

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/Testatrix (Person making Will).

Name: _____	Date of Birth: _____
Occupation: _____	Employer: _____
Social Security No: _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse Name: _____	Date of Birth: _____
Occupation: _____	Employer: _____
Spouse's SSN: _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address: _____	Apt: _____
City: _____	State: _____ Zip: _____
State of Residence: _____	County of Residence: _____
Telephone Number: Home: _____ Cell: _____ Work: _____	
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.

Name of Child	Date of Birth	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? 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: _____

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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 the individual, bank or trust company, or both 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.

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			
Life Insurance (Face)			
On Husband's Life			
On Wife's Life			
Retirement Accounts			
IRA			
Pension			
Profit Sharing/401k			
Other Assets			

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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
1.				
2.				
3.				
4.				

b. Retirement Plans or Pensions. Please list your retirement plans/pensions values (or monthly benefit) and the designated beneficiary of each. _____

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? _____

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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 _____ _____	_____
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 besides you and your spouse (if any)? _____

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10. Future Inheritances.

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 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 now have a Will or Revocable Trust? Yes No
If so, bring a copy to the interview 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)?

- **Living Will & Health Care Power of Attorney.** Are you interested in preparing a Durable Power of Attorney for Health Care and/or a Living Will appointing someone to make health care decisions for you and/or 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: _____

Alternate decision maker: _____

- **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: _____

Alternate: _____

- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person? Yes No If so, bring details to the meeting.

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~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.