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PERSONAL INFORMATION QUESTIONNAIRE FOR ESTATE PLANNING
(Single Person)
CONFIDENTIAL

Client: _____

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.

BACKGROUND INFORMATION

SECTION 1: BACKGROUND INFORMATION This section provides important information about you, and how best to communicate with you.

CLIENT (You)

Full Legal Name: _____

Other names under which you are or have in the past been known (e.g. maiden name, nickname):

Other names you have used to title property and accounts:

Name you prefer to be called: _____

Your birth date: _____ Social Security No.: _____

Home Address: _____

City, State ZIP: _____

County of Residence: _____

Telephone

Home: _____

Mobile: _____

Other: _____

Employer: _____

Position: _____

E-mail Address(s): _____

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 commitment to provide for a particular individual. **(Attach additional sheets, if necessary)**

Beneficiary 1

Beneficiary's full legal name: _____

Address: _____

City, State ZIP: _____

Relationship to you: _____

Date of birth: _____ Soc. Sec. # (if known): _____

Does beneficiary have special medical, educational, or financial needs? Please explain:

Beneficiary's current marital status:

Married Domestic Partnership Divorced Widowed Single

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

Date Married: _____

Beneficiary's children's name(s), date(s) of birth, and address, if known:

Comments or other relevant information about this beneficiary:

Beneficiary 2

Beneficiary's full legal name: _____

Address: _____

City, State ZIP: _____

Relationship to you: _____

Date of birth: _____ Soc. Sec. # (if known): _____

Does beneficiary have special medical, educational, or financial needs? Please explain:

Beneficiary's current marital status:

Married Domestic Partnership Divorced Widowed Single

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

Date Married: _____

Beneficiary's children's name(s), date(s) of birth, and address, if known:

Comments or other relevant information about this beneficiary:

Beneficiary 3

Beneficiary's full legal name: _____

Address: _____

City, State ZIP: _____

Relationship to you: _____

Date of birth: _____ Soc. Sec. # (if known): _____

Does beneficiary have special medical, educational, or financial needs? Please explain:

Beneficiary's current marital status:

Married Domestic Partnership Divorced Widowed Single

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

Date Married: _____

Beneficiary's children's name(s), date(s) of birth, and address, if known:

Comments or other relevant information about this beneficiary:

Beneficiary 4

Beneficiary's full legal name: _____

Address: _____

City, State ZIP: _____

Relationship to you: _____

Date of birth: _____ Soc. Sec. # (if known): _____

Does beneficiary have special medical, educational, or financial needs? Please explain:

Beneficiary's current marital status:

Married Domestic Partnership Divorced Widowed Single

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

Date Married _____

Beneficiary's children's name(s), date(s) of birth, and address, if known:

Comments or other relevant information about this beneficiary:

[Attach additional sheets if necessary]

Are you concerned with your beneficiaries' ability to get along with each other? Yes No. If Yes, please explain:

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. (Attach additional sheets as necessary.)

Name and address of Charity or Non-Profit Organization any restrictions you wish to put on the use of your gift. (Unless otherwise provided, the gift will be for the “general purposes” of the organization.”

Name & Address of charity

Any limitation on use

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



SECTION 4 APPOINTMENTS—FIDUCIARIES. 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 (or fiduciaries) are called by different names depending on the job you ask them to do, such as personal representative (formerly known as executor), guardian, conservator, trustee, attorney-in-fact, etc. The same person can serve in more than one role. It is wise, but not required, to name at least one back-up person if your first choice isn't able or willing to serve. You can name two or more people to serve jointly if you want. Please give name and contact information for each person.

Personal representative. *When you die, your Personal Representative (PR) will file your Will with the court, gather your assets, pay your bills and taxes, distribute your remaining assets to your beneficiaries, and report to the court. A PR should be a person who you trust to be conscientious, well-organized, and good with details. It requires work and time and should not be given to a person simply as an honor. However, your PR may engage a lawyer, accountant, or other professional to help with the work, and you can direct that your estate pay the PR a reasonable fee for his or her services.*

PR First choice

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

PR Back Up

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

Attorney-in-fact. *You may create a Power of Attorney to appoint an attorney-in-fact (AIF) to make your financial decisions and take care of your business and financial affairs if you become unable to do so. Your AIF should be competent and conscientious in handling financial matters who you would trust to manage yours well. It is convenient, but not necessary, that your AIF live near you.*

AIF First choice

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

AIF Back Up

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

TRUSTEE. *If you are creating a living or testamentary (i.e., in your will) trust, you need to name one or more Trustees to receive and manage the assets of the trust according to your directions. This person should have the same kind of skills needed by your PR and AIF. In addition, the Trustee should be able to establish a good working relationship with the beneficiaries of your trust in order to ensure that your intentions are accomplished.*

Trustee First choice

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

Trustee Back Up

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

Conservator of children’s funds. *Who do you want to take care of and manage money left for children (yours or others) while they are minors, if different than the person(s) just named?*

Conservator First choice

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

Back Up

Name: _____ Relationship to you: _____

Address, City, State ZIP: _____

Phone: _____ Email: _____

Other information: _____

Health Care Agent. *When you become unable to make your own medical or healthcare decisions, you can name another person – your Health Care Agent – to make decisions for you. This person should be very familiar with you and your values since he or she will be asked to make the decisions for you that you would make if you were able. The person does not have to be a medical expert, but should be someone who will ask questions and advocate on your behalf.*

Health Care Agent First choice

Name: _____ Relationship to you: _____
 Address, City, State ZIP: _____
 Phone: _____ Email: _____
 Other information: _____

Health Care Agent Back Up

Name: _____ Relationship to you: _____
 Address, City, State ZIP: _____
 Phone: _____ Email: _____
 Other information: _____

SECTION 5 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 may need to be consulted in regard to income tax matters.

	Name and address	Telephone and email
Auto/Home Insurance Agent	_____ _____	_____ _____
Tax Advisor (CPA, EA, etc.)	_____ _____	_____ _____
Family Attorney	_____ _____	_____ _____
Life Insurance Agent	_____ _____	_____ _____
Financial Advisor	_____ _____	_____ _____
Stock	_____	_____

Broker

Banker

Other

Advisor

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.

Assets	In Your name		You own jointly with someone else (who?)	
	No. of assets in this category	Approximate market value	No. of assets	Approximate market 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 Plan accounts (401k, 403b, 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				

Assets	In Your name		You own jointly with someone else (who?)	
	No. of assets in this category	Approximate market value	No. of assets	Approximate market value
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	Your own liabilities		Liabilities you have jointly with someone else	
	No. of liabilities	Approximate value	No. of liabilities	Approximate 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)				

SECTION 7 ABOUT YOUR GOALS & OBJECTIVES. Before we meet, it is important that I 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.)

My main goals for estate planning are:

Goal 1:

Goal 2:

Goal 3:

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

Client’s signature: _____

Date: _____

Additional Documentation Request. In some instances, I will need to review other documents before I can make planning recommendations. Please be prepared to provide copies of the following documents upon request. If you can easily provide them at our first meeting, please do so.

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities. (For example, most recent statements that will have your name on them.)
4. Copies of any stock or bond certificates.
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
8. Last 3 years of personal income tax returns.
9. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.