

ESTATE PLANNING QUESTIONNAIRE

CLIENT NAME

RYAN & GRINDE, LTD. ATTORNEYS AT LAW

**407 14TH STREET NW
ROCHESTER, MN 55903
(507) 282-8118**

**313 WEST 6TH STREET
ST. CHARLES, MN 55972
(507) 932-4461**

SAMPLE SIGNATURE OF CLIENT

SAMPLE SIGNATURE OF CLIENT

PRINTED NAME OF CLIENT

PRINTED NAME OF CLIENT

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE
ALL REQUESTED INFORMATION AND DOCUMENTATION**

SECTION I - PERSONAL AND FAMILY INFORMATION

1. Full Legal Name: _____
2. Address: _____
3. City, State and Zip Code: _____
4. County of Residence: _____
5. Telephone: Home: _____ Work _____
Cell _____
6. Email: _____
7. Marital Status: Married _____ Single _____ Divorced _____ Widowed _____
8. Have you been married before: Yes _____ No _____
A. If yes, please provide name of ex-spouse and current address:

9. Date of birth: _____
10. Social Security Number: _____
11. Are you a US citizen: Yes _____ No _____

SPOUSE'S PERSONAL INFORMATION

12. Full legal name of spouse: _____
13. Spouse's date of birth: _____
14. Spouse's Social Security Number: _____
15. Is your spouse a US Citizen: Yes: _____ No: _____

ESTATE PLANNING QUESTIONNAIRE

CHILDREN

Name	Date of Birth	Address (If Different Than Yours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Who are the parents of the children (if not both of you)? _____

17. Are any of your children adopted? Yes _____ No _____
18. Are any of your children deceased? Yes _____ No _____
19. Do any of your children or others depending on you have special needs due to mental or physical disabilities? Yes _____ No _____
If yes, please explain: _____

PERSONAL CONTACT LIST

The following check list is designed to help organize your records and can serve as a guide for your family and the personal representative of your estate, in the event of your death. It can also help, should you be injured or otherwise incapacitated and no longer able to handle your own affairs. Make several copies, keeping one at home and another in your safe deposit box.

20. Accountant: Firm: _____
Name: _____
Address _____
Phone Number: _____
21. Financial Planner: Firm: _____
Name: _____
Address _____
Phone Number: _____
22. Insurance agent:
Name: _____
Address: _____
Phone Number: _____

SECTION II – FINANCIAL INFORMATION

PART I: REAL ESTATE

- 23. Do you own your own home? Yes _____ No _____
- 24. If yes, do you own your home with anyone else? Yes _____ No _____
If yes, with whom do you own it? _____
- 25. What is the estimated market value? _____
- 26. Is there a mortgage or contract for deed on the home? Yes _____ No _____
- 27. Who is the holder of the mortgage? _____
- 28. How much is owed on the mortgage? _____

PART II: OTHER REAL ESTATE

- 29. Do you own any other real estate, such as a farm, cabin or rental unit? Yes _____ No _____
If yes, please give details about the location, address, and resort name:

- 30. Do you own this real estate with anyone else? Yes _____ No _____
If yes, with whom do you own it? _____
- 31. What is the estimated market value? _____
- 32. Is there a mortgage or contract for deed on the home? Yes _____ No _____
- 33. Who is the holder of the mortgage? _____
- 34. How much is owed on the mortgage? _____
- 35. Do you own any real estate outside of the state of Minnesota? Yes _____ No _____
If yes, where is the property located, what type of property is it and what is the estimated market value?

If you have a deed(s) to your real property please provide a copy.

PART III: BANK ACCOUNTS

36. Please list below all bank accounts, certificates of deposit, money market certificates, IRA accounts, stocks, bonds or similar assets owned either in your name alone or jointly. This information is used to determine whether a basic will is appropriate for your situation. This information is held in strict confidence and will be discussed during your appointment. This information is kept in your personal file.

Bank or Co.	Type of Asset	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

37. Life insurance (on your life)

Name of Ins. Co.	Owner	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

38. Do you currently participate in a pension or profit sharing plan through your employer?

Yes_____ No_____

If yes, please state the name(s) of any beneficiary(s) under the plan, its approximate value and who it is through:

39. Does anyone owe you money? Yes_____ No_____

If yes, name, address and phone number of person(s) owing:

40. Do you own or have any interests in any business? Yes_____ No_____

If yes, please name the business, name the partners, shareholders, or members, describe the business; and state the approximate value of your interest in the business:

ESTATE PLANNING QUESTIONNAIRE

41. Do you have any child support or alimony obligation from a previous marriage?

Yes _____ No _____

If yes, please name that individual(s) owed. Also, please provide a copy of your divorce decree. _____

42. Are you the beneficiary of any trusts? Yes _____ No _____

If yes, please explain.

43. Have you given anyone other than your spouse any gifts worth more than \$14,000 or money or securities in any calendar year? Yes _____ No _____

If a gift tax return was filed, please provide a copy. Please list the years.

44. Have you formally contracted to leave any assets or money to any person or organization? Yes _____ No _____

If yes, please explain and provide details

45. Have you signed any pre-marriage contract regarding disposition of assets?

Yes _____ No _____ (Please bring a copy of this to your appointment for review)

46. Do you presently have a safe deposit box? Yes _____ No _____

If yes, please provide the location and names of renters _____

SECTION III – WILL

47. Whom do you wish to name as your personal representative? (Most married couples choose their spouse)

48. Whom do you wish to name as your second choice as your personal representative? Please provide their address and telephone number.

49. Please describe how you wish your property to be divided.

50. Who would you like to be named guardian? This person is responsible for your children and their estates until they reach the age of 18.

51. Under the state statute, you are able to extend the age under which your children's estates are managed from the age of 18 to the age of 21. This act is called the Uniform Transfers to Minors Act. If you want to have your children's estates managed until the age of 21, please indicate the name of the person, relationship.

SECTION IV – HEALTH CARE DIRECTIVE

Please complete the following section if you would like us to prepare a Health Care Directive for you.

The law authorizing the use of the health care directive became effective in August of 1998. Any competent person 18 years of age and older can execute a health care directive. It allows for competent adults to appoint someone, who is called an agent, to make health care treatment decisions for them when they are unable or unwilling to communicate a decision for themselves. Also, it allows the principal, you, to make specific written expressions of preference and instruction to the agent, which the agent must follow. It helps your family and doctor when there is a difficult decision to make, as it applies to your health care.

The law allows but does not require you to name an alternative agent. It is a good idea to name another agent, since your primary may be out of town or otherwise indisposed and unable to make decisions for you.

The health care directive also allows you to express your wishes concerning life support by artificial means, organ donation and disposition of your body after death.

Agent
(If you are married, most name their spouse)

Alternative Agent

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

I wish to donate my organs, tissue and other body parts when I die. Yes _____ No _____

I have agreed in another document or on another form to donate organ when I die.
Yes _____ No _____

I request cremation of my remains. Yes _____ No _____

SECTION V – POWER OF ATTORNEY

If you would like us to prepare a power of attorney for you, please complete the following questions.

A power of attorney is a written authorization from the principal, you, to the attorney(s)-in-fact, person whom you name to handle your property and or financial matters. You are able to name one or more persons to act as attorneys-in-fact. You can also require that the named attorney(s)-in-fact act together, or jointly, or individually. If you choose to have them act jointly, they must both agree on all decisions and sign all documents related to your financial affairs. If you say that they must act individually, should the first attorney-in-fact become ill, die, become incapacitated, the next in line is able to carry on as the first one had been.

The form takes effect the date that you sign it, however, while you are still competent, you have the right to control your own property and assets. The power of attorney indicates a series of powers that you, the principal give you your attorney(s)-in-fact. These powers include power over real estate, personal property, stocks, bonds, bank accounts, business transactions and insurance matters. You, as the principal can choose to give your attorney(s)-in fact all of the power or restrict them and give them only certain powers.

When selecting an attorney-in-fact, be sure to choose persons who are trustworthy, willing and able to handle the responsibility of managing you financial affairs, should you become incapacitated.

Attorney-in-Fact
(If you are married, most name their spouse)

Successor Attorney-in-Fact

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Do you want your attorney(s)-in-fact to act jointly? Yes _____ No _____

Can your attorney-in-fact transfer assets to themselves? Yes _____ No _____