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 **BEFORE** your scheduled appointment. We rely upon the information you provide us with 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.

Testator (Person making Will).

Name: _____ Date of Birth: _____

Occupation: _____ Employer: _____

SSN: _____ U.S. Citizen? (•) Yes ( ) No

Cell: _____ E-Mail Address: _____

Spouse Name: _____ Date of Birth: _____

Occupation: _____ Employer: _____

SSN: _____ U.S. Citizen? [✔] Yes [ ] No

Cell: _____ E-Mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Person Filling Out Form: _____

1. Marriage.

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

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

2. 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.

Full Name of Child	DOB	Address	Child of

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: _____ Email: _____

Alternate Guardian: _____ Relationship to you: _____

Address: _____

Phone: _____ Email: _____

3. 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:_____Email:_____

Alternate Name:_____Relationship to you:_____

Address:_____

Phone:_____Email:_____

4. 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:_____Email:_____

Alternate Name:_____Relationship to you:_____

Address:_____

Phone:_____Email:_____

5. 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	YOU	SPOUSE	JOINT
Home			
Other Real Estate			
Checking Accounts			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks and Bonds			
Closely Held Business Interest			
Life Insurance (face value)			
On YOUR Life			
On SPOUSE'S Life			
Retirement Accounts			
IRA			
Pension			
Profit Sharing/401k			
Other Assets			
TOTAL			

LIABILITIES	YOU	SPOUSE	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.			
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.

Description	Approximate Value

9. Safe Deposit Box or Safe.

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

If so, where _____

Does anyone have access to your box besides your and your spouse? ☐ Yes ☐ No

If so, who _____

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

_____

10. Future Inheritances.

Do you expect any inheritance in the future? ☐ Yes ☐ No

If so, where _____

11. Financial Advisors.

Accountant Name: _____ Telephone: _____

Address: _____

Financial Advisor: _____ Telephone: _____

Address: _____

12. Primary Physician.

Clinic Name: _____ Primary Physician: _____

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 person responsible. 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 yes, bring a copy to the initial attorney meeting)

- **Predeceased Child.** If any child should predecease you, should their 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
  _____
  _____

- **No Family Survives.** How should your estate be distributed if your spouse and/or children do not survive you? (For example: other family members, church or charity)
  _____
  _____

- **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 preference for health care? (This document can include organ donation instructions) ☐Yes ☐No

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

  Primary:_____Relationship to you:_____

  Address:_____

  Phone:_____Email:_____

  Alternate:_____Relationship to you:_____

  Address:_____

  Phone:_____Email:_____

  - **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:_____

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~Attorneys at Law~

~Since 1905~

~A Tradition of Service~

~A History of Trust~

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***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.*