

KALLEMEYN & KALLEMEYN
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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 appointment. 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. Please note legal names are required to accurately identify all individuals named in your estate planning documents.

1. **TESTATOR** (Person making will): (Reminder....please provide legal name.)

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

County: _____

Social Security No.: _____

U.S. Citizen? Yes No (Circle One)

Date of Birth: _____

- a. Spouse's Information:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

County: _____

Social Security No.: _____

U.S. Citizen? Yes No (Circle One)

Date of Birth: _____

b. Contact Information:

Home Telephone Number: _____

Work Telephone Number: _____

Client Cell Phone Number: _____

Spouse's Cell Phone Number: _____

e-mail address: _____

2. **MARRIAGE**

a. Have you and your spouse signed a Premarital Agreement?

Yes No (Circle One)

If so, please bring a copy of it to the interview.

b. Have you or your spouse ever been divorced?

Yes No (Circle One)

If so, please bring a copy of the divorce decree to the interview.

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 (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Date of Birth: _____

Child of: _____

Name of Child (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Date of Birth: _____

Child of: _____

Name of Child (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Date of Birth: _____

Child of: _____

Please identify any child who is not a natural or adopted child of you or your spouse. If additional space is necessary, please use the back of this page.

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?

Yes No (Circle One)

If so, please explain.

c. Are any of the children under a disability?

Yes No (Circle One)

If so, please explain:

d. Do you have any special concerns or objectives regarding your children?

e. **Guardian.** 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 (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

Successor Guardian

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

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 (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

c. Would you like the POA to remain in effective if you become incompetent?

Yes No (Circle One)

d. Do you want to require the attorney-in-fact to render accounting on a regular basis?

Yes No (Circle One)

If so, please indicate if the accounting is to be completed on a *Monthly, Quarterly, or Annual* basis (Please circle one). In addition, whom must the accounting be rendered to, please name individual(s):

e. Will the POA have authority to make gifts of the principal property directly to the attorney-in-fact?

Yes No (Circle One)

6. 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 (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

Successor Trustee:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

7. 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	<u>HUSBAND</u>	<u>WIFE</u>	<u>JOINT</u>
Homestead:			
Other Real Estate:			
Checking Account:			
Savings Account:			
Money Market Account:			
Automobile # 1:			
Automobile # 2:			
Personal Property:			
Stocks & Bonds:			
Closely Held Business Interest:			
Life Insurance (Face Value)			
Husband's			
Wife's			
Retirement Accounts(s)			
Profit Sharing / 401(k)			
IRA			
Pension			
Other Investment(s)			
TOTAL ASSETS:			

DEBTS

	<u>HUSBAND</u>	<u>WIFE</u>	<u>JOINT</u>
Home Mortgage:			
2nd Mortgage / Home Equity:			
Debts to Family Members:			
Other Debts:			
TOTAL IN DEBT:			

8. BENEFICIARY DESIGNATIONS.

a. Life Insurance

Policy	Face Value	Owner	Beneficiary

b. Retirement Plans. Please list your Retirement Plans/IRAs; value of each and the beneficiary of each.

Name of Financial Institution	Value	Primary Beneficiary(ies)	Contingent Beneficiary(ies)

c. Does your retirement plan have a death benefit?

Yes No (Circle One)

If so, who is the named beneficiary?

9. **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:

Automobile # 1: _____

Automobile # 2: _____

Collectibles: _____

Jewelry: _____

Recreational Vehicles (boats, ATVs,
snowmobile and etc.) _____

Other: _____

Other: _____

Other: _____

10. **SAFE DEPOSIT BOX:**

a. Do you have a safe deposit box?

Yes No (Circle One)

If so, where?

b. Does anyone else have access to your box?

Yes No (Circle One)

If so, who?

14. **FINANCIAL ADVISORS**

Accountant: _____

Street Address (Include Suite Number): _____

City, State, and Zip Code: _____

Agency/Company: _____

Telephone Number: _____

Financial Advisor: _____

Street Address (Include Suite Number): _____

City, State, and Zip Code: _____

Agency: _____

Telephone Number: _____

15. **PRIMARY PHYSICIAN.**

a. Who is your Primary Physician?

Clinic: _____

Physician's Name: _____

Street Address (Include Suite Number)::: _____

City, State, and Zip Code: _____

Telephone Number: _____

16. **HEALTH CARE DIRECTIVE.**

a. Agent. Name, Address and Telephone Number of the person who you want to make Heath Care Decisions if you cannot make them yourself:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

- b. Successor or Co-Agent's name, address, and telephone number: (Please circle if this individual will be a Successor or a Co-Agent)

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

- c. Successor or Co-Agent's name, address, and telephone number: (Please circle if this individual will be a Successor or a Co-Agent)

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State, and Zip Code: _____

Relationship to you: _____

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

Jointly Independently (Circle One)

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

Yes No (Circle One)

If yes, please provide 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 (Circle One)

If you answered yes, please provide us the specific instructions you want or you can approve language in the document.

g. Do you want to donate any organs upon your death?

Yes No (Circle One)

If yes, have you expressed this request in another document, e.g. drivers license, to make the donation?

Yes No (Circle One)

If so, please explain:

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.

Yes No (Circle One)

If yes, please explain:

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

Yes No (Circle One)

If yes, please explain:

17. **DISCUSSION ISSUES.** We will discuss the following issues at the meeting:

- a. Current Will. Do you currently have a will or revocable trust?

Yes No (Circle One)

If so, bring a copy to the interview meeting.

- b. Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children?

Yes No (Circle One)

If so, please identify deceased child and their children, along with their addresses, if any.

- c. Do you wish to include grandchildren born out of wedlock?

Yes No (Circle One)

If so, please identify grandchild, if any.

- d. Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?

Yes No (Circle One)

If so, please explain:

- e. Specific Gifts. Do you wish to make any specific bequests to charities or individuals?

Yes No (Circle One)

If so, please explain:

