

ESTATE PLANNER QUESTIONNAIRE

This questionnaire is designed to simplify and organize the process of creating your estate planning documents. Please complete the questionnaire as thoroughly as possible. If you need more space to complete a field, please enter additional information in the "Comments" sections throughout and at the end of the questionnaire. You can submit the form to us by e-mail by clicking the "Submit" button or you may print the completed form and mail it to our office at the address indicated. We recommend that you print a copy to keep for your records. Upon receipt of your completed questionnaire, we will contact you to discuss the information provided and decide how best to proceed.

PERSONAL INFORMATION

A. CLIENT

Full Legal Name:	<input type="text"/>	Other Names f/k/a:	<input type="text"/>
Street Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>
County of Residence:	<input type="text"/>	Home Phone:(numbers only)	<input type="text"/>
Work Phone: (numbers only)	<input type="text"/>	Date of Birth:	<input type="text"/>
Are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Marriage Date:	<input type="text"/>
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, indicate Citizenship:	<input type="text"/>

B. SPOUSE/PARTNER

Full Legal Name:	<input type="text"/>	Other Names f/k/a:	<input type="text"/>
Street Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>
County of Residence:	<input type="text"/>	Home Phone: (numbers only)	<input type="text"/>
Work Phone: (numbers only)	<input type="text"/>	Date of Birth:	<input type="text"/>
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, indicate Citizenship:	<input type="text"/>
If married, is there a signed prenuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

C. CHILDREN

Minnesota law defines "Child" as a descendant of the first generation, and includes all adopted and illegitimate children, unless you expressly state that you wish to exclude a child. "Child" does not include a child of your spouse/partner who is not your natural child and is not adopted by you. If you have children, please complete the section below and include the full, legal name of each child, including middle name or initial.

Child Full Name:	<input type="text"/>	Street Address:	<input type="text"/>
City, State & Zip:	<input type="text"/>	Date of Birth:	<input type="text"/>

ASSET SUMMARY

The following worksheet is designed to be a summary of your assets, both individually and jointly. Please complete the worksheet by providing the value of each of your assets and identifying the spouse or partner's name in which each of those assets is titled. A list of common assets is provided along with blanks for identifying other kinds of assets. (use whole dollars when entering amounts)

ASSET DESCRIPTION	CLIENT	SPOUSE/PARTNER	JOINT
Homestead, net value (i.e. less mortgage and other debt)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other real estate, net value	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stocks and bonds	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRA and other qualified retirement accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life insurance*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tangible personal property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>* For life insurance policies, please indicate in the Comments section below whose life is insured, who owns the policy, the cash value (if any) and death benefit.</p>			
Other (describe): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (describe): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASSETS SUBTOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER LIABILITIES	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>

Asset Summary Comments:

DISTRIBUTION OF ASSETS

At your death, all probate assets will be distributed as you direct in your will.

A. SPECIFIC GIFTS

Do you wish to give any specific monetary gifts to individuals or charitable organizations? If so, please indicate those below.

Amount:

Person or Organization (name, address, relationship):

B. DISTRIBUTION OF REMAINDER OF ESTATE

- ☐ All to my spouse/partner (subject to tax planning trust provisions), if he/she survives me, otherwise, distribute outright in equal shares to my children.

- ☐ All to my spouse/partner (subject to tax planning trust provisions), if he/she survives me, otherwise, in trust for my children. You should designate the age or ages and percentages at which the trust should be distributed to your children (some common patterns for distribution are: all at a certain age such as 25 or 30; or a portion at several ages, such as in thirds at ages 25, 30 and 35).

Age of Distribution:

Portion of Trust to be Distributed:

Age of Distribution:

Portion of Trust to be Distributed:

Age of Distribution:

Portion of Trust to be Distributed:

- ☐ Alternate distribution **(describe below in detail)**.

Alternate distribution detail:

PERSONAL REPRESENTATIVE

The duties of a personal representative (also called an executor) are to collect and administer the assets of the estate, pay all debts of the estate, and distribute the assets of the estate in accordance with the terms of your will. It is common to designate your spouse/partner as personal representative, but you may choose anyone you wish, including a corporate trust company. It is a good idea to choose one or more alternates as well, in case your first choice is unable to serve. We suggest that you choose a detail-oriented, trustworthy individual who you feel is able to handle business matters.

First Choice: Name: Relationship:
City and State of Residence:

Alternate: Name: Relationship:
City and State of Residence:

Personal Representative Comments:

TRUSTEE

The trustee handles the trust assets during the term of the trust (if any), including investment and distribution of the assets according to the terms of your will. This can be a long term job. We suggest you choose a detail-oriented, trustworthy individual who you feel is able to handle business matters, and who would work well with the person you name as guardian of your children. The trustee and guardian can be the same individual. It is a good idea to choose one or more alternates as well, in case your first choice is unable to serve.

First Choice: Name: Relationship:
City and State of Residence:

Alternate: Name: Relationship:
City and State of Residence:

Trustee Comments:

GUARDIAN

If you have minor children, you will need to choose a guardian who would have the responsibility for the physical care and upbringing of your minor children until they attain the age of majority. You should also name an alternate guardian in the event that your first choice cannot serve. If you designate a husband and wife combination, you should indicate whether one or the other should serve if they are no longer married at the time of your death.

First Choice: Name: Relationship:

City and State of Residence:

Alternate: Name: Relationship:

City and State of Residence:

Guardian Comments:

DURABLE POWER OF ATTORNEY

A durable power of attorney grants legal authority to a person (the "attorney-in-fact") to act on behalf of another (the "principal") with regard to financial matters. It is considered "durable" because it continues to confer authority even if the principal becomes incapacitated or incompetent. The authority of the attorney-in-fact terminates upon the death of the principal. Please indicate below whom you would like to designate as your attorney-in-fact and your alternate attorney-in-fact.

First Choice: Name and address: Relationship:

Alternate: Name and address: Relationship:

Power of Attorney Comments:

HEALTH CARE DIRECTIVE

A health care directive (often referred to as a "Living Will") allows you to appoint another person to make health care decisions for you should you become unable to verbalize your wishes. A health care directive also allows you to describe the type of health care you would like to receive in various situations. Doctors may legally rely upon a properly executed Health Care Directive in ceasing artificial life-extension or life-support methods. Lastly, a health care directive allows you to include directions indicating whether you want to be an organ donor at your death, and whether you want to be buried or cremated (alternatively, if you prefer not to leave specific instructions regarding organ donation, burial or cremation, you may instead leave those decisions to your agent's discretion).

Health Care Agent - Indicate whom you would like to appoint as your health care agent and whom you would like to designate as your alternate agent:

First Choice:

Name and
address:

Relationship:

Home Phone:

Work Phone:

Alternate:

Name and
address:

Relationship:

Home Phone:

Work Phone:

Health Care Wishes - If you would like to include special instructions regarding your health care, organ donation, burial or cremation, indicate those instructions below:

FURTHER INFORMATION

Use this space to expand on any answers to previous questions or for further information to be included in your will.

We suggest that you contact the individuals that you wish to designate as personal representative, trustee, guardian, health care agent and attorney-in-fact and discuss these roles with those individuals, so you know that they are willing to serve.



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Privacy Notice: Mulligan & Bjornnes will treat this information as confidential and use it only for preparing your estate planning documents. If you have concerns about privacy or about the secure online transmission of this information, please contact us for further information. You have the option of submitting this form via e-mail, or you may print the form and submit it by mail to our office at the address listed above.

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