

**FISCHER RUST LAW FIRM, PLLC**  
**407 North Broadway**  
**PO Box 605**  
**Crookston, Minnesota 56716**  
**(218) 281-2400 (telephone) (218)281-5831 (fax)**

**Estate Planning and Will Information Form**

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled office conference. 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. Testator (Person(s) making will)**

**Testator's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **U.S. Citizen?**  Yes  No

**Street Address:** \_\_\_\_\_ **County** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**State of Residence** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

**Spouse's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **U.S. Citizen?**  Yes  No

(Only if different from above)

**Street Address:** \_\_\_\_\_ **County** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**State of Residence** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

**2. Marriage**

a. Have you and your spouse signed a Premarital Agreement?  Yes  No  
If yes, please bring a copy of it to the interview.

b. Have you or your spouse been divorced?  Yes  No  
If yes, please bring a copy of it to the interview.

**3. Children**

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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. Are any of the children under a disability?  Yes  No

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

d. Any special concerns or objectives regarding your children?

Yes  No

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e. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

Alternate Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

#### 4. Personal Representative

Who should be Personal Representative ("executor") of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

**Alternate Personal Representative:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

## 5. Trusts

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. 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.

Trustee's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

Alternate Trustee: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

## 6. 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 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			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts TO Family Members			
Other Debts (describe):			
TOTAL LIABILITIES			

**7. Beneficiary Designations:**

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				
2.				
3.				
4.				

b. Retirement Plans. Please list your retirement plans/IRAs and value of each and the beneficiary of each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**8. 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.

<u>Description</u>	<u>Approximate Value</u>
Personal Property	\$ _____
Automobiles	\$ _____
Collectibles	\$ _____
Jewelry	\$ _____
Boats/Airplanes	\$ _____
Other:	\$ _____

**9. Safe Deposit Box**

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

Does anyone else have access to your box?  
 (Name) \_\_\_\_\_

**10. Future Inheritances**

Do you expect any inheritance in the near future? If so please give details:

\_\_\_\_\_

\_\_\_\_\_

**11. Financial Advisors**

Accountant: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (work)

Financial Advisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (work)

**12. Primary Physician**

Who is your primary physician?

Physician: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (work)

**13. Special Requests**

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person's drivers license.

**14. Discussion Issues**

We will discuss the following issues at the meeting:

- Current Will. Do you now have a will or revocable trust? If so, bring a copy to the interview meeting.
- Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.

Do you wish to include grandchildren born out of wedlock?  Yes  No

Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?

Specific Gifts. Do you wish to make any specific bequests to charities or individuals?

No Family Survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)

If no Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

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.

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?

Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

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## Health Care Directive

a. Agent:

Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

b. Successor or Co-Agent:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

c. Successor or Co-Agent:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

d. If you have named co-agents, do you want the agents to act:

jointly

or

independently?

e. Do you have a Living Will to which you want to refer in the Health Care Directive?

Yes  No

If yes, date of instrument: \_\_\_\_\_.

f. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e. not expected to live more than 6 months)?

Yes  No

If you answered yes, please provide us the specific language you want or you can approve language in the document.

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g. Do you want to donate any organs upon your death?

Yes  No

If yes, have you agreed in another document, e.g. drivers license, to make the donation?

Yes  No

h. Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc.:

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i. Do you have other living wills or health care powers of attorney forms that you want to revoke?

Yes  No

If yes, we recommend revocation to keep your wishes and desires clear.

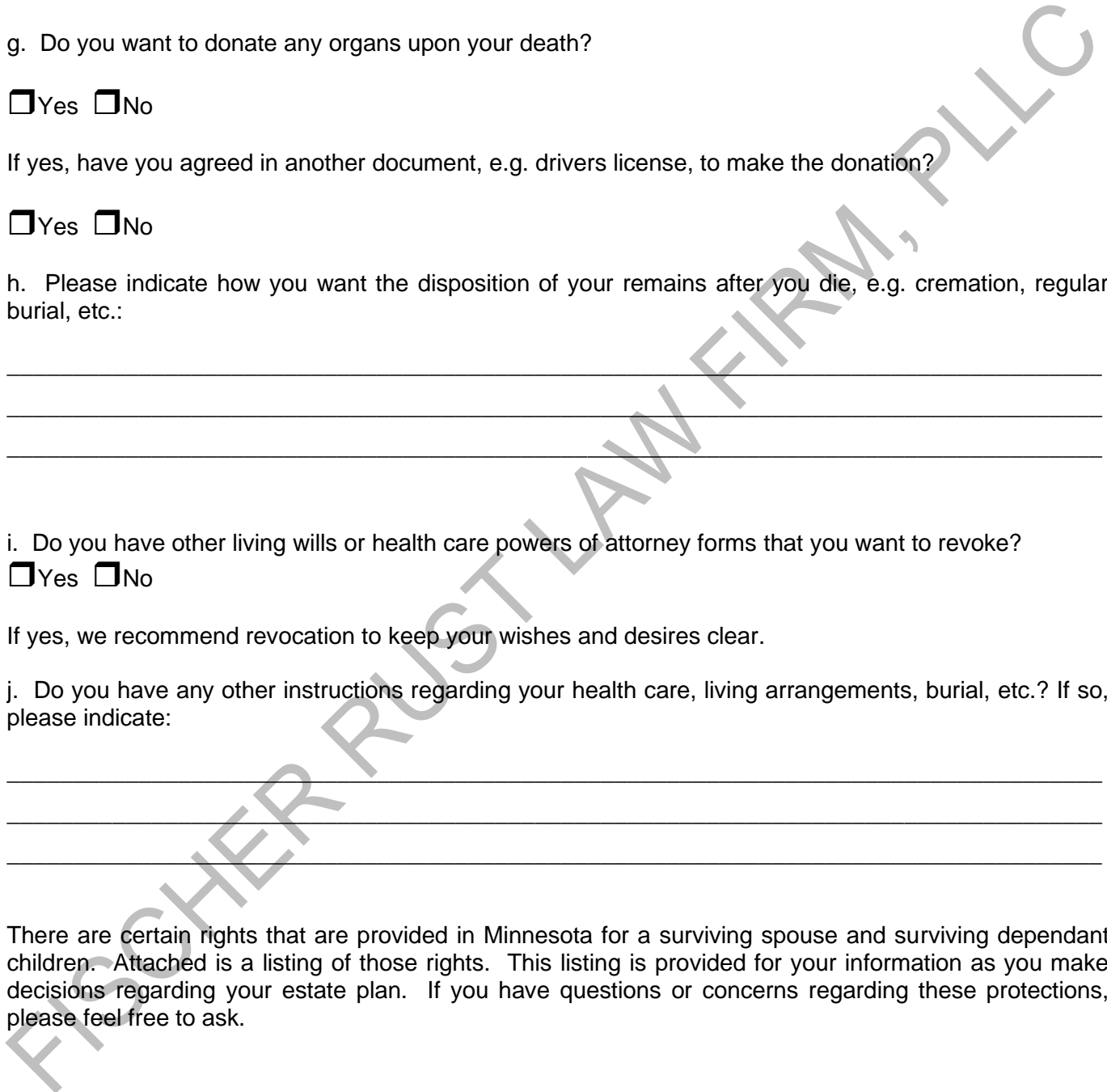
j. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate:

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There are certain rights that are provided in Minnesota for a surviving spouse and surviving dependant children. Attached is a listing of those rights. This listing is provided for your information as you make decisions regarding your estate plan. If you have questions or concerns regarding these protections, please feel free to ask.



**Power of Attorney**

IMPORTANT NOTICE: The powers granted by this document are broad and sweeping. They are defined in Minnesota Statutes, section 523.24. If you have any questions about these powers, obtain competent advice. This power of attorney may be revoked by you if you wish to do so. This power of attorney is automatically terminated if it is to your spouse and proceedings are commenced for dissolution, legal separation, or annulment of your marriage. This power of attorney authorizes, but does not require, the attorney-in-fact to act for you.

**PRINCIPAL**

(your name and mailing address)

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**ATTORNEY(S)-IN-FACT**

(name and mailing address of the person you are authorizing)

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**SUCCESSOR ATTORNEY(S)-IN-FACT** (OPTIONAL)

To act if the named attorney-in-fact dies, resigns, or is otherwise unable to serve

**First Successor**

(name and mailing address)

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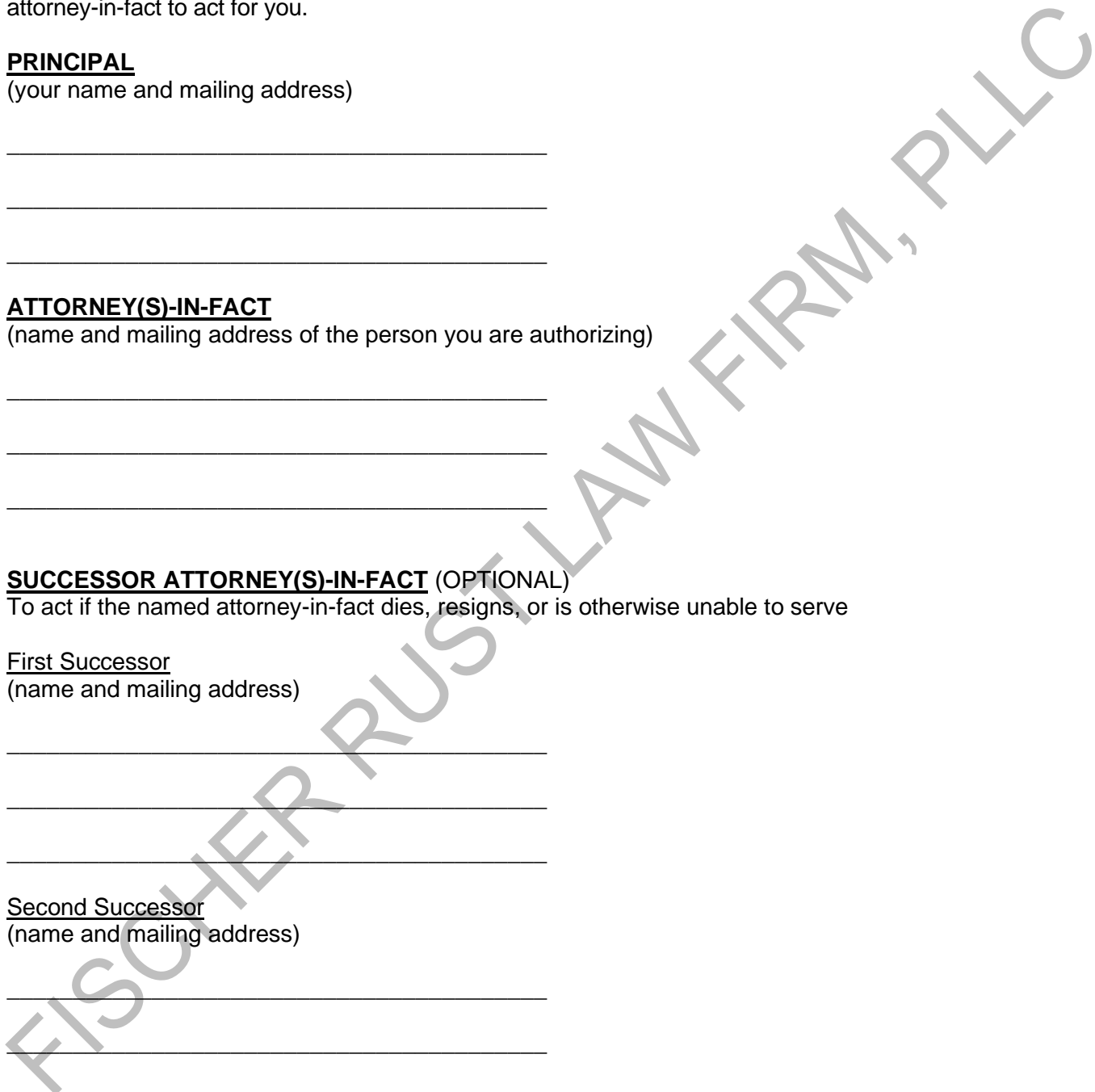
**Second Successor**

(name and mailing address)

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NOTICE: If more than one attorney-in-fact is designated, make a check or "x" on the line in front of one of the following statements:

Each attorney-in-fact may independently exercise the powers granted.

All attorneys-in-fact must jointly exercise the powers granted.

EXPIRATION DATE (Optional) - n/a

I, \_\_\_\_\_(principal), do hereby appoint the above named Attorney(s)-in-Fact to act as my attorney(s)-in-fact:

FIRST: To act for me in any way that I could act with respect to the following matters, as each of them is defined in Minnesota Statutes, section 523.24:

(To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power of (N) is checked or x-ed.)

Check or "x"

(A) real property transactions; I choose to limit this power to real property in [NAME OF COUNTY] County, Minnesota, described as follows: (Use legal description. Do not use street address.)

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

(If more space is needed, continue on the back or on an attachment.)

- (B) tangible personal property transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) beneficiary transactions;
- (H) gift transactions;
- (I) fiduciary transactions;
- (J) claims and litigation;
- (K) family maintenance;
- (L) benefits from military service;
- (M) records, reports, and statements;
- (N) all of the powers listed in (A) through (M) above and all other matters.

SECOND: (You must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney shall continue to be effective if I become incapacitated or incompetent.

This power of attorney shall not be effective if I become incapacitated or incompetent.

THIRD: (You must indicate below whether or not this power of attorney authorizes the attorney-in-fact to transfer your property to the attorney-in-fact. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney authorizes the attorney-in-fact to transfer my property to the attorney-in-fact.

This power of attorney does not authorize the attorney-in-fact to transfer my property to the attorney-in-fact.

FOURTH: (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.)

My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

My attorney-in-fact must render {Monthly}{Quarterly}{Annual} accountings to me or [NAME AND ADDRESS] during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

NOTE: Specimen (sample) signature(s) of the Attorney-in-fact(s) and any Successor Attorney-in-fact(s) will be required.

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**Surviving Spouse:**

Has the right to elect a percentage of the “augmented estate” which is provided under Minnesota Statutes §§ 524.2-201 through 524.2-214. This right to elect is personal to the surviving spouse and must be made within 9 months after the date of the Decedent’s death; except that for property subject to probate the election may be made within 6 months after the probate of the Decedent’s will, even if the 9 month period has already expired.

1. If the Decedent’s will was made prior to your marriage to the Decedent, the right to choose the intestate share of the Estate under Minnesota Statutes § 524.2-301. This right has some limitations and exceptions.
2. The right under Minnesota Statutes § 524.2-402 to the entire homestead if the Decedent did not leave any surviving descendants or the right to a life estate if the Decedent left surviving descendants.
3. The right to allowances under Minnesota Statutes § 524.2-403, which permits the surviving spouse the right to select:
  - a. Household furniture, furnishings, appliances, and personal effects not exceeding \$10,000, net of security interests, but subject to an award of sentimental value property under Minnesota Statutes § 525.152; provided, however, if the encumbered property and the value in excess of security interests, plus that of other exempt property, is less than \$10,000, or if there is not \$10,000 worth of exempt property in the Estate, the surviving spouse is entitled to other personal property of the Estate, if any, to the extent necessary to make up the \$10,000 value; and
  - b. One automobile, if any, without regard to value.
4. The right to a family allowance from the Estate under Minnesota Statutes § 524.2-404 of up to \$1,500 per month (or more if authorized by the court) for one year if the estate is insolvent or for 18 months if the Estate is solvent.

**Minor Children of Decedent:**

5. If the Decedent had an obligation to support you, the right to family allowance from the Estate under Minnesota Statutes § 524.2-404 of up to \$1,500 per month (or more if authorized by the court) for one year if the Estate is insolvent or for 18 months if the Estate is solvent.

**Adult Children of Decedent:**

6. If you were being supported by Decedent, the right to family allowance from the Estate under Minnesota Statutes § 524.2-404 of up to \$1,500 (or more if authorized by the court) per month for one year if the Estate is insolvent or for 18 months if the Estate is solvent.

**Minor and Adult Children of Decedent:**

7. If there is no surviving spouse, the right to allowances under Minnesota Statutes § 524.2-403:
  - a. Household furniture, furnishings, appliances, and personal effects not exceeding \$10,000, net of security interests, but subject to an award of sentimental value property under Minnesota Statutes § 525.152; provided, however, if the encumbered property and the value in excess of security interests, plus that of other exempt property, is less than \$10,000, or if there is not \$10,000 worth of exempt property in the Estate, the children are entitled to other personal property of the Estate, if any, to the extent necessary to make up the \$10,000 value; and
  - b. One automobile, if any, without regard to value.

If you have any questions regarding interpretation of these statutes or the effect of these or other rights, please consult with an attorney of your own choice.