

ESTATE PLANNING INFORMATION

Date: _____

By Whom Were You Referred To Our Office? _____

NOTE:

We will need full disclosure in order to properly advise you of your options. Incomplete information could result in inappropriate advice.

ALL INFORMATION WILL REMAIN CONFIDENTIAL

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PERSONAL INFORMATION

FIRST CLIENT INFORMATION:

Your Name: _____

Residence Address: _____
(Street)

(City) (State) (County) (Zip Code)

Occupation: _____

Employer: _____

Business Address: _____

E-Mail Address _____

Previous Spouse: _____

Date of Divorce: _____
Date of Death: _____

Date of Birth: _____

City/State of Birth: _____

Home Phone: (____) _____

Business Phone: (____) _____

Cell Phone: (____) _____

U.S. Citizen: yes no

Veteran: yes no

Social Security No. _____

SECOND CLIENT INFORMATION:

Your Name: _____

Occupation: _____

Employer: _____

Business Address: _____

Please attach a copy (Decree)

Date of Birth: _____

City/State of Birth: _____

Business Phone: (____) _____

Cell Phone: (____) _____

U.S. Citizen: yes no

Veteran: yes no

E-Mail Address _____

Social Security No. _____

Previous Spouse _____ Date of Divorce _____

Date of Death _____

Please attach a copy (Decree)

FIRST AND SECOND CLIENT:

Date of Marriage: _____ Do you have a prenuptial agreement? no yes

Please attach a copy (Agreement)

CHILDREN INFORMATION: *Indicate if children are of husband (H) or wife (W) or both (B)

(Include Deceased Children)

CHILD #1			CHILD #2			CHILD #3		
Name:			Name:			Name:		
Date of Birth	Marital Status	H W B	Date of Birth	Marital Status	H W B	Date of Birth	Marital Status	H W B
Home Address:			Home Address:			Home Address:		
City, State, and Zip Code			City, State, and Zip Code			City, State, and Zip Code		
Phone:			Phone:			Phone:		
Name of Spouse/Partner:			Name of Spouse/Partner:			Name of Spouse/Partner:		
GRANDCHILDREN			GRANDCHILDREN			GRANDCHILDREN		

Date of Birth	Name	Date of Birth	Name	Date of Birth	Name

***Indicate if children are of husband (H) or wife (W) or both (B)**

CHILDREN INFORMATION (continued):

(Include Deceased Children)

CHILD #4			CHILD #5			CHILD #6		
Name:			Name:			Name:		
Date of Birth	Marital Status	H W B	Date of Birth	Marital Status	H W B	Date of Birth	Marital Status	H W B
Home Address:			Home Address:			Home Address:		
City, State, and Zip Code			City, State, and Zip Code			City, State, and Zip Code		
Phone:			Phone:			Phone:		
Name of Spouse/Partner:			Name of Spouse/Partner:			Name of Spouse/Partner:		
GRANDCHILDREN			GRANDCHILDREN			GRANDCHILDREN		

Date of Birth	Name	Date of Birth	Name	Date of Birth	Name

A S S E T S

If the space provided is insufficient in any category, please write Asee attached listing@ and attach a page with the additional information.

REAL ESTATE: *Include farmland, cabin, timeshare, commercial real estate, rental property, property you sold under an unsatisfied contract for deed, and any other real property you have an ownership interest in.*

	Estimated Market Value	Indebtedness or Mortgage	Title Held as Joint Tenants, Life Estate or Other
a Primary Residence:			
County /State _____			
Address _____			
_____	\$ _____	\$ _____	\$ _____
 b Second Residence:			
Type of Property _____			
County/State _____			
Address _____			
_____	\$ _____	\$ _____	\$ _____
 c Other:			

Type of Property _____

County/State _____

Address _____ \$ _____

\$ _____

\$ _____

CASH IN BANK ACCOUNTS

Indicate name of bank and whether savings, checking, etc.

	Value in First Client=s Sole Name	Value in Second Client=s Sole Name	Value in Joint Names
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MUTUAL FUNDS/SECURITIES: Attach statement from financial advisor.

BUSINESS INTERESTS: Please provide copies of partnership/business agreements and current financial statements for any business interest.

Business #1:	Form of Business (CCorp/SCorp/Partnership)	Gross Fair Market Value	% Owned by First Client	% Owned by Second Client
Name _____	_____	\$ _____	_____ %	_____ %
Partners or Co-Owners: _____				

RETIREMENT ACCOUNTS AND BENEFITS: Attach statement from financial institution.

First Client	Total Value of Death Benefit	Present Vested Amount	Primary Beneficiary Designation	Contingent Beneficiary Designation
a. IRA	\$ _____	\$ _____	_____	_____
b. Pension	\$ _____	\$ _____	_____	_____
c. Profit Sharing	\$ _____	\$ _____	_____	_____
d. 401K	\$ _____	\$ _____	_____	_____
e. Other	\$ _____	\$ _____	_____	_____

Second Client	Total Value of Death Benefit	Present Vested Amount	Primary Beneficiary Designation	Contingent Beneficiary Designation
a. IRA	\$ _____	\$ _____	_____	_____
b. Pension	\$ _____	\$ _____	_____	_____
c. Profit Sharing	\$ _____	\$ _____	_____	_____
d. 401K	\$ _____	\$ _____	_____	_____
e. Other	\$ _____	\$ _____	_____	_____

LIFE INSURANCE: Complete page below or attach statement from financial institution.

	Policy 1	Policy 2	Policy 3	Policy 4
Name of Issuing Company				
Policy Number				
Employee Sponsored (Yes or No)				
Type of Policy				
Death Benefit				
Cash Surrender Value (If Any)				
Total Existing Loans (If Any)				

Date of Issue				
Insured				
Owner				
Primary Beneficiary				
Contingent Beneficiary				

ANNUITIES : Complete page below or attach statement from financial institution.

	Annuity 1	Annuity 2	Annuity 3	Annuity 4
Name of Issuing Company				
Annuity Number				
Type of Annuity				
Value				
Annuitized Monthly Payment (If Any)				
Cash Surrender Value (if Any)				
Total Existing Loans (If Any)				
Date of Issue				
Annuitant				

Owner				
Primary Beneficiary				
Contingent Beneficiary				

PERSONAL PROPERTY:

Include items of personal property having a value in excess of \$5,000 , i.e. furs, jewelry, art work, vehicles, watercraft, collections, etc.

Description	Gross Fair Market Value	Indebtedness or Mortgage	Value in First Client=s Sole Name	Value in Second Client=s Sole Name	Value in Joint Names
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INCOME

(Approximate Annual Income)

First Client

Second Client

Wages	\$ _____/year	Div./Int.	\$ _____/year	Wages	\$ _____/year	Div./Int.	\$ _____/year
Pension	\$ _____/year	Rent Inc.	\$ _____/year	Pension	\$ _____/year	Rent	\$ _____/year
Social Security	\$ _____/year	Other	\$ _____/year	Social Security	\$ _____/year	Other	\$ _____/year
Other	\$ _____/year	Other	\$ _____/year	Other	\$ _____/year	Other	\$ _____/year

LIABILITIES

**Outstanding Debts
(Exclusive of Real Estate
Mortgages)**

**Amount of
Indebtedness**

Name of Debtor

Security (If Any)

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

GIFTS PREVIOUSLY MADE

(Small gifts, birthday gifts, anniversary gifts, etc. need not be listed.) (Please provide copies of any applicable gift tax returns)

Description of Gift	Recipient	Date of Gift	Value of Gift
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\$

\$

DISTRIBUTION OF ESTATE

Do you wish to leave your entire estate to your spouse? YES

NO If not, describe what should be done with your estate.

If your spouse does not survive you, to whom do you wish your estate be distributed?

Children:	_____ %	OR	\$ _____
Grandchildren:	_____ %	OR	\$ _____
Charities:	_____ %	OR	\$ _____
Other Persons:	_____ %	OR	\$ _____

If you would like to leave assets to children or grandchildren, do you see a need for a trust to hold the assets beyond age 21?

YES NO

If YES, at what ages should they have access? (You may designate 100% be distributed at a certain age; or you may designate gradual distribution amounts):

_____ %	OR \$ _____	at age _____
_____ %	OR \$ _____	at age _____
_____ %	OR \$ _____	at age _____

Do any of your beneficiaries have special considerations, such as a physical or developmental disability, or an inability to manage financial assets. YES NO

If any of your assets will or maybe left to a charitable organization, please provide the complete name and address of each such organization.

FIDUCIARIES

PERSONAL REPRESENTATIVE (EXECUTOR):

This is the person who will take care of the administration of your estate. Most persons prefer to name their spouse. You should also consider an alternate to your first choice in case the named person is unable to perform the duties of a personal representative. You should think of someone who is capable, trustworthy, and organized.

FIRST CLIENT

Primary:

name *relationship*

address

phone

1st Alternate:

name *relationship*

address

phone

2nd Alternate:

name *relationship*

address

SECOND CLIENT

Primary:

name *relationship*

address

phone

1st Alternate:

name *relationship*

address

phone

2nd Alternate:

name *relationship*

address

phone

phone

TRUSTEES (If Any):

For many estate plans, trusts are used either for estate tax savings purposes or to control the ultimate distribution of the inheritance. The Trustee is a person or a financial institution who has two responsibilities: overseeing the investment of trust assets and making decisions as to the distribution of the trust assets to the beneficiaries. You should consider someone who is honest, trustworthy and capable of financial decisions.

FIRST CLIENT

Primary:

name *relationship*

address

_____ *phone*

1st Alternate:

name *relationship*

address

_____ *phone*

2nd Alternate:

name *relationship*

address

_____ *phone*

SECOND CLIENT

Primary:

name *relationship*

address

_____ *phone*

1st Alternate:

name *relationship*

address

_____ *phone*

2nd Alternate:

name *relationship*

address

_____ *phone*

phone

GUARDIANS: *In the event your spouse cannot act as guardian of your minor child, this is the person who will have custody of your minor children.*

	<u>Name</u>	<u>Address, Phone Number & Relationship</u>
First Choice	_____	_____ _____
Second Choice	_____	_____ _____
Third Choice	_____	_____ _____

FINANCIAL AGENT: *The attorney-in-fact is the person you appoint to make financial decisions if you are unable to do so. The power of attorney you give to this person will cease to be effective on your death.*

	<u>Name</u>	<u>Address, Phone Number & Relationship</u>
First Choice	_____	_____ _____
Second Choice	_____	_____ _____
Third Choice	_____	_____ _____

HEALTH CARE AGENT: *Your health care agent is a person who will make health and medical decisions if you cannot make or communicate a medical decision.*

	<u>Name</u>	<u>Address, Phone Number & Relationship</u>
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First Choice

Second Choice

Third Choice
