

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

for

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LAKEVIEW  
Trust & Estate Law

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Completed \_\_\_\_\_

**I. PERSONAL INFORMATION**

When was the last time you completed or updated your estate plan? \_\_\_\_\_

**a. Your Information**

Current Legal Name (First, Middle, Last) \_\_\_\_\_

Prior or maiden names \_\_\_\_\_

Also known as \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen? ☐ Yes ☐ No

Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_ Veteran? ☐ Yes ☐ No

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Lakeview Trust & Estate Law may communicate with me via email. ☐ Yes ☐ No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Tel. No. \_\_\_\_\_ Approximate annual Gross Income \_\_\_\_\_

**b. Spouse's Information**

Current Legal Name (First, Middle, Last) \_\_\_\_\_

Prior or maiden names \_\_\_\_\_

Also known as \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No Social Security # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Lakeview Trust & Estate Law may communicate with me via email. ☐ Yes ☐ No

Business Address \_\_\_\_\_

Business Tel. No. \_\_\_\_\_ Approximate annual Gross Income \_\_\_\_\_

**c. Marriage Information**

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Prenuptial Agreement? ☐ Yes ☐ No Previous marriages? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_

Date previous marriage terminated \_\_\_\_\_ How terminated? ☐ Death ☐ Divorce

Have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin or Alaska during your marriage? ☐ Yes ☐ No If so, where? \_\_\_\_\_

**d. Children (Please list ALL children including deceased children and children born out-of-wedlock)**

Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and birthdays \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and  
birthdays \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and  
birthdays \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and  
birthdays \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and  
birthdays \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Married? ☐ Yes ☐ No If yes, to whom \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Does this child or his/her spouse have any children? ☐ Yes ☐ No If yes, please provide names and  
birthdays \_\_\_\_\_

Are any of your children born of a previous relationship? ☐ Yes ☐ No

Have any of your children died? ☐ Yes ☐ No Which child \_\_\_\_\_ Date of death \_\_\_\_\_

Are any children living as family members but have NOT been adopted? ☐ Yes ☐ No

Do any children have special needs or receive governmental support or benefits? ☐ Yes ☐ No

Do you provide major financial support to adult children or others? ☐ Yes ☐ No

Do you have any concerns about your children's ability to manage their inheritance? ☐ Yes ☐ No

How do you think you would like your estate distributed to your children?

Check one: ☐ In trust ☐ Immediately at my death ☐ Immediately upon the last of my and my spouse's death ☐ Other, please explain \_\_\_\_\_

**e. Other beneficiaries or relatives you may want in your estate planning:** How do you want your assets to be distributed if your spouse and/or children do not survive you or if you do not have any children? (Example, extended family, charity, etc.) \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Relationship to you or your spouse \_\_\_\_\_

If this person dies, what would you want to happen to their share? \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Relationship to you or your spouse \_\_\_\_\_

If this person dies, what would you want to happen to their share? \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Relationship to you or your spouse \_\_\_\_\_

If this person dies, what would you want to happen to their share? \_\_\_\_\_

**f. Previous Gifts:** Have you made gifts (with a value of more than \$10,000) to anyone? ☐ Yes ☐ No  
If so, when, how much and to whom: \_\_\_\_\_

**g. Charitable Intent:**

Do you support any charitable organizations that you would like to include in your estate planning?

If so, please provide name(s) and address(es) \_\_\_\_\_

Would you consider making a provision for a charitable organization in your estate planning if you would reduce your taxes by doing so? ☐ Yes ☐ No

**II. APPOINTMENTS****a. Health Care Agents**

If you were not able to communicate decisions about your health care, who would you choose to make those decisions on your behalf?

Your First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Do you want to name co-agents? If so, do you want those agents to act jointly or independently?

Have you talked to these people about your health care decisions? ☐ Yes ☐ No

Name and location primary care physician \_\_\_\_\_

Do you have long term care insurance? ☐ Yes ☐ No

**b. Power of Attorney**

A power of attorney has the right to sign your name on legal and financial documents during your lifetime.

Your First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

If you would like to name co-attorneys-in-fact, would you want them to act ☐ jointly or ☐ independently?

**c. Personal Representatives/ Executor**

Who would you nominate to serve as the person responsible for the administration of your estate? This person must collect all your property at the time of your death, pay debts and expenses, and distribute the remaining property to the people named in your will.

Your First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**d. Trustees**

If part of your estate plan involves setting up a trust, who would you nominate to be trustee to manage and distribute the money in the trust?

Your First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's First Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Second Choice:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**e. Guardians (if applicable)**

If you were not able to care for your minor or disabled children, who would you choose to care for them?

First Choice:

Name \_\_\_\_\_ Relationship to you or spouse \_\_\_\_\_  
Address \_\_\_\_\_  
County of Residence \_\_\_\_\_ Telephone Number \_\_\_\_\_

Second Choice:

Name \_\_\_\_\_ Relationship to you or spouse \_\_\_\_\_

Address \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone Number \_\_\_\_\_

Have you talked to these people about taking care of your children if you were not able to?

☐ Yes ☐ No**III. FINANCIAL INFORMATION**

Please indicate if you or your spouse currently own any of the following assets and the current estimated total value. Please also complete the Supplemental Financial Information sheet for any applicable assets:

<u>Type of Asset</u>	<u>Estimated Total Value</u>
<input type="checkbox"/> Real Estate	\$ _____
<input type="checkbox"/> Business Interest(s)	\$ _____
<input type="checkbox"/> Personal Property / vehicles	\$ _____
<input type="checkbox"/> Investment Account(s)	\$ _____
<input type="checkbox"/> Bank Account(s) / CDs / Cash	\$ _____
<input type="checkbox"/> Retirement Account(s)	\$ _____
<input type="checkbox"/> Life Insurance (death benefits)	\$ _____
<input type="checkbox"/> Stocks / Bonds	\$ _____
<input type="checkbox"/> Notes receivable/contract for deed(s)	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
Estimated total value of estate:	\$ _____

**a. Other Assets:**Are you entitled to receive assets from any existing trust or estate? ☐ Yes ☐ NoDo you expect to inherit any property of significant value? ☐ Yes ☐ NoDo you receive social security, disability, or other governmental benefits? ☐ Yes ☐ NoDo you have a safe deposit box? ☐ Yes ☐ No Who has access to it? \_\_\_\_\_Do you own any firearms? ☐ Yes ☐ No**b. Debt:**Are you obligated to leave any part of your estate to any person or in a particular way? ☐ Yes ☐ NoHave you guaranteed any loans for your children, grandchildren or any other person? ☐ Yes ☐ No**c. Professional Advisors**

Please supply the names and addresses for the following people:

Accountant \_\_\_\_\_

Insurance Agent \_\_\_\_\_

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

Regular Banker \_\_\_\_\_

Primary Bank \_\_\_\_\_

Other Bank(s) \_\_\_\_\_

Lakeview Trust & Estate Law may communicate with my insurance agent, accountant, bankers and financial representatives ☐ Yes ☐ No

**IV. MAIN OBJECTIVES**

What are the most important issues to you when planning your estate? \_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

Please share any additional information you feel would help us in preparing your estate plan, including any terminal or ongoing serious health care diagnoses:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Lakeview Trust & Estate Law, attorney Amy Mursu? \_\_\_\_\_

**V. ADDITIONAL INFORMATION****a. Documents Needed:**

Please have copies of the following documents when you come in for your first visit:

- ☐ your present wills
- ☐ any trusts you have created
- ☐ declarations regarding medical treatment
- ☐ prenuptial or postnuptial agreements
- ☐ powers of attorney
- ☐ gift tax returns you have filed
- ☐ written employment agreements with the company for which you work
- ☐ dissolution decrees
- ☐ adoption decrees
- ☐ all business documents—last financial report, partnership/member/ shareholder agreements
- ☐ deeds to all real estate that you own individually or with someone else
- ☐ real estate tax statements
- ☐ stock certificates
- ☐ last year's tax return
- ☐ last statement for each financial account you own & statement of current beneficiaries:
  - ☐ life insurance policies
  - ☐ bank accounts
  - ☐ investment accounts
  - ☐ retirement accounts

***Thank you for completing this questionnaire. You have taken an important step towards planning your estate. Please return this questionnaire to Lakeview Trust & Estate Law, attorney Amy Mursu at 89 Bay View Road, Ottertail, MN 56571 or bring it and the requested documents to your first appointment.***