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ESTATE PLANNING AND WILL INFORMATION FORM

Thank you for choosing Lund Ross, P.A. Attorneys at Law, to assist you in your estate planning needs. Please complete the Estate Planning and Will Information Form. When you have completed this form, please return it to our office. 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. **Wife's Name and Information:**

Name (first, middle, last) _____ Date of Birth: _____
Social Security No. _____ U.S. Citizen? Yes _____ No _____
Street Address _____ Apt _____ County _____
City _____ State _____ Zip _____
State of Residence _____ Email Address: _____
Home Telephone Number: _____ Cell Phone Number: _____

2. **Husband's Name and Information:**

Name (first, middle, last) _____ Date of Birth: _____
Social Security No. _____ U.S. Citizen? Yes _____ No _____
Street Address _____ Apt _____ County _____
City _____ State _____ Zip _____
State of Residence _____ Email Address: _____
Home Telephone Number: _____ Cell Phone Number: _____

3. **Marriage**

- a. Date of Marriage: _____ City/State: _____
- b. Have you and your spouse signed a pre-nuptial (pre-marital) agreement?
Yes _____ No _____
- c. Have either you or your spouse previously been married and divorced?
Yes _____ No _____
If yes, please indicate which spouse has been previously married, to whom they were previously married, and in what state the dissolution occurred. _____

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4. **Children** Please list ALL of your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan.

<u>Name of Child</u> (first middle last)	<u>Date of Birth</u>	<u>Full Address & Telephone Number</u>	<u>Child of</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Identify any child who is not a natural or adopted child of both you and your spouse:

- 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. Do any of the children have a disability? _____
- d. Do you have any special concerns or objectives regarding your children? _____

5. **SECTION TO BE COMPLETED FOR WIFE:**

At the time of your death, who do you want to appoint to be your **Personal Representative**? A personal representative is a person who is responsible for administering your estate, paying your debts, collecting your income and assets, and settling your estate at the time of your death.

Name (first, middle, last) : _____

Relationship to you: _____

Address (City, State, Zip): _____

Telephone Number: _____

If the person you have selected as your Personal Representative pre-deceases you, or if they are unable to serve as your Personal Representative, who do you want to appoint as your Alternate Personal Representative?

Name (first, middle, last): _____

Relationship to you: _____

Address (City, State, Zip): _____

Telephone Number: _____

6. **Guardians.** Who should be the guardian of your minor child(ren) if you and your spouse should die? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name (first, middle, last): _____

Address (City, State, Zip): _____

Relationship to you: _____

Alternate Guardian: _____

Relationship to you: _____

Address (City, State, Zip): _____

7. **Custodians.** If one of your heirs is under the age of 18 at the time of your death, who do you want to appoint to be the custodian for the minor heir? A custodian is responsible for managing a minor heirs' inheritance until the minor heir reaches the age of 18.)

Name: _____

Address (City, State, Zip): _____

Alternate Custodian: _____

Address (City, State, Zip): _____

8. **SECTION TO BE COMPLETED FOR HUSBAND:**

At the time of your death, who do you want to appoint to be your **Personal Representative?** A personal representative is a person who is responsible for administering your estate, paying your debts, collecting your income and assets, and settling your estate at the time of your death.

Name (first, middle, last) : _____

Relationship to you: _____

Address (City, State, Zip): _____

Telephone Number: _____

If the person you have selected as your Personal Representative pre-deceases you, or if they are unable to serve as your Personal Representative, who do you want to appoint as your Alternate Personal Representative?

Name (first, middle, last): _____

Relationship to you: _____

Address (City, State, Zip): _____

Telephone Number: _____

9. **Guardians.** Who should be the guardian of your minor child(ren) if you and your spouse should die? (A

guardian has physical and legal control over your children until they reach the age of 18.)

Name (first, middle, last): _____

Address (City, State, Zip): _____

Relationship to you: _____

Alternate Guardian: _____

Relationship to you: _____

Address (City, State, Zip): _____

10. **Custodians.** If one of your heirs is under the age of 18 at the time of your death, who do you want to appoint to be the custodian for the minor heir? A custodian is responsible for managing a minor heirs' inheritance until the minor heir reaches the age of 18.)

Name: _____

Address (City, State, Zip): _____

Alternate Custodian. _____

Address (City, State, Zip): _____

11. **Trusts.** (Optional). 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, your children will inherit at age 18. You may name an individual, bank, or trust company, or both, to act as your trustee. (Trusts are **not** included in our "basic" Will package, and it will cost slightly more to create.) If a trust is appropriate to include in your estate plan, who should be the trustee?

Name of Trustee: _____

Address (City, State, Zip): _____

Alternate Trustee: _____

Address (City, State, Zip): _____

- a. If you elect to create a trust, when do you want it to go into effect?
1. ____ Now (I understand that I will need to create separate instruments transferring my property into this trust during my lifetime.)
 2. ____ Only if my spouse and I should die while our children are still minors (a "contingent testamentary" trust.)
- b. If you have more than one child, how would you like the trust to be divided?
1. ____ Into separate trusts for each child immediately.
 2. ____ Into one "pot" from which the trustee may discretionarily distribute to any or all of the children.
 3. ____ Into a "pot" initially, then divided into separate trusts upon the occurrence of a certain event(s).

c. Please describe your ideas or plans for the ages and criteria for distribution to your children:

12. **Discussion Issues and Other Estate Planning Options.**

Current Will. Do you now have a will or revocable trust? Yes No If yes, please bring a copy to the interview meeting.

Predeceased Child. If any child should die before his/her parent, should his/her share pass through to his/her children? Yes No

Illegitimacy. Do you wish to include children or grandchildren who may be born out of wedlock? Yes No

Special Gifts. Do you wish to make any specific bequests to any particular charities or individuals? If so, please list the gift and recipient here:

<u>Gift</u>	<u>Recipient</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(continue on back if necessary)

No Family or No Surviving Family. How should your estate be distributed if your spouse and/or children (and their descendants) do not survive you? (e.g.: extended family, charity, etc.):

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? Yes No

Health Care Directive. Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation. Yes No

Special Requests.

Does Wife wish to be cremated? _____ Does Wife wish to be an Organ Donor? _____

Does Husband wish to be cremated? _____ Does Husband wish to be an Organ Donor? _____

Loan Guarantees. Have you guaranteed any loans for your children, grandchildren, or any other person? Yes No If so, please bring details to the interview meeting.

Public Assistance. Have you or any member of your immediate family ever been the recipient of medical assistance or another form of public assistance? If so, describe:

Life Insurance. What is the value of any life insurance policies on your life? Please bring copies of all of your policies of life insurance.

1. Value: _____
2. Value: _____
3. Value: _____

Real Estate. If you own, or have any interest in any real property in this state or elsewhere, bring along copies of your Deed, Abstract, or other evidence of ownership, and provide an address and legal description for such real estate.

Financial Inventory Spreadsheet

Please indicate the approximate values of each asset you own, placing the value in the column reflecting appropriate ownership of each asset. **BRING SUPPORTING DATA FOR EACH ASSET**, i.e. bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

Assets

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			

Debts

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

Life Insurance

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

Retirement Plans

Please list your retirement plans/IRAs, including the value of each policy, as well as the beneficiary of each policy.

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

Safe Deposit Box. Do you have a safe deposit box? Yes _____ No _____
If yes, where is it located? Who else has access to your box? _____

Financial Advisors

Accountant: _____
Address: _____
Telephone: _____

Financial Advisor: _____
Address: _____
Telephone: _____

After you have completed this Worksheet (and the attached Financial Inventory Worksheet, if applicable), please return to:

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