

Estate Planning and Will Information Form

Married Couple



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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 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. Your full name _____

Address _____

State of Residence _____ County _____

Date of Birth: _____ State of Health _____

Occupation _____ Employer _____

W phone (____) _____ H phone (____) _____ Cell (____) _____

Email Address _____

Social Security No. _____ U.S. Citizen? Yes ____ No ____

Prior Marriages – List name(s), years married and whether remarriage due to death or divorce.

If you have been divorced, please bring a copy of the Divorce Decree to our meeting.

If signed a Prenuptial Agreement with current spouse, please bring a copy to our meeting.

Prior State(s) of residence since marrying your current spouse. (List each state and number of years resided there.) _____

2. Your spouse's full name _____

Address _____

State of Residence _____ County _____

Date of Birth: _____ State of Health _____

Occupation _____ Employer _____

W phone (____) _____ H phone (____) _____ Cell (____) _____

Email Address _____

Social Security No. _____ U.S. Citizen? Yes ____ No ____

Prior Marriages – List name(s), years married and whether remarriage due to death or divorce.

If you have been divorced, please bring a copy of the Divorce Decree to our meeting.

Do you or your spouse have any children from a previous marriage or relationship?

You ___ Yes ___ No Spouse ___ Yes ___ No

List names: _____

Have they been adopted? ___ Yes ___ No

Are your parents living?

Are your spouse's parents living?

Mother ___ Yes ___ No

Mother ___ Yes ___ No

Father ___ Yes ___ No

Father ___ Yes ___ No

Any special needs? _____

Any special needs? _____

List any dependents other than your immediate family: _____

3. Child's full name _____

Address _____

W phone (____) _____ H phone (____) _____ Cell (____) _____

Birth date _____ Education Completed _____

If education not completed, list educational objective _____

Source of support for any additional education _____

Occupation _____ Employer _____

Child's spouse's name _____ Birth date _____

Child's children and ages _____

* Child's full name _____

Address _____

W phone (____)_____ H phone (____)_____ Cell (____)_____

Birth date _____ Education Completed _____

If education not completed, list educational objective_____

Source of support for any additional education _____

Occupation _____ Employer _____

Child's spouse's name _____ Birth date _____

Child's children and ages _____

* Child's full name _____

Address _____

W phone (____)_____ H phone (____)_____ Cell (____)_____

Birth date _____ Education Completed _____

If education not completed, list educational objective_____

Source of support for any additional education _____

Occupation _____ Employer _____

Child's spouse's name _____ Birth date _____

Child's children and ages _____

* Child's full name _____

Address _____

W phone (____)_____ H phone (____)_____ Cell (____)_____

Birth date _____ Education Completed _____

If education not completed, list educational objective_____

Source of support for any additional education _____

Occupation _____ Employer _____

Child's spouse's name _____ Birth date _____

Child's children and ages _____

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: _____

Alternate Guardian: _____

Relationship to you: _____

Address: _____

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: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

5. 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: _____

Address: _____

Relationship to you: _____

Alternate Trustee: _____

Relationship to you: _____

Address: _____

Do the following persons have disabilities or other problems that could affect their abilities to manage assets: Please explain.

Spouse _____

Children _____

Other dependents _____

Indicate how long you would like a trust for your children to manage their property. (typical ages of distribution are 1/3 at 22, 1/3 at 27 and balance at 30)

Until 21 ___ Until 25 ___ Until age ___ Youngest child's current age ___

HOW DO YOU WANT YOUR ESTATE DISTRIBUTED ON YOUR DEATH - Tax considerations aside, in what manner, would you want your estate to be distributed at death if:

Your spouse and children are living _____

Only your children are living _____

Neither your spouse nor your children are living _____

Are there any special needs you want to provide for?

Education _____ Special Child _____

Pets _____ Other _____

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. Please round to of figures to nearest \$500.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks & 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:			
TOTAL			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts To Family Members			
Other Debts (describe):			
TOTAL LIABILITIES			

Business Information

The value of a family business is usually a large portion of a family's estate. Transferring the business interest at death is one of the major decisions facing the business owner. Completing this section can help you develop goals and objectives concerning your business-transfer plans.

Name of business _____ Address _____

Nature of business _____ Number of employees _____

Title of owner(s) _____ Duties of owner(s) _____

Form of business: sole proprietor partnership corporation limited liability company

What would be a fair price for your business? _____

What percentage of the business do you own? _____ %

What percentage of your business is owned by other family members? _____ %

By whom and what percent do they own ? _____

Should your business be passed to your family at your death? Yes No

If not, should it be sold ? Yes No

To whom? _____

Do you have a buy-sell agreement? ____ Yes ____ No

What is the last valuation for the agreement? _____

7. Beneficiary Designations:

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				
2.				
3.				
4.				
5.				

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

c. Does your retirement plan have a death benefit? Yes ____ No ____ . If so, who is the named beneficiary?

8. Safe Deposit Box

Do you have a safe deposit box? Yes ____ No ____ If so, where? _____

Does anyone else have access to your box? _____

9. Future Inheritances

Do you expect any inheritance in the near future? If so please give details:

10. 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 Health Care Directive and noted on the person's drivers license.

11. Discussion Issues

We will discuss the following issues at the meeting:

- Current Will. Do you now have a will or revocable trust? If so, bring a copy to the interview meeting.
- Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.

Do you wish to include grandchildren born out of wedlock? Yes_____ No _____.

- Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?
- Specific Gifts. Do you wish to make any specific bequests to charities or individuals?
- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

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?

Attorney-in-Fact: _____

Relationship to you: _____

Address: _____

Successor AIF: _____

Relationship to you: _____

Address: _____

Health Care Directive

a. Agent. Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself:

b. Successor or Co-Agent's name, address, and telephone number:

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

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

_____ Yes _____ No. If yes, 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.

g. Do you want to donate any organs upon your death? ____ Yes ____ No.
If yes, have you agreed in another document, e.g. drivers license, to make the donation?
____ Yes ____ No.

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.

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