

PERSONAL AND CONFIDENTIAL
INFORMATION FOR
ESTATE PLANNING PURPOSES

DWIGHT D. LUHMANN
Luhmann Law, LLC
209 St. Paul Street SW
PO Box 87
Preston, MN 55965
(507) 216-6622
dwight@luhmannlaw.com

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 making will)

Full name: _____ Date of Birth: _____

Social Security #: _____ US Citizen? Yes No

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone Number: Home: _____ Work: _____

Other: _____

Have you ever been married? Yes No

If yes, what was your spouse's name? _____

Is this person deceased? Yes No

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.

Full Name of Child	Date of Birth	Address (if different than yours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

8. Distribution

Upon my death, I would like my estate to pass as follows:

A. To my children equally.

B. ___% to my children and ___% to the following charitable organization:

_____.

C. As follows: _____

_____.

If any part of my estate passes to my 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 I have no descendants at the time of my death, my estate should be distributed as follows:

A. To my family

B. ____% to my family and ____% to my spouse's family.

C. To the following charitable organization(s): _____

_____.

D. As follows: _____

_____.

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

9. Marriage

Have you ever 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 for the assets you own. 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	Value
Home	
Other Real Estate	
Checking Account	
Savings Account	
Money Market Acct	
Automobile	
Personal Property	
Stocks & Bonds	
Closely Held Business Interest	
Life Insurance (Face):	
Retirement Accounts:	
IRA	
Pension	
Profit Sharing / 401K	
Other Assets:	
TOTAL	

Liabilities	Amount
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: _____