informational purposes only. Each individual's financial and family circumstances are unique and can only be properly addressed by speaking to an attorney learned in estate planning.