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Estate Planning Intake Form

Instructions. Your answers to these questions will form the basis for my initial advice regarding your estate plan, including possible Wills, Trusts, Health Care Directives, and Powers of Attorney. Please complete this form and return it to my office by mail, email, or by uploading it to your online portal through my website. Answer the questions to the best of your ability. If the information is not accurate and complete, the recommendations I make may not be appropriate for your circumstances. Your information will be handled with sensitivity and kept in strict confidence. Don't hesitate to call or email me if you have questions along the way.

Testator (whose estate plan is this?)

Full Name _____ U.S. Citizen? _____

Social Security No. _____ Date of Birth _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____ County _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Marital Status (select the most appropriate)

Single, never married.

Married currently, and my spouse is alive.

Married, but my spouse predeceased me.

Divorced, and not presently married.

Date of Dissolution _____

If applicable, have you and your spouse signed a pre-marital agreement? _____

If so, please provide a copy of the agreement.

NOTE: If you have been divorced, please provide a copy of your Divorce Decree.

Have you ever served in the military? _____

Do you currently have a Will or revocable trust? _____

If yes, please bring a copy to the meeting.

Have you guaranteed any loans for your children or any other person? _____

If so, in what amount? _____

Testator's Spouse (if applicable)

Full Name _____ U.S. Citizen? _____

Social Security No. _____ Date of Birth _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____ County _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Children

Please list all of your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan.

Child #1 _____ Date of Birth _____

Child of _____ Address _____

Additional Comments _____

Child #2 _____ Date of Birth _____

Child of _____ Address _____

Additional Comments _____

Child #3 _____ Date of Birth _____

Child of _____ Address _____

Additional Comments _____

Child #4 _____ Date of Birth _____

Child of _____ Address _____

Additional Comments _____

Child #5 _____ Date of Birth _____

Child of _____ Address _____

Additional Comments _____

Are any of your children adopted? _____

Does your spouse have children that are not your biological children and that you have not adopted? _____

Note: Your spouse's children (that you have not legally adopted) will not inherit from you unless you've included them in your Will.

If applicable, do you want to include your spouse's children in your estate planning documents? _____

Are any of your children deceased? _____

Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

Are any of your children handicapped, disabled, or otherwise in poor health? If yes, please explain.

Is there any reason to *not* treat your children equally? Please explain.

Do you have any special goals or concerns regarding your children?

Guardians

If your children are under the age of 18 (minors) when you die, and if their other parent is also not alive at that time, then the Court will appoint someone to be the legal guardian of your minor children. The guardian will have legal and physical custody of the children until they reach the age of 18. You can appoint someone to serve as the guardian for your minor children.

Name a Guardian and a Successor Guardian (in case the primary guardian is unwilling or unable to serve).

Guardian Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Successor: _____

Address: _____

Phone Number: _____

Relationship: _____

Personal Representative

Your personal representative (formerly called “executor”) is the person that administers your estate, winds up your financial affairs, pays your debts and taxes, and distributes the balance of your estate to the beneficiaries. A personal representative must be at least 18 years old. You can nominate someone to serve as your Personal Representative.

Name a Personal Representative and an Alternate Personal Representative (in case the primary personal representative is unable or unwilling to serve).

Personal Representative: _____

Address: _____

Phone Number: _____

Relationship: _____

Alternate: _____

Address: _____

Phone Number: _____

Relationship: _____

Trustee

If a trust is included in your estate plan, a “trustee” is the person or entity responsible for managing the assets placed in the trust for the benefit of the trust’s beneficiaries, i.e. your children. The trustee manages the assets according to the terms of the trust and distributes the assets according to the terms of the trust. Note that if you do not establish a trust, your children will inherit at age 18. The trustee can be an individual, bank, trust company, or a combination of these.

Name a Trustee and a Successor Trustee (in case the primary trustee is unable or unwilling to serve).

Trustee: _____
 Address: _____
 Phone Number: _____
 Relationship: _____

Successor Trustee: _____
 Address: _____
 Phone Number: _____
 Relationship: _____

Miscellaneous

Do you wish to disinherit someone? _____

If yes, provide name and relationship. _____

Note: You cannot fully disinherit your spouse. Spouses are entitled to a statutory minimum amount.

Do you expect to receive any inheritance in the near future? _____

If yes, provide details. _____

Do you have a safe deposit box? _____ Where? _____

Does anyone else have access? _____

How many siblings do you have? _____

Any concerns? _____

Your Advisors:**Accountant's Name:** _____**Address:** _____**Telephone:** _____**Financial Advisor:** _____**Address:** _____**Telephone:** _____**Liabilities**

<u>Liabilities</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Home Mortgage			
Other Mortgage			
Debts to Family Members			
Other Debts: (Describe)			
<u>Total Liabilities</u>			

Assets

Write the value in the appropriate box, showing the ownership of the asset

<u>Assets</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Home Value			
Home Equity			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Acct.			
Automobile			
Personal Property			
Stocks & Bonds			
Closely Held Bus.			
Life Insur. (Face)			
on husband's life			
on wife's life			
Retirement Accts.:			
IRA			
Pension			
401(k)			
Other Retirement			
Other Vehicles			
\$\$\$ Owed to You			
Other Assets:			
<u>Total Assets</u>			

Beneficiary Designations

Fill in the information for your assets that have a beneficiary designation, i.e. life insurance, retirement plans, joint bank accounts, etc. Due to the fact that these assets have beneficiary designations, they will pass outside your Will. This is important to know when building an estate plan.

<u>Policy/Asset</u>	<u>Face Value</u>	<u>Owner</u>	<u>Insured (if applicable)</u>	<u>Beneficiary</u>

Do you retirement accounts/plans have a death benefit? _____

If so, who is the named beneficiary? _____

Distribution

We will go over several different scenarios/contingencies during our meeting. Think about the following questions.

How do you wish to distribute the remainder of your estate, i.e. the amount left after paying debts/expenses?

If any of your children should predecease you, should their share of your estate pass to their children, i.e. your grandchildren?

If you have no children, how should your estate be distributed (beyond your spouse, if any)?

How should your estate be distributed if no spouse or children survive you?

Do you wish to make any specific bequests to charities or individuals?

Health Care Directive

A health care directive is a useful tool in planning for incapacity and is a recommended part of any estate plan. A health care directive is a written document that makes known your health care wishes to family, friends, and doctors. It allows you to name a health care agent who will have the legal authority to make health care decisions for you – based on your wishes – if you become unable to communicate your health care wishes. It also allows you to specify your wishes in certain medical situations and your wishes for things such as funeral arrangements and organ donation.

Name a Health Care Agent

Agent Name: _____
 Address: _____
 Phone Number: _____
 Relationship: _____

Alternative Agent (in case the primary agent is unwilling or unable to serve)

Agent Name: _____
 Address: _____
 Phone Number: _____
 Relationship: _____

Note that if you wish, you can name co-agents that have the power to act independently or jointly.

Wishes regarding burial/cremation? _____

Wishes regarding organ donation? _____

Do you have an organ donation designation on your driver's license? _____

Do you want directions as to what you want or do not want if you are in a terminal condition? _____

If yes, think about what specific instructions you wish to be included. Also, we will go over different scenarios during our estate planning meeting.

Do you have any previous health care directives? _____

Any other instructions? _____

Financial Power of Attorney

A power of attorney is a signed document giving another person (your agent) the legal authority to act on your behalf with respect to your assets. Powers of attorney can be narrowly tailored to specific powers or as broad as giving your agent the power to take all action related to your finances/assets that you would be able to do yourself. A power of attorney is recommended to be included in every estate plan as it is especially useful in planning for incapacity.

Name Your Agent (“Attorney-in-Fact”)

Agent Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Alternative Agent (in case the primary agent is unwilling or unable to serve)

Agent Name: _____

Address: _____

Phone Number: _____

Relationship: _____