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Estate Planning and Will Information Form
Client Questionnaire

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** ____

Spouse Name _____ **Date of Birth:** _____

Social Security No. _____ **U.S. Citizen? Yes** ____ **No** ____

Street Address _____ **Apt** ____ **County** _____

City _____ **State** _____ **Zip** _____

Telephone # (Home): _____ **Cell:** _____ **Cell/Spouse:** _____

Email: _____ **Alternative email:** _____

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 interview.

b. **Have you or your spouse been divorced?** Yes ____ No ____
If so, please bring a copy of the divorce decree to the interview.

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: _____

Address: _____

City: _____

Phone: _____

Alternate Guardian:

Name: _____

Address: _____

City: _____

Phone: _____

- 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: _____

Phone: _____

Alternate Personal Representative:

Relationship to you:

Address: _____

Phone: _____

5. Health Care Agent. Who should be your Health Care Agent? A Health Care Agent is responsible for making health care decisions on your behalf in the event that you are unable to make them for yourself.

Name: _____

Relationship to you:

Address: _____

Phone: _____

Alternate Health Care Agent:

Relationship to you:

Address: _____

Phone: _____

6. Power of Attorney. Who should be your Attorney-In-Fact? An Attorney-In-Fact is allowed to act for you in any way that you could act with respect to business transactions and execution of documents.

Name: _____

Relationship to you:

Address: _____

Phone: _____

Alternate Attorney-In-Fact:

Relationship to you:

Address: _____

Phone: _____

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: _____

Phone: _____

Alternate Trustee: _____

Address: _____

Phone: _____

6. Financial Inventory

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e. bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks & 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:			
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
1.				
2.				
3.				
4.				
5.				

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?

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.

Description

Approximate Value

Personal Property

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: _____

Phone: _____

- 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?
- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

Health Care Directive

a. Agent. Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself: _____

b. Successor or Co-Agent's name, address, and telephone number: _____

c. Successor or Co-Agent's name, address, and telephone number: _____

d. If you have named co-agents, do you want the agents to act jointly or independently?

e. Do you have a Living Will to which you want to refer in the Health Care Directive?

Yes No. If yes, date of instrument: _____

f. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e. not expected to live more than 6 months)? Yes No. If you answered yes, please provide us the specific language you want or you can approve language in the document.

g. Do you want to donate any organs upon your death? Yes No.

If yes, have you agreed in another document (drivers license) to make the donation? Yes No.

h. Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc.: _____

i. Do you have other living wills or health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear.

j. Do you have any other instructions regarding your health care, living arrangements, burial, etc.?
If so, please indicate: _____

Copies of the following documents will be valuable in creating your Estate Plan:

1. _____ Present Wills and/or Trust Documents.
2. _____ Deeds to Real Estate/Contracts for Deed
3. _____ Real Property Tax Bills
4. _____ Promissory Notes and Mortgages (money owed to you)
5. _____ Life Insurance Policies, personal and business (face sheets only)
6. _____ Annuity Contracts (face sheets only)
7. _____ Royalties, Patents and Copyrights
8. _____ Partnership Agreements
9. _____ Business Agreements (i.e. Leases, Buy/Sell Agreements)
10. _____ Divorce/Marital Property Contracts
11. _____ Federal Tax Returns (last 2 years), personal and business

Please bring copies of the required documentation to your next appointment