



THE BONESTROO LAW FIRM

ESTATE PLANNING QUESTIONNAIRE

(Personal and Confidential)

PERSONAL INFORMATION

Note: Please use middle initials in all names

Full Name: _____

Date of Birth: _____

Home Address: _____

City, State and Zip: _____

Telephone Nos.: Home: _____; Office _____; Cell: _____

Home E-mail: _____

Office E-mail: _____

Employer: _____

Business Address: _____

Spouse's Full Name (if applicable): _____

Date of Birth: _____

Home Address: _____

City, State and Zip: _____

Telephone Nos.: Home: _____; Office _____; Cell: _____

Home E-mail: _____

Office E-mail: _____

Employer: _____

Business Address: _____

Check if additional residences (i.e. vacation, seasonal, rental) are listed on the back

FAMILY INFORMATION

*Please list ALL children, from oldest to youngest, including deceased children and children born out of wedlock. List additional children in the back if you need additional space. Also list grandchildren in the back if you wish to include them in your estate planning. Please identify any child who is not a natural or adopted child of both you and your spouse. **Note: Please use middle initials in all names.***

Name of Child: _____

Date of Birth: _____

Home Address: _____

City and State: _____

Zip and County: _____

Phone No.(s): _____

Name of Child: _____

Date of Birth: _____

Home Address: _____

City and State: _____

Zip and County: _____

Phone No.(s): _____

Name of Child: _____

Date of Birth: _____

Home Address: _____

City and State: _____

Zip and County: _____

Phone No.(s): _____

Name of Child: _____

Date of Birth: _____

Home Address: _____

City and State: _____

Zip and County: _____

Phone No.(s): _____

Check if additional children/grandchildren are listed in the back.

REPRESENTATION & INSTRUCTIONS (1ST TESTATOR/HUSBAND)

Guardians: Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. *Note: Please use middle initials in all names.*

Guardian: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co-Guardian (opt): _____ (Second) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Personal Representative: Who should be Personal Representative (also known as Executor) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets and settling your estate. *Note: Please use middle initials in all names.*

Personal Rep: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co-Personal Rep (opt): _____ (Second) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Trusts: If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person, bank or trust company responsible for managing the assets you place in your trust. A trustee also manages the assets for your children or other beneficiaries until they reach the age you specify for final distribution of trust assets. *Note: Please use middle initials in all names.*

Trustee: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co-Trustee (opt): _____ (Second) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Financial Representation: Who will represent you in financial matters if you become incapacitated or are otherwise unable to handle your finances? This person, once appointed, is your attorney-in-fact. *Note: Please use middle initials in all names.*

Attorney-in-Fact: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co-Attorney-in-Fact (opt) : _____ (Second) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Health Care Representation: Who will represent you in medical decisions if you are unable to communicate your wishes? This document is known as a Health Care Directive or Living Will. *Note: Please use middle initials in all names.*

Health Care Agent: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co- Health Care Agent: _____ (Second) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Health Care Preferences: What are your preferences for prolonged health Care? Do you agree or disagree with the following statements?

If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. However, I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even though some drugs or procedures may hasten my death.

- Agree, I do not want prolonged life support.
- Disagree, I prefer to be kept alive by artificial means.

Organ Donation: What are your preferences for organ donation?

- I wish to donate my organs, tissue and other body parts when I die.
- I do not wish to donate my organs, tissue and other body parts when I die.

Special Health Care Instructions:

Who would you like to be your doctor? _____

Where would you like to live to receive health care? _____

Where would you like to die (and other wishes you have about dying)? _____

Do you prefer to be buried or cremated? _____

Where do you want to be buried or interred? _____

Where do you want your funeral and/or memorial service? _____

Other thoughts about your health care: _____

REPRESENTATION & INSTRUCTIONS (2ND TESTATOR/WIFE)

Guardians: Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. *Note: Please use middle initials in all names.*

Guardian: _____ (First) Alternate: _____
Relationship to you: _____ Relationship to you: _____

Co-Guardian (opt): _____ (Second) Alternate: _____
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Where do you want your funeral and/or memorial service? _____

Other thoughts about your health care: _____

FINANCIAL INFORMATION

A financial inventory is needed to determine whether estate taxes apply to your estate and what estate tax measures should be implemented in your estate plan. It is important to keep a current financial inventory as it is a great help to the personal representative in settling your estate, as well as to the person handling your financial affairs if you become incapacitated.

ASSETS:

Description/Financial Institution	Owned by/How is title held	Primary/Contingent Beneficiaries	Estimated Value
Savings and Checking Account			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Certificates of Deposit			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Life Insurance and Annuities*			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Stocks, Bonds and Mutual Funds			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Real Estate - Deeds			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Qualified Retirement Plans (IRA, 401K, 403B, SEP)			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Personal Property			
_____	_____	_____	\$ _____
Total Assets			
_____	_____	_____	\$ _____

*Please disclose the death benefit of any life insurance policy

LIABILITIES:

Description	Value
Creditor #1: _____	\$ _____
Creditor #1: _____	\$ _____
Creditor #1: _____	\$ _____
Creditor #1: _____	\$ _____
Creditor #1: _____	\$ _____
Total Liabilities	\$ _____
Net Worth (total assets less total liabilities)	\$ _____

Agreements: Please bring to the meeting a copy of any agreements (such as promissory notes, leases, private mortgages or other long-term obligations) that you may have signed.

Business Interests: Please bring to the meeting a copy of your ownership agreements/documents.

PROFESSIONAL ADVISORS

Accountant

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Financial Advisor

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Insurance – Life

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Insurance – Property/Casualty

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

MARRIAGE INFORMATION

Have you and your spouse signed a premarital agreement? Yes No

-If yes, please bring a copy of it to the meeting.

Have you or your spouse have been divorced? Yes No

-If yes, please bring a copy of the divorce decree to the meeting.

Do you have a marital property agreement? Yes No

Have you ever lived in a state which has a community property law? Yes No

-If yes, please circle the state in which you lived:

Wisconsin, Arizona, California, Texas, New Mexico, Washington, Louisiana, Nevada Idaho

ADDITIONAL INFORMATION

Do you wish to make charitable contributions with your will or trust? Yes No

-If so please list: _____

Do you now have a will or trust? Yes No

Are you now a beneficiary or trustee of any trust? Yes No

Do you own real estate located in a state other than Minnesota? Yes No

Are any of your children deceased? Yes No

Are you a U.S. citizen? Yes No

Is your spouse a U.S. citizen? Yes No

ADDITIONAL QUESTIONS OR CONCERNS?