

PERSONAL INFORMATION QUESTIONNAIRE FOR ESTATE PLANNING

CONFIDENTIAL

Clients' names

Client 1:

Client 2:

Thank you for asking me to help you establish your estate plan. In order for me to do this well, I need information about you, your family situation, your goals and objectives, your financial circumstances, and other things. Please complete this form to the best of your ability. If you are able return it to me before our next meeting, it will help me to structure our interview in the most helpful way. This document will be part of your confidential file and will not be disclosed to anyone else without your permission.

This questionnaire is designed for use by a couple who wants to plan their estates jointly. One of you should be Client 1, and the other Client 2. If information is the same for each of you, fill it in for Client 1 and have Client 2 indicate "Same" or something similar.

BACKGROUND INFORMATION

SECTION 1: BACKGROUND INFORMATION This section provides me with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your name is spelled correctly in your documents, and how to best stay in touch with you, for example.

CLIENT 1

Full Legal Name: _____
(Name most often used to title property and accounts)

Other names under which you are or have in the past been known: _____

Other names used to title property and accounts:

Name you prefer to be called _____

Your birth date _____ Age today _____ Social Security No. _____ - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Is it OK to communicate with you via email? Yes No

Marital status Your current marital status: Never Married Married Widowed

Domestic partner relationship Divorced. Separated

Date and place of each marriage and name of partner or spouse:

Dates of each death, separation divorce, etc:

Do you have a pre- or post-nuptial agreement with your current spouse or partner? Yes No

If you are married, have either you or your partner or spouse lived in any of the following states while married to each other? (Mark all that apply)? Arizona California Idaho Louisiana Nevada

New Mexico Texas Washington Wisconsin

Are you a US Citizen? Yes No If no, of what nation are you a citizen? _____

Are either of your parents still living? Yes No Are any of your grandparents still living? Yes No

CLIENT 2

Full Legal Name: _____
(Name most often used to title property and accounts)

Other names under which you are or have in the past been known: _____

Other names used to title property and accounts:

Name you prefer to be called _____

Your birth date _____ Age today _____ Social Security No. _____ - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Is it OK to communicate with you via email? Yes No

Marital status Your current marital status: Never Married Married Widowed Domestic partner relationship Divorced. Separated

Date and place of each marriage and name of partner or spouse:

Dates of each death, separation divorce, etc:

Do you have a pre- or post-nuptial agreement with your current spouse or partner? Yes No

If you are married, have either you or your partner or spouse lived in any of the following states while married to each other? (Mark all that apply)? Arizona California Idaho Louisiana Nevada

New Mexico Texas Washington Wisconsin

Are you a US Citizen? Yes No If no, of what nation are you a citizen? _____

Are either of your parents still living? Yes No Are any of your grandparents still living? Yes No

SECTION 2: GIFTS TO INDIVIDUAL BENEFICIARIES. (Gifts to charities are covered in Section 3). Please identify individuals to whom you may wish to leave something after your death. This may include partner or spouse, children, grandchildren, siblings, parents, an unrelated friend, etc. Please give the person's full legal name and as much contact information as you have. Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying *potential* beneficiaries for discussion purposes. **(Attach "Additional Individual Beneficiaries" sheets, if necessary)**

Client 1

Beneficiary 1

Beneficiary's full legal name _____
Address _____ City _____ State ____ Zip _____ Phone _____
email _____
Relationship to Client 1: _____ Date of birth _____
Soc. Sec. # (if known) _____ - _____ - _____
Does beneficiary have special needs? Medical Educational Financial
Beneficiary's current marital status: Married Domestic Partnership Divorced Widowed Single
Beneficiary's spouse's or partner's name: _____ Date Married _____
Beneficiary's children (name(s) and date(s) of birth) (indicate if adopted or step-children):

Comments or other relevant information about this beneficiary _____

Beneficiary 2

Beneficiary's full legal name _____
Address _____ City _____ State ____ Zip _____ Phone _____
email _____
Relationship to Client 1: _____ Date of birth _____
Soc. Sec. # (if known) _____ - _____ - _____
Does beneficiary have special needs? Medical Educational Financial
Beneficiary's current marital status: Married Domestic Partnership Divorced Widowed Single
Beneficiary's spouse's or partner's name: _____ Date Married _____
Beneficiary's children (name(s) and date(s) of birth) (indicate if adopted or step-children):

Comments or other relevant information about this beneficiary _____

Client 2

Beneficiary 1

Beneficiary's full legal name _____

Address _____ City _____ State ____ Zip _____ Phone _____

email _____

Relationship to Client 2: _____ Date of birth _____

Soc. Sec. # (if known) _____ - _____ - _____

Does beneficiary have special needs? Medical Educational Financial

Beneficiary's current marital status: Married Domestic Partnership Divorced Widowed Single

Beneficiary's spouse's or partner's name: _____ Date Married _____

Beneficiary's children (name(s) and date(s) of birth) (indicate if adopted or step-children):

Comments or other relevant information about this beneficiary _____

Beneficiary 2

Beneficiary's full legal name _____

Address _____ City _____ State ____ Zip _____ Phone _____

email _____

Relationship to Client 2: _____ Date of birth _____

Soc. Sec. # (if known) _____ - _____ - _____

Does beneficiary have special needs? Medical Educational Financial

Beneficiary's current marital status: Married Domestic Partnership Divorced Widowed Single

Beneficiary's spouse's or partner's name: _____ Date Married _____

Beneficiary's children (name(s) and date(s) of birth) (indicate if adopted or step-children):

Comments or other relevant information about this beneficiary _____

SECTION 3 POTENTIAL CHARITABLE BENEFICIARIES. Many people direct a portion of their estate to one or more charities or other non-profit organizations, such as a church, college, school, social club, or other philanthropy. Take a moment and contemplate whether you want to include such a bequest within your plan. Listing an organization here is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes. Please indicate whether proposed gift is from Client 1, Client 2, or both of you. **(Attach "Additional Charitable Beneficiary" sheets as necessary.)**

Client(s) making gift	Name of Charity or Non-Profit Organization	Address (city, state at least)
_____	_____	_____
_____	_____	_____

SECTION 4 PEOPLE WHO ADVISE YOU. Your various advisors play a key role in developing your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm or change beneficiary designations and titling of accounts. Your accountant many need to be consulted in regard to income tax matters.

If Client 1 and Client 2 use different advisors, please indicate.

	Name	Address	Telephone
Auto/Home Insurance Agent	_____	_____	_____
Tax Advisor (CPA, EA, etc.)	_____	_____	_____
Family Attorney	_____	_____	_____
Life Insurance Agent	_____	_____	_____
Financial Advisor	_____	_____	_____
Stock Broker	_____	_____	_____
Banker	_____	_____	_____
Other Advisor	_____	_____	_____

SECTION 5 APPOINTMENTS—PEOPLE TO ASSIST YOU. One of the most important aspects of any estate plan is the appointment of persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed helpers are called by different names depending on the type of estate plan you decide on, such as guardian, conservator, trustee, attorney-in-fact, personal representative, etc. Don't be concerned with labels for now. Instead, focus on the roles or functions these helpers play in protecting your family and your estate. It is wise, but not required, to name one or two back-up helpers if your first choice isn't available or willing to serve.

Please give name and contact information (address, phone, email) for each person. Please indicate whether you have discussed the potential appointment with the person.

Personal representative. When you die, who do you want to administer and distribute your estate?

Client 1 First choice & relationship to client.

Client 2 First choice & relationship to client.

Back Up # 1

Back Up # 1

Back Up #2

Back Up #2

Trustee. If you are considering establishing a trust to manage and distribute money on behalf of your children or someone else, who do you want to name as the Trustee who will administer the trust?

Client 1: First choice & relationship to client.

Client 2: First choice & relationship to client.

Back Up # 1

Back Up # 1

Back Up #2

Back Up #2

Attorney-in-fact. If you become unable to make your own financial decisions or take care of your financial affairs, who do you want to handle them while you are incapacitated? Please give name, address, phone, email.

Client 1:

First choice & relationship to client.

Back Up # 1

Back Up #2

Client 2:

First choice & relationship to client.

Back Up # 1

Back Up #2

Guardianship of children. If you have children, who do you want to care for them if you and their other parent both die before they are adults?

Client 1

First choice & relationship to client

Back Up # 1

Back Up #2

Client 2

First choice & relationship to client

Back Up # 1

Back Up #2

Health care agent. If you were incapacitated for any period of time and unable to make medical or health care decisions, who would you choose to make decisions for you? Please give name, address, phone, email.

Client 1

First choice & relationship to client

Back Up # 1

Back Up #2

Client 2

First choice & relationship to client

Back Up # 1

Back Up #2

SECTION 6 ASSETS & LIABILITIES. Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. Please complete the following as completely as you can. Feel free to approximate values if you can’t determine it precisely. (If either Client owns property jointly with another person who is not Client 1 or 2, please indicate.) **(Attach “Other Assets & Liabilities” sheet if necessary.)**

Assets	In Client 1’s name		In Client 2’s name		Owned jointly by Client 1 & 2	
	No. of assets	Approx. total value	No. of assets	Approx. total value	No. of assets	Approx. total value
Cash (i.e. checking, savings, CD, Money Market accounts)						
Investment/brokerage Accounts						
Bonds, including US savings bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Stock Options						
Valuable personal property (i.e. tools, art, jewelry, vehicles, etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Business Interests in a corporation (e.g., S-Corp, or LLC)						
Sole Proprietorship Interests						
Oil, Gas, and Mineral Interests						
Money Owed to You (promissory notes)						
Personal Residence						
Other Real Property in Minnesota						
Real Property not in Minnesota						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL VALUE OF ASSETS						

Liabilities	Of Client 1		Of Client 2		Liabilities of Clients 1 & 2 jointly	
	No. of liabilities	Approx, total value	No. of liabilities	Approx, total value	No. of liabilities	Approx, total value
Money you have borrowed and must repay						
Money you owe to others (e.g., credit card debt)						
How much you owe on real estate mortgages						
TOTAL VALUE OF LIABILITIES						
Net estate (Total Assets minus Total Liabilities)						

COMBINED NET ESTATE (Client 1 Net + Client 2 Net + Joint Net) = \$ _____

SECTION 7 ABOUT YOUR GOALS & OBJECTIVES. Before we meet, it is important to us to better understand what prompted you to schedule this appointment to discuss estate planning. Don't focus on the tools to be used but rather on the outcomes you want to achieve. (Add additional goals on separate sheet.)

Our (my) main goals for estate planning are:

Client 1	Client 2
Goal 1	Goal 1
Goal 2	Goal 2
Goal 3	Goal 3

Affirmation: We (I) understand that Landskroener Law Office (the "Firm") will need to rely on the information we (I) supply to develop an estate plan. We (I) also understand that inaccurate or incomplete information could negatively affect our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____ Date: _____

Client 2: _____ Date: _____