

**Hanft Fride, A Professional Association**  
1000 U.S. Bank Place – 130 W. Superior Street  
Duluth, MN 55802  
Phone: (218) 722-4766 Fax: (218) 529-2401  
E-mail: Jennifer L. Carey: [jlc@hanftlaw.com](mailto:jlc@hanftlaw.com);  
Jacob J. Baker: [jjb@hanftlaw.com](mailto:jjb@hanftlaw.com); or Holly E. Haller: [heh@hanftlaw.com](mailto:heh@hanftlaw.com)

<b>CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE</b>
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**PERSONAL INFORMATION**

Full Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_

How do you want your name to appear on your Will (full name or first name, middle initial, last name)? \_\_\_\_\_  
(please print)

- 1. Have you been married before?  Yes     No
- 2. If yes, did your marriage end because of \_\_\_\_\_  
of ( ) death or ( ) divorce? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of Former Spouse \_\_\_\_\_
- 3. Are you providing benefits under a divorce decree?  Yes     No
- 4. Are you receiving benefits under a divorce decree?  Yes     No
- 5. Are you now receiving benefits under a trust?  Yes     No
- 6. Do you expect to receive an inheritance in excess of \$100,000?  Yes     No

**FAMILY INFORMATION (SPOUSE)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Business Phone \_\_\_\_\_

How does spouse want his or her name to appear? (please print) \_\_\_\_\_

- 1. Has spouse been married before?  Yes     No

- |    |   |                                |
|----|---|--------------------------------|
| 2. | If yes, did spouse's marriage end because of<br>of ( ) death or ( ) divorce? ____ / ____ / ____ | _____<br>Name of Former Spouse |
| 3. | Is spouse providing benefits under a divorce decree?  | ( ) Yes ( ) No                 |
| 4. | Is spouse receiving benefits under a divorce decree?  | ( ) Yes ( ) No                 |
| 5. | Is spouse now receiving benefits under a trust?   | ( ) Yes ( ) No                 |
| 6. | Does spouse expect to receive an inheritance in excess of \$100,000?                            | ( ) Yes ( ) No                 |

**DEPENDENT INFORMATION (CHILDREN)**

Please list your children (eldest to youngest) and indicate if said child is (A) adopted or (D) deceased or from a prior marriage (PM):

	<b><u>FULL NAME</u></b>	<b><u>DATE OF BIRTH</u></b>
( )	_____	_____
( )	_____	_____
( )	_____	_____
( )	_____	_____

If you have no spouse or children, it would be helpful to provide us with names and addresses of siblings or other closest relatives.

**GENERAL INFORMATION**

- |    |  |                |
|----|--|----------------|
| 1. | Do you currently have a Will?  | ( ) Yes ( ) No |
| 2. | Do any of your children or grandchildren suffer from a disability (i.e. significant physical or mental handicap) or other special problem or situation that should be addressed? | ( ) Yes ( ) No |
| 3. | Do you want to make a gift to charity or persons other than your spouse, children or other issue?<br>If so, please list their names:   | ( ) Yes ( ) No |
| 4. | Are you contributing to the support of someone other than your child(ren)? If so, please list their names:   | ( ) Yes ( ) No |

\_\_\_\_\_

5. **PERSONAL REPRESENTATIVE**: When I die, I want the following person(s) or corporations(s) to be responsible for collecting my assets, paying my taxes and debts and distributing my assets according to my Will:

\_\_\_\_\_  
Primary Personal Representative  
Address (City, State)

\_\_\_\_\_  
Co-Personal Representative (if any)

\_\_\_\_\_  
Successor Personal Representative  
Address (City, State)

\_\_\_\_\_  
Successor Co-Personal Rep. (if any)

6. **TRUSTEE**: When I die, I want the following person(s) or corporation(s) to be responsible for carrying out the terms of any trust I establish under my Will and for managing the trust assets:

\_\_\_\_\_  
Primary Trustee  
Address (City, State)

\_\_\_\_\_  
Co-Trustee (if any)

\_\_\_\_\_  
Successor Trustee  
Address (City, State)

\_\_\_\_\_  
Successor Co-Trustee (if any)

7. **GUARDIAN**: In the event I/we are deceased and have minor children:

\_\_\_\_\_  
Guardian  
Address (City, State)

\_\_\_\_\_  
Co-Guardian (if any)

\_\_\_\_\_  
Successor Guardian  
Address (City, State)

\_\_\_\_\_  
Successor Co-Guardian (if any)

8. Do you wish for your Guardians to be responsible for managing you child's/children's finances too? ( ) Yes ( ) No

If not, which person(s) or corporations do you want to manage your child(ren)'s finances?

\_\_\_\_\_  
First Choice

\_\_\_\_\_  
Second Choice

9. **HEALTH CARE POWER OF ATTORNEY:**

\_\_\_\_\_  
Health Care Agent

\_\_\_\_\_  
Full Address & Phone Number

\_\_\_\_\_  
Successor Health Care Agent

\_\_\_\_\_  
Full Address & Phone Number

10. **FINANCIAL POWER OF ATTORNEY:**

\_\_\_\_\_  
Financial Agent

\_\_\_\_\_  
Full Address & Phone Number

\_\_\_\_\_  
Successor Financial Agent

\_\_\_\_\_  
Full Address & Phone Number

11. **POWER OF ATTORNEY FOR MINOR CARE (during absence):**

\_\_\_\_\_  
Health Care Agent

\_\_\_\_\_  
Full Address & Phone Number

\_\_\_\_\_  
Successor Health Care Agent

\_\_\_\_\_  
Full Address & Phone Number

12. List any other person(s) and/or organizations who you want to benefit under your Will:

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

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

13. If your entire immediate family dies in a common accident, or dies prior to complete distribution of any assets, to whom do you wish such remaining assets to go to? (i.e. parents, siblings, charity, etc.)

**FULL NAME**

**RELATIONSHIP and ADDRESS**

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

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

**FINANCIAL INFORMATION**

**PRINCIPAL BANK & LOCATION:** \_\_\_\_\_

( ) Checking Account No. \_\_\_\_\_ Approx. Balance \$ \_\_\_\_\_

( ) Savings Account No. \_\_\_\_\_ Approx. Balance \$ \_\_\_\_\_

Personal Trust Officer: \_\_\_\_\_

Location of Safe Deposit Box(es) \_\_\_\_\_

Accountant: \_\_\_\_\_ Company \_\_\_\_\_

Investment Advisor: \_\_\_\_\_ Company \_\_\_\_\_

Insurance Advisor: \_\_\_\_\_ Company \_\_\_\_\_

**REAL ESTATE** (include residence, recreational, investment/rental) Value may be approximated:

<b><u>LOCATION</u></b>	<b><u>VALUE</u></b>	<b><u>CURRENT BALANCE</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Please indicate if property is held in name of (H) husband (W) wife or (JT) joint tenancy)*

**STOCKS AND BONDS:**

1. Closely-held proprietorships, partnerships and/or corporations. Values may be approximated.

Name/Address	Type of Business	% of stock	Current M/V
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_____	_____	_____	_____
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2. Listed Securities (Value may be approximated)

Description	No. of shares	Date Acquired	Orig. Cost/Cur. M/V

*If Additional space is needed, please use reverse side or attach copy of brokerage statement. This list should not include investments in pension, profit sharing, 401(k), etc., that should be listed separately below.*

3. Bonds

Description	Current Value

**INSURANCE**

Please list the type of insurance, the company, policy number, the name of the holder of the policy, the current beneficiary(ies), the face value and the net of loan value (if any).

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**PENSION/PROFIT SHARING/401(k)/IRA'S/OTHER ANNUITIES**

Please list the type, the current beneficiary(ies) and the current value.

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**MISCELLANEOUS PERSONAL PROPERTY**

**Current Value**

Household goods and personal effects	\$ _____	(H)(W)(J)
Collections (stamps, coins, artwork, etc.)	_____	(H)(W)(J)
Jewelry	_____	(H)(W)(J)
Furs	_____	(H)(W)(J)
Automobiles, boats, aircraft	_____	(H)(W)(J)
Limited Partnerships	_____	(H)(W)(J)
Insurance owned on life of another	_____	(H)(W)(J)
Interests in estates or trusts	_____	(H)(W)(J)
Stock options	_____	(H)(W)(J)
Leaseholds	_____	(H)(W)(J)
Copyrights and/or patents	_____	(H)(W)(J)
Money owed by third-parties	_____	(H)(W)(J)
Other:	_____	

**APPROXIMATE ANNUAL INCOME**

	<b><u>Husband</u></b>	<b><u>Wife</u></b>
Salary	\$ _____	\$ _____
Fees	_____	_____
Commissions	_____	_____
Interest	_____	_____
Approximate Totals	\$ _____	\$ _____

Write down any questions you might have:

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<b>FINANCIAL RECAP</b>
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<u><b>ASSETS</b></u>	<u><b>CURRENT VALUE</b></u>
Bank Accounts:	
Cash	\$ _____
Real Estate:	
Residence(s)	\$ _____
Recreational	_____
Investment/Rental	_____
Stocks & Bonds:	
Closely-held businesses	\$ _____
Listed Securities	_____
Bonds	_____
Insurance	\$ _____
Pension/Profit Sharing/IRA's/Annuities	\$ _____
Personal Property:	
Automobiles	\$ _____
Home Furnishings	_____
Collections	_____
Antiques/Jewelry	_____
Other	_____
<b>TOTAL ASSETS*</b>	<b>\$ _____</b>
 <u><b>LIABILITIES</b></u>	
Mortgages	\$ _____
Installment Loans	_____
Promissory Notes (Due within 1 year)	_____
Promissory Notes (Due more than 1 year)	_____
Other	_____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

*Attach any financial statement used for loan purposes*

\* Do you have an umbrella liability policy to protect these assets or special situation requesting further asset protection planning?