

PERSONAL AND CONFIDENTIAL
INFORMATION FOR
ESTATE PLANNING PURPOSES

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PERSONAL INFORMATION

Please complete this form and provide the most accurate and complete information you can. If the information is not accurate and complete, the recommendations made may not be appropriate for your situation. At the same time, 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.

1. Testator (Person(s) making will)

Full name: _____ Date of Birth: _____
Social Security #: _____ US Citizen? Yes [] No []
Spouse's full name: _____ Date of Birth: _____
Social Security #: _____ US Citizen? Yes [] No []
Street Address: _____ County: _____
City: _____ State: _____ Zip: _____
Telephone Number: home: _____ work (husband): _____
work (wife): _____ other: _____
Email: _____

Is it acceptable to send confidential information to your email address? Yes [] No []

Do you currently have a will or revocable trust? Yes [] No [] If yes, please have a copy at our meeting.

2. Children. Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan, if any. Identify any child who is not a natural or adopted child of both you and your spouse.

Table with 3 columns: Full Name of Child, Date of Birth, Address (if different than yours). Includes multiple horizontal lines for data entry.

Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

Is there any reason NOT to treat your children equally? Yes No If so, please explain.

Do any of your children have disabilities or special needs? Yes No

Do you have any special concerns or objectives regarding your children? Yes No

3. Guardians. Who should be guardian of your minor children? A guardian is the person or persons you select to assume parental care for your children until they reach the age of 18. The guardian is one in whom you should have the confidence to prepare your children for adulthood by instilling values, by training and coaching, and otherwise fulfilling the responsibility of a parent.

Name(s): _____

Address: _____

Alternate Guardian(s): _____

Address: _____

4. Personal Representative. Who should be Personal Representative (“executor”) of your estate? A Personal Representative is responsible for locating your will, presenting it to the court for approval, gathering your assets, paying your expenses, and distributing your property to those persons named in your will. This process is known as probate. Even if you are considering the use of a revocable living trust to avoid probate, please provide the personal representative information as it will be necessary in the overall plan.

Name: _____

Relationship to you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

5. Trustee. 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. Therefore, it is preferred that the trustee be someone with good financial skills and sound financial judgment who will manage the property in a manner consistent with your intentions. 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: _____

Alternate Trustee: _____

Address: _____

6. Power of Attorney. Under Minnesota law, you have the right to grant to another (your attorney-in-fact) the authority to make business decisions on your behalf. This is done through a written document known as a power of attorney. This is a very useful tool in protecting you and your family, particularly if one is unable to make decisions due to incompetency. Of course, the power conferred to one's attorney-in-fact can be limited. We can discuss powers and the limitations that can be employed more fully when we meet. I would encourage you, however, to consider persons you trust enough to make business decisions for you. If you do not wish to have a power of attorney, you do not need to complete this section.

Name: _____

Address: _____

Alternate #1: _____

Address: _____

Alternate #2: _____

Address: _____

7. Health Care Directive. A health care directive is a combination of a living will and a health care power of attorney. It allows you to state your preferences for your health care and grant to another (your health care agent or attorney-in-fact) the authority to make medical decisions on your behalf.

Name: _____

Address: _____

Telephone: _____

Relationship to you: _____

Alternate #1: _____

Address: _____

Telephone: _____

Relationship to you: _____

Alternate #2: _____

Address: _____

Telephone: _____

Relationship to you: _____

Do you wish to donate your organs upon your death?

Yes No Spouse: Yes No

Have you agreed to donate your organs in another document (ex. Driver's license)?

Yes No Spouse: Yes No

If you have a terminal condition and are no longer able to swallow, do you wish to receive food through a tube? Yes No Spouse: Yes No

If you have a terminal condition and are no longer able to swallow, do you wish to receive fluids administered by I.V.? Yes No Spouse: Yes No

8. Distribution

Upon my or my spouse's death, 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: _____

If both I and my spouse pass away, we would like our estate to pass as follows:

- A. To our children equally
- B. ____% to our children and ____% to the following charitable organization:

- C. As follows: _____

_____.

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

- A. By outright distribution (all children must be over age 18).
- B. In trust for distribution at a later date.

If any of my estate passes to a minor or is to be held in trust for another, it should be administered as follows:

- A. Distributed at the discretion of my trustee until the beneficiary reaches age 21. At age 21, the trustee shall distribute income only. The principal of the trust should be distributed in the following percentages at the following ages (ex. in thirds at ages 25, 28 and 31; or 100% at age 30, etc.):

_____.

- B. Distributed at the discretion of my trustee with no distribution of income. The trust estate will be distributed in the following percentages at the following ages (ex. in thirds at ages 25, 28 and 31; or 100% at age 30, etc.):

_____.

- C. The trust estate shall be distributed as follows: _____

_____.

If my spouse does not survive me and if I have no descendants at the time of my death, my estate should be distributed as follows:

- A. ____% to my family and ____% to my spouse's family.
- B. To the following charitable organization(s): _____

_____.

- C. As follows: _____

_____.

Do you wish to make any specific bequests to charities or individuals? If so, please explain.

9. Marriage

Have you and your spouse signed a Premarital Agreement? Yes No If you have, please have a copy available at our meeting.

Have you or your spouse been divorced? Yes No If you have, please have a copy of the divorce decree available at our meeting.

10. Safe Deposit Box

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

Who else, if anyone, has access to your box? _____

11. Future Inheritances

Do you expect any inheritance in the near future? Yes No If so, please explain:

12. Financial Inventory. Use approximate values under each person showing 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 | Husband | Wife | Joint |
|--------------------------------|----------------|-------------|--------------|
| Home | | | |
| Other Real Estate | | | |
| Checking Account | | | |
| Savings Account | | | |
| Money Market Acct | | | |
| 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 | | | |

13. Beneficiary Designations:

a. Life Insurance

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

b. Retirement Plans: Please list your retirement plans/IRAs.

| Plan/Account Number | Value | Beneficiary |
|---------------------|-------|-------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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

14. Personal Property

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

| Type | Description | Approximate Value |
|-------------------|-------------|-------------------|
| Personal Property | | |
| Automobiles | | |
| Collectibles | | |
| Jewelry | | |
| Boats/Airplanes | | |
| Other: | | |

15. Financial Advisors

Accountant: _____

Address: _____

Telephone: _____

Financial Advisor: _____

Address: _____

Telephone: _____

Life Insurance Agent: _____

Address: _____

Telephone: _____

16. Primary Physician

Name: _____

Address: _____

Telephone: _____