

**CONFIDENTIAL  
ESTATE PLANNING  
QUESTIONNAIRE  
FOR  
MARRIED COUPLE**

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## INSTRUCTIONS

The purpose of the attached worksheets is to collect information for use in the preparation of your estate plan. The focus of the worksheets is on your family information, the nature and value of your assets, and your goals for distribution of your assets. This information is essential in preparing your estate plan, will be used to determine what planning options are appropriate for your estate, and will be kept in strict confidence. Thus, it is extremely important to complete the worksheet as thoroughly and accurately as possible. However, if there is information you cannot collect, do not delay the planning process until this information is collected. We can review the missing information together and determine what impact it will have on your plan. Because preparing an estate plan is a process, it is our goal for it to continue at a steady pace.

In completing the Personal Information Worksheet, it will help for you to have the following definitions:

1. **Guardian** - A *guardian* is the person or persons you select to assume parental care for your minor children. You should have the confidence the selected guardian will prepare your children for adulthood by instilling values, by training, and by otherwise fulfilling the responsibility of a parent. When minor children are involved, a trust is ordinarily established to control the administration of financial resources for the benefit of the children. It is then necessary for the guardian and the trustee to interact in caring for and meeting the needs of the children. Accordingly, the trustee and the guardian may often be the same person.
2. **Trustee** - The *trustee* is a person or entity (sometimes a bank or trust company) you select to manage assets which you designate. A trustee is most often needed for a revocable living trust or a trust for minor children. It is the trustee's responsibility to care for and invest those assets held in the trust for the benefit of the ultimate beneficiary of the assets. Therefore, it is preferred that the trustee be someone who knows the beneficiaries and has good financial skills and sound financial judgment. The trustee can seek professional help in completing these responsibilities. The most important consideration is that you have confidence in the trustee to manage the property under the trustee's control in a way that is consistent with your intentions.
3. **Personal Representative** - Your *personal representative* is the person you select to carry out the instructions you leave in your will. It is the personal representative's responsibility to locate the will, present it to the court for approval, gather your assets, pay your expenses and distribute your property to those persons or organizations named in your will. The personal representative must report to the court the steps completed on behalf of the estate. Most personal representatives seek the assistance of an attorney in working through the process which is known as probate. If you are considering the use of a revocable living trust, you should still provide the personal representative information as it will be necessary in the overall plan.
4. **Power of Attorney** - Under Minnesota law, you have the right to grant to another person the authority to make financial decisions on your behalf. This is done through a written document known as a *power of attorney*. A power of attorney is particularly important if you are unable to make decisions due to incompetency resulting from sickness, injury or other incapacity. When we meet together, we will discuss in detail the powers granted to the person and the limitations or safeguards that can be established to protect you as the creator of your power of attorney. The person you select is known as your attorney-in-fact. You should consider persons with whom you would entrust your financial resources. Please record each person's full name and address where provided.
5. **Health Care Decision Maker** - Your *health care decision maker* has the legal authority to make medical decisions on your behalf. This person, sometimes called a health care proxy, will carry out your medical wishes if you cannot communicate your own medical decisions. Like your attorney-in-fact, your health care decision maker should be someone you trust. Please provide us with the name, address and telephone number of your selections.

# PERSONAL INFORMATION WORKSHEET

Date: \_\_\_\_\_

## 1. Personal Data

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Birth date \_\_\_\_\_

Birth date \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

State of Health \_\_\_\_\_

State of Health \_\_\_\_\_

## 2. Marriage

a. Date of marriage: \_\_\_\_\_

b. Have you and your spouse signed a Premarital Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please bring a copy of the agreement to our meeting.

c. Has either spouse been previously married? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, provide details (dates of marriage, death, divorce, etc) of previous marriages: \_\_\_\_\_  
\_\_\_\_\_

## 3. Children (if applicable)

a. Please identify ALL of your children. If you have more than four children, please list on back of form.

	Name	Address	Date of Birth	Child of
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

b. Please answer these questions about your children.

- 1) Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain. \_\_\_\_\_
- 2) Is there any reason NOT to treat your children equally? If so, please explain. \_\_\_\_\_
- 3) Are any of the children mentally or physically disabled? \_\_\_\_\_
- 4) Do you have any special concerns or objectives regarding your children? \_\_\_\_\_
- 5) Do you or your spouse have children by a previous marriage? If so, please identify. \_\_\_\_\_
- 6) Note if any of your children are adopted, deceased, or to be omitted from your estate plan. \_\_\_\_\_
- 7) Do you plan to have more children? \_\_\_\_\_

4. **Guardian(s):** If needed for minor children:

- a. First choice Full name(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Second choice Full name(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

5. **Trustee(s):** If any trusts are to be established:

- a. First choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Second choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_

6. **Personal Representative(s)** (Executor) - full name and address:

- a. First choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Second choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_

7. **Power of Attorney** - full name and address:

- a. First choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_

b. Second choice Full name: \_\_\_\_\_  
Address: \_\_\_\_\_

8. **Health Care Decision Maker** - full name, address and phone number:

a. First choice Full name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

b. Second choice Full name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

9. **Existing Estate Planning Documents**

- a. Do you have a current will? If so, what is the date? \_\_\_\_\_ Please provide a copy.
- b. Do you have any present living trusts? If so, what is the date? \_\_\_\_\_ Please provide us with copies.
- c. Do you have a safe deposit box? If so, where is it located? \_\_\_\_\_

## ESTATE ANALYSIS WORKSHEET

1. **Assets** - Please specify approximate amounts. Specify if any assets are located outside the U.S.

	In Husband's Name	In Wife's Name	In Joint Names
Family Home	\$ _____	\$ _____	\$ _____
Other Real Estate: _____ _____	_____	_____	_____
Checking Accounts	_____	_____	_____
Savings Accounts	_____	_____	_____
Money Market Accounts	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Investment Management Accounts	_____	_____	_____
Mutual Funds	_____	_____	_____
Savings Bonds	_____	_____	_____
Stocks	_____	_____	_____
Notes/Accounts Receivable	_____	_____	_____
Assets Held in Trust	_____	_____	_____
Annuities	_____	_____	_____
Business Interests	_____	_____	_____
Retirement Accounts: IRA, Pension, 401(k), Other	_____	_____	_____
Life Insurance (see next page)	_____	_____	_____
Household Goods	_____	_____	_____
Automobiles	_____	_____	_____
Inheritances (if expected in near future)	_____	_____	_____
Other Assets	_____	_____	_____
 TOTAL ASSETS	 \$ _____	 \$ _____	 \$ _____

2. **Liabilities** - Please specify amounts

	In Husband's Name	In Wife's Name	In Joint Names
Loans	\$ _____	\$ _____	\$ _____
Mortgages	_____	_____	_____
Other Substantial Debts: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL LIABILITIES</b>	=====	=====	=====

3. **Life Insurance Policies**

Company	Policy Number	Face Value	Cash Value	Insured	Owner	Beneficiary
<b>TOTALS</b>						

4. **Advisors**

Accountant      Name: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone: \_\_\_\_\_

Financial Advisor      Name: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone: \_\_\_\_\_

## DISTRIBUTION WORKSHEET

*Please complete this worksheet to the best of your ability. If you have questions about the worksheet, they can be addressed at our office conference. It is not necessary that this worksheet be fully completed before the conference.*

1. Upon my or my spouse's passing, we would like our estate to pass as follows:

a. To the surviving spouse in its entirety.

b. \_\_\_% to the surviving spouse and \_\_\_% to our children equally.

c. To our children equally.

d. As follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If both spouses pass away, our estate should pass as follows:

a. To our children equally.

b. \_\_\_\_\_% to our children and \_\_\_\_\_% to the following charitable organizations:

\_\_\_\_\_  
\_\_\_\_\_

c. As follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If any part of my estate passes to our children, it should be distributed as follows:

a. By outright distribution (for minors, at age 18).

b. In trust for distribution at a later date.

4. If any of the estate is to be held in trust, it should be administered as follows:

a. Distributed at the discretion of my trustee until a certain event or the beneficiary reaches a certain age. The trust estate should then be distributed in the following percentages at the following ages or upon specific terms: \_\_\_\_\_

\_\_\_\_\_



b. The trust estate should be distributed as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If there are no surviving children or grandchildren, the estate should be divided in percentages to the individual and charitable beneficiaries as follows:

	<b>Full Name</b>	<b>Address</b>	<b>Percent</b>
a.	_____	_____	_____ %
b.	_____	_____	_____ %
c.	_____	_____	_____ %
d.	_____	_____	_____ %

**MISCELLANEOUS**

1. Your documents will refer to a list of tangible personal property items. We will give you a blank list, which you may fill out at home, since this list does not need to be witnessed. However, if you would like us to prepare the list, please indicate the items of personal property and to whom they should be distributed.

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2. If not already covered above, please provide a brief statement of your intentions for your estate.

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3. Please indicate below anything else you wish to discuss or questions you want answered.

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4. How did you hear about our firm?

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