

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 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: _____ **City:** _____

State: _____ **Zip:** _____ **State of Residence:** _____

Telephone: _____ (cell) _____ (home/work)

E-mail: _____

Spouse's Name: _____ **Date of Birth:** _____

Social Security No: _____ **U.S. Citizen?** Yes No

(Only if different from above)

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **State of Residence:** _____

Telephone: _____ (cell) _____ (home/work)

E-mail: _____

2. Current Estate Plan:

What documents are included in your existing estate plan, if any? (provide copies)

Health Care Directive

Power of Attorney

Will

Revocable Trust

Irrevocable Trust

Charitable Trust

Other _____

Where are the original copies of your current estate plan located? _____

Have you provided a health care directive to your physician(s)? Yes No

Have you ever filed a gift tax return? Yes No

If yes, when? _____

3. Marriage

- a. Have you and your spouse signed a premarital agreement? Yes No
If so, please provide a copy of each.
- b. Have you or your spouse been previously married? Yes No
If so, to whom and how was the marriage terminated?

- c. Have you or your spouse been divorced? Yes No
If so, please provide a copy of the divorce decree.

4. 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: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____

Child's Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____

Child's Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____

Child's Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____

Child's Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____

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

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: _____ City: _____

State: _____ Zip: _____

Telephone: _____ (cell) _____ (home/work)

Alternate Guardian: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ (cell) _____ (home/work)

5. 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)

6. 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 21. 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)

7. Financial Inventory

Use approximate values under each person showing ownership of each asset. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

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

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Minnesota Real Estate			
Non-Minnesota 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			

8. 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?

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

9. 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.

Description:

Approximate Value:

Personal Property

\$ _____

Automobiles

\$ _____

Collectibles

\$ _____

Jewelry

\$ _____

Boats/Airplanes

\$ _____

Other:

\$ _____

Do you have any pets?

Yes No

Have you considered a plan for your pets if you die?

Yes No

If you own guns, who should receive them, and confirm all intended recipients are qualified under applicable federal and state law. _____

10. Safe Deposit Box

Do you have a safe deposit box?

Yes No

If so, where? _____

Does anyone else have access to your box?

(Name) _____

11. Future Inheritances

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

12. Financial Advisors

Accountant: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Financial Advisor: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

13. Primary Physician

Who is your primary physician?

Physician: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (work)

14. 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 driver's license.

15. Power of Attorney.

Are you interested in preparing a power of attorney granting another person (the attorney-in-fact) 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

If so, please give name and address of person(s) to be appointed:

1. _____

2. _____

3. _____

Do you wish any/all of your attorney(s)-in-fact to have the ability to make gifts to themselves or others they are legally obligated to support? Yes No

If yes, who? _____

Should any of your attorney(s)-in-fact be obligated to account? Yes No

Which attorney(s)-in-fact? spouse all non-spouse _____

How often? Quarterly Semi-Annually Annually

To whom? _____

16. 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: _____ City: _____

State: _____ Zip: _____ Telephone: _____

b. Successor or Co-Agent:

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

c. Successor or Co-Agent:

Name: _____

Street Address: _____ 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 with the specific language you want or you can approve language in the document.

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.:

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:

k. Do you have a prepaid funeral plan?

Client 1: Yes No

Client 2: Yes No

FISCHER RUST LAW FIRM, PLLC

There are certain rights that are provided in Minnesota for a surviving spouse and surviving dependent 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.

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.

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?

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 the meeting.