

CHANHASSEN OFFICE

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WAYZATA OFFICE

801 Twelve Oaks Center Drive - Suite 803A
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PLEASE RESPOND TO: WAYZATA

GENERAL ESTATE PLANNING QUESTIONNAIRE

Who Referred You to our Firm? _____

I. YOUR FAMILY INFORMATION			
Your First Name:	Your Middle Name:	Your Last Name:	Your Preferred Name:
Spouse's First Name:	Spouse's Middle Name:	Spouse's Last Name:	Spouse's Preferred Name:
Street Address:			
City:	State:	Zip:	County:
Home Phone:	Cell Phone:	E-mail:	
Marital Status? <input type="checkbox"/> Single, <input type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced			
Your Birth Date:		Spouse's Birth Date:	
Your Birth Place:		Spouse's Birth Place:	
Your Citizenship:		Spouse's Citizenship:	
Your Social Security No.:		Spouse's Social Security No.:	
Your Father's Name & birthplace:		Spouse's Father's Name & birthplace:	
Your Mother's Name & birthplace:		Spouse's Mother's Name & birthplace:	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, List the following:	If Yes, List the following:		
Veteran's Administration No. _____	Veteran's Administration No. _____		
Service No. _____	Service No. _____		
Are You Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Spouse Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is your disability:	If Yes, is your disability:		
<input type="checkbox"/> Service Connected <input type="checkbox"/> Non-Service Connected	<input type="checkbox"/> Service Connected <input type="checkbox"/> Non-Service Connected		

Please list your CHILDREN :			
Full Name:	Birth Date:	Address:	Phone Number:

Please list your GRANDCHILDREN :			
Full Name:	Birth Date:	Address:	Parents:

II. YOUR EMPLOYMENT INFORMATION	
Your Employer:	Your Occupation:
Your Employer's Street Address: City:	State: Zip:
Your Work Number:	Fax Number:
Spouse's Employer:	Spouse's Occupation:
Spouse's Employer's Street Address: City:	State: Zip:
Spouse's Work Number:	Fax Number:

III. YOUR ASSETS			
ASSETS	JOINT ASSETS	YOUR ASSETS	SPOUSE'S ASSETS
REAL ESTATE	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BANK ACCOUNTS:	\$	\$	\$
MONEY MARKET ACCOUNTS:	\$	\$	\$
MUTUAL FUNDS:	\$	\$	\$
SECURITIES:	\$	\$	\$
RETIREMENT PLANS (IRA, 401(k), 403(b)):	\$	\$	\$
PROFIT SHARING PLANS:	\$	\$	\$
LIFE INSURANCE	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BUSINESS INTERESTS/OWNERSHIP:	\$	\$	\$
	\$	\$	\$
PERSONAL PROPERTY	\$	\$	\$
A) Household Goods	\$	\$	\$
B) Vehicles	\$	\$	\$
C) Collectibles:	\$	\$	\$
D) Other:	\$	\$	\$
OTHER PROPERTY:	\$	\$	\$
GROSS VALUE OF ASSETS:	\$	\$	\$
LIABILITIES	JOINT LIAB.	YOUR LIAB.	SPOUSE'S LIAB.
HOMEMORTGAGE	\$	\$	\$
AUTO LOANS	\$	\$	\$
OTHER DEBT(S):	\$	\$	\$
TOTAL LIABILITIES:	\$	\$	\$
NET ESTATE VALUE:	\$	\$	\$
TOTAL ESTATE VALUE:	\$		

IV. IMPORTANT QUESTIONS

If you answer "YES" to any of the following questions, or if you have any special concerns, please provide any details that would help us to understand your situation. Also, PLEASE PROVIDE US WITH COPIES OF THE DOCUMENTS THAT PERTAIN TO THESE QUESTIONS

1. Have you or your spouse ever created a Will before? YES NO
2. Have you or your spouse ever created a Trust before? YES NO
3. Are you or your spouse the beneficiary of any Trust? YES NO
4. Do you or your spouse expect an inheritance in the future?.. YES NO
If "Yes", please explain.
5. Do you or your spouse hold a Power of Appointment? YES NO
6. Does any family member have special needs that you care for? YES NO
7. Are you supporting your adult children?.. YES NO
8. Are you or your spouse making payments due to a divorce decree? YES NO
9. Have you or your spouse ever signed a *pre-* or *post-* marital agreement?.. YES NO
10. Do you or your spouse have children from a previous marriage? YES NO
11. Did you or your spouse have substantial assets before you were married? YES NO
12. Do you or your spouse own or operate a family business?.. YES NO
13. Is there a shareholder agreement or buy-sell agreement on a business you own? YES NO
14. Do you or your spouse have patents copyrights, or trademarks that are valuable?.. YES NO
15. Have you or your spouse ever filed a gift tax return?.. YES NO
16. Are there specific charities or causes you would like to support in your Plan? YES NO
If yes, please list those organizations here:
17. **FUNERAL INSTRUCTIONS:** Do you have any special requests regarding funeral/burial instructions?
(This is best handled by a Letter of Instruction or other statement separate from your Will.)
18. **OTHER ISSUES:** If there are other issues surrounding your Estate that have not been discussed? *(If yes, please describe those issues on the back or on a separate sheet.)*
19. **SAFE DEPOSIT BOX:** Bank & location: _____ Box Number: _____
Who has access to your box: _____
(If you pass away & no one has signed the signature card of your safe deposit box other than you, the box will be locked & sealed until the probate process has begun.)

V. YOUR DESIRES FOR THE DISTRIBUTION OF YOUR ESTATE

1. **DISTRIBUTION OF ASSETS AFTER THE DEATH OF THE FIRST SPOUSE.** After the death of the first spouse, how do you wish the assets distributed? (*Ex/ outright to surviving spouse without restrictions, in trust for surviving spouse, in trust for minor children, etc.*)

2. **DISTRIBUTION OF ASSETS AFTER THE DEATH OF THE SURVIVING SPOUSE.** After the death of the surviving spouse, do you wish to have assets distributed immediately to your surviving children in equal shares?

Yes _____ *Immediate distribution in equal shares to children. Skip to Question # 3*
 No _____ *Continue with Questions #2 a. through 2 c.*

- a) **NO CHILDREN.** If you answered "No" to question #2 because you have no children, describe your wishes for the distribution of your assets at the death of the surviving spouse. (*Please indicate the relationship of any individual named and/or the address of any organization named.*)

- b) **UNEQUALLY TO CHILDREN.** If you answered "No" to question #2 because you wish to have your assets distributed unequally among your surviving children, describe your desire for the distribution of your assets at the death of the surviving spouse (*e.g., A child received an advance on their inheritance or a child is financially indebted to you.*)

- c) **DELAYED DISTRIBUTION TO CHILDREN.** If you answered "No" to question #2 because you wish to treat your children equally, but do not wish to distribute their shares outright to them upon the death of the surviving spouse, please answer the following questions:

- 1) At what rate do you wish the assets distributed? (*Ex/ 1/3 at age 21, 1/3 at age 25, 1/3 at age 30*)

- 2) If any child of yours should predecease you, do you wish for that child's share to pass through to his/her children (*your grandchildren*)? YES NO

If you answered "Yes" to the above question, please describe how & when you would like assets distributed to your grandchildren (*e.g., at age 21, for college, for a home purchase, etc.*)

If you answered "No" to the above question, please indicate how your child's share should be distributed if he/she predeceases you.

- 3) Are any children unlearned in handling money? YES NO
- 4) Do any of your children require special care or treatment because of a disability (*If so, please explain*)? Is such child presently receiving Medical Assistance (Medicaid)?

3. **TRAGEDY DISTRIBUTION IF ALL BENEFICIARIES DECEASED.** If all of the individuals you have listed as beneficiaries are deceased, please describe your wishes for the distribution of your assets (*ex/ To my heirs, 1/2 to my siblings & 1/2 to my spouse's siblings, to a charity, etc.*). Please indicate the relationship of any individual named and the addresses of any individual or organization named.

4. **SPECIFIC GIFTS:** Do you wish to make reference in your will to any specific bequests of items of personal property which you wish to give to children or others? (*The advantage of such a list is that it may be changed without changing your Will.*) YES NO

5. **TRUST:** Do you wish to establish a revocable living trust **OR** a trust for the benefit of your children after your death? YES NO If you answered "No", please skip down to question #7.

6. **TRUSTEES:** If you answered "Yes" to question #5, you must appoint a trustee(s) to administer the trust for the beneficiaries. A **Trustee** can be an individual, more than one individual or a corporate trustee (*e.g. a bank trust department*). If you are creating a Revocable Trust while you are still alive, it is common for you and your spouse to serve as co-trustees during your lives.

YOUR CHOICE _____
Address: _____

SPOUSE'S CHOICE _____
Address: _____

Relationship: _____

Rel.: _____

2ND CHOICE _____
Address: _____

SPOUSE'S 2ND _____
Address: _____

Relationship: _____

Rel.: _____

6. TRUSTEES - CON'T.

3RD CHOICE _____
 Address: _____

Relationship: _____

4TH CHOICE _____
 Address: _____

Relationship: _____

SPOUSE'S 3RD _____
 Address: _____

Rel.: _____

SPOUSE'S 4TH _____
 Address: _____

Rel.: _____

7. **WILL or POUR-OVER WILL:** Who should be the Personal Representative ("**Executor**") of your estate? (*A **Personal Representative** is responsible for probating your will, paying your debts, collecting your probate assets, and settling your estate. People oftentimes select their spouse as their first choice but then select one or two additional persons as a safeguard.*)

YOUR CHOICE _____
 Address: _____

Relationship: _____

2ND CHOICE _____
 Address: _____

Relationship: _____

3RD CHOICE _____
 Address: _____

Relationship: _____

4TH CHOICE _____
 Address: _____

Relationship: _____

SPOUSE'S CHOICE _____
 Address: _____

Rel.: _____

SPOUSE'S 2ND _____
 Address: _____

Rel.: _____

SPOUSE'S 3RD _____
 Address: _____

Rel.: _____

SPOUSE'S 4TH _____
 Address: _____

Rel.: _____

8. **GUARDIAN:** 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.) Please use exact names.

First choice: Exact Name(s): _____

Address: _____

Relationship (if any): _____

Second: Exact Name(s): _____

Address: _____

Relationship (if any): _____

Third: Exact Name(s): _____

Address: _____

Relationship (if any): _____

VI. YOUR DESIRES IF YOU ARE DISABLED

1. **HAVE YOU EVER GIVEN ANYONE A POWER OF ATTORNEY?** YES NO

2. **DURABLE FINANCIAL POWER OF ATTORNEY.** Do you wish to appoint someone with a durable power of attorney? (A durable power of attorney grants another person the power to act on your behalf to manage your **financial and legal affairs** if you become incompetent. A durable power of attorney terminates upon your death.)

YES NO If you answered YES, please list the name(s) and address(es) below of the persons you wish to name:

YOUR CHOICE _____

Address: _____

Relationship: _____

SPOUSE'S CHOICE _____

Address: _____

Rel.: _____

2ND CHOICE _____

Address: _____

Relationship: _____

SPOUSE'S 2ND _____

Address: _____

Rel.: _____

3RD CHOICE _____

Address: _____

Relationship: _____

SPOUSE'S 3RD _____

Address: _____

Rel.: _____

3. HEALTH CARE DIRECTIVE. Do you wish to prepare a Health Care Directive? *(This document allows you to name an agent to make health care decisions for you if you are unable to make such decision & it combines the benefits of a Living Will which allows you to state your health care preferences.)*

YES * NO

* If you wish to prepare such a document, you will be provided with a form which will assist you in making your advance health care directions known. However, please list below the names, addresses & telephone numbers of those persons you wish to name as your **health care agent**:

YOUR CHOICE _____ **SPOUSE'S CHOICE** _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Rel.: _____

2ND CHOICE _____ **SPOUSE'S 2ND** _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Rel.: _____

3RD CHOICE _____ **SPOUSE'S 3RD** _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Rel.: _____

4TH CHOICE _____ **SPOUSE'S 4TH** _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Rel.: _____

VII. YOUR PROFESSIONAL ADVISORS			
Accountant:	Firm:	Address:	Phone:
Banker:	Bank:	Address:	Phone:
Business Attorney:	Firm:	Address:	Phone:
Financial Advisor:	Business:	Address:	Phone:
Insurance Agent:	Company:	Address:	Phone:
Minister:	Church:	Address:	Phone:
Mortgage Broker:	Company:	Address:	Phone:
Physician:	Clinic:	Address:	Phone:

THANK YOU for taking the time to complete this Questionnaire. The purpose of these questions is to help prepare you for our upcoming **Estate Plan Consultation**. Completing the worksheet is time well spent, since it allows us to spend more time during your consultation discussing the important details of your situation and exploring the Estate Plan that best fits your situation.

PLEASE BRING THE COMPLETED QUESTIONNAIRE & COPIES OF ALL OF THE REQUESTED DOCUMENTS WITH YOU TO OUR FIRST MEETING.

Signature

Spouse's Signature

Date

Date