

**PERSONAL INFORMATION  
FOR ESTATE PLANNING PURPOSES**



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## INSTRUCTIONS FOR COMPLETION OF INFORMATION WORKSHEETS

The purpose of the attached worksheets is to collect information for use in the preparation of your estate plan. The focus of the worksheets is on your family information, the nature and value of your assets, and your goals for distribution of your assets. This information is essential in preparing your estate plan, will be used to determine what planning options are appropriate for your estate, and will be kept in strict confidence. Thus, it is extremely important to complete the worksheet as thoroughly and accurately as possible. If any of the information is inaccurate or incomplete, we may be unable to provide you with the best legal advice. However, if there is information you cannot collect, do not delay the planning process until this information is collected. Advise us of any missing information when we meet together and we will together determine what impact it will have on your plan. Because preparing an estate plan is a process, it is our goal for it to continue at a steady pace.

In completing the Personal Information Worksheet, it will help for you to have the definitions as follows:

1. **Guardian** - A *guardian* is the person or persons you select to assume parental care for your minor children. You should have the confidence the selected guardian will prepare your children for adulthood by instilling values, by training, and otherwise fulfilling the responsibility of a parent. When minor children are involved, a trust is very often established to control the administration of financial matters for the benefit of the minor children. It is then necessary for the guardian and the trustee to interact in caring for and meeting the needs of the children. Accordingly, the trustee and the guardian may often be the same person.
2. **Trustee** - The *trustee* is a person or entity (i.e. a bank or trust company) you select to manage assets which you designate. A trustee is most often needed for a revocable living trust or a trust for minor children. It is the trustee's responsibility to care for and invest those assets held in the trust for the benefit of the ultimate beneficiary of the assets. Therefore, it is preferred that the trustee be someone who knows the beneficiaries and has good financial skills and sound financial judgment. The trustee can seek professional help in completing these responsibilities. The most important consideration is that you have confidence that the trustee will manage the property under the trustee's control in a way that is consistent with your intentions.
3. **Personal Representative** - Your *personal representative* is the person you select to carry out the instructions you leave in your will. It is the personal representative's responsibility to locate the will, present it to the court for approval, gather your assets, pay your expenses and distribute your property to those persons named in your will. The personal representative must report to the Court the steps completed on behalf of the estate. Most personal representatives seek the assistance of an attorney in working through the process which is known as probate. If you are considering the use of a revocable living trust, please still provide the personal representative information as it will be necessary in the overall plan.
4. **Powers of Attorney** - Under Minnesota law, you have the right to grant to another person the authority to make business and/or medical decisions on your behalf. This is done through a written document known as a *power of attorney*. These can be useful tools in protecting you and your family. A power of attorney is particularly important if you are unable to make decisions due to incompetency resulting from sickness, injury or old age. When we meet together, we can more fully discuss the powers granted to the person and the limitations or safeguards that can be established to protect you when using the power of attorney. We would encourage you to consider persons you trust enough to make business and medical decisions for you. Please record their full name and address where provided. If you do not wish to have a power of attorney for business or medical decisions, you need not complete that section.

# PERSONAL INFORMATION WORKSHEET

## 1. Personal Data

Date: \_\_\_\_\_

Name \_\_\_\_\_

Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

County of Residence \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Birth date \_\_\_\_\_

Birth date \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

## 2. Marriage

a. Date of marriage: \_\_\_\_\_

b. Have you and your spouse signed a Premarital Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you have, please bring a copy of the agreement to the interview.

c. Have you or your spouse been divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date of divorce: \_\_\_\_\_

d. Have you or your spouse been widowed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date of death: \_\_\_\_\_

## 3. Children

a. Please list ALL your children, noting if child is deceased (d), born out of wedlock (w), or you wish to omit from your estate plan (o). If you have more than four children, please list on back of form.

	Name	Date of Birth	Notes
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

b. Please answer these questions about your children.

1) Have any children received an advance on their inheritance or are any children financially indebted to you?  
If so, please explain. \_\_\_\_\_

2) Is there any reason NOT to treat your children equally? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

3) Are any of the children mentally or physically disabled? \_\_\_\_\_

4) Do you have any special concerns or objectives regarding your children? \_\_\_\_\_

5) If you or your spouse have children by a previous marriage, please list the names of the parent and children.  
\_\_\_\_\_

4. **Guardian(s):** If needed for minor children:

a. First choice Full name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

b. Second choice Full name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

5. **Trustee(s):** If any trusts are to be set up:

a. First choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

b. Second choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

6. **Personal Representative** ("Executor") - full name and city & state of residence:

a. First choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

b. Second choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

7. **Power of Attorney** (if desired) - full name and street address:

a. First choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

b. Second choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

c. Third choice Full name: \_\_\_\_\_

Address: \_\_\_\_\_

8. **Health Care Decision Maker** (if desired) - full name, street address and phone number:

a. First choice Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

b. Second choice Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

## ESTATE ANALYSIS WORKSHEET

1. **Assets** - Please specify amounts

	In Husband's Name	In Wife's Name	In Joint Names
Family Home	\$ _____	\$ _____	\$ _____
Other Real Estate: _____ _____	_____	_____	_____
Checking Accounts	_____	_____	_____
Savings Accounts	_____	_____	_____
Money Market Accounts	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Investment Management Accounts	_____	_____	_____
Mutual Funds	_____	_____	_____
Savings Bonds	_____	_____	_____
Stocks	_____	_____	_____
Treasury Notes	_____	_____	_____
Notes/Accounts Receivable	_____	_____	_____
Assets Held in Trust	_____	_____	_____
Annuities	_____	_____	_____
Business Interests	_____	_____	_____
Retirement Accounts: IRA, Pension, 401(k), Other	_____	_____	_____
Life Insurance (see next page)	_____	_____	_____
Household Goods	_____	_____	_____
Automobiles	_____	_____	_____
Inheritances (if expected in near future)	_____	_____	_____
Other Assets	_____	_____	_____
 <b>TOTAL ASSETS</b>	 <b>\$ _____</b>	 <b>\$ _____</b>	 <b>\$ _____</b>

**2. Liabilities** - Please specify amounts

	In Husband's Name	In Wife's Name	In Joint Names
Loans	\$ _____	\$ _____	\$ _____
Mortgages	_____	_____	_____
Other Debts: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL LIABILITIES</b>	=====	=====	=====

**3. Life Insurance Policies**

Company	Policy Number	Face Value	Cash Value	Insured	Owner	Beneficiary
<b>TOTALS</b>						

**4. Advisors**

Accountant      Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Financial Advisor      Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## DISTRIBUTION WORKSHEET

*Please complete this worksheet to the best of your ability. If you have questions about the worksheet, they can be addressed at our office conference. It is not necessary that the worksheet be fully completed before the conference.*

1. Upon my or my spouse's passing, we would like our estate to pass as follows:

a. To children equally; or

b. \_\_\_% to children and \_\_\_% to the charitable organization(s) as follows:

\_\_\_\_\_ ; or

c. As follows: \_\_\_\_\_

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

2. If any part of my estate passes to our children, it should be distributed as follows:

a. By outright distribution with each minor child's share held in guardianship until age 18; or

b. In trust to control distribution for specific purposes until a later age (we will discuss details).

3. If there are not any surviving children or grandchildren at the time of death, the estate should be divided in percentages to the individual and charitable beneficiaries as follows:

	Full Name	Address	Percent
a.	_____	_____	_____ %
b.	_____	_____	_____ %
c.	_____	_____	_____ %
d.	_____	_____	_____ %