

Attorneys at Law
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;
Jacob J. Baker: jjb@hanftlaw.com; Holly E. Haller: heh@hanftlaw.com

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL & FAMILY INFORMATION

Full Name (Please Print)	Date of Birth	Social Security Number
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Home Address	City	State	ZIP	Home Phone
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Employer	Occupation
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Business Address	Business Phone
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E-mail Address

How do you want your name to appear on your Will (full name/first name, middle initial, last name/other)? _____ (please print)

How do you sign your name? _____

Are you known by any other names or do you own any assets in a different name? If yes, please give details:

- | | |
|--|--|
| 1. Have you had any previous marriage or civil union? | () Yes () No |
| 2. If yes, did your marriage/civil union end because of
of () death () divorce () other? | Name of former spouse or partner:
_____ |
| 3. Do you have financial obligations from a prior relationship? | () Yes () No |
| 4. Are you receiving benefits from a prior relationship? | () 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 |
| 7. Do you have a cohabitation or domestic partnership agreement? | () Yes () No |
| 8. Are you a U.S. Citizen? | () Yes () No |
| 9. Is your spouse/partner a U.S. Citizen? | () Yes () No |

CHILDREN/OTHER DEPENDENTS

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

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

It would be helpful to provide us with names and addresses of parents, 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/partner and children? () Yes () No

4. **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)

Successor Personal Representative
Address (City, State)

5. **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 and for managing the trust assets:

Primary Trustee
Address (City, State)

Successor Trustee
Address (City, State)

6. **GUARDIAN**: In the event I am deceased and have minor children, I want the following person(s) to be responsible for taking care of my children:

Guardian
Address (City, State)

Successor Guardian
Address (City, State)

7. **HEALTH CARE POWER OF ATTORNEY**: In the event of my incapacity, I want the following person(s) to make health care decisions for me:

Health Care Agent

Full Address & Phone Number

Successor Health Care Agent

Full Address & Phone Number

8. **FINANCIAL POWER OF ATTORNEY**: In the event of my incapacity, I want the following person(s) to handle my finances and real and personal property:

Attorney-in-fact

Full Address & Phone Number

Successor Attorney-in-fact

Full Address & Phone Number

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

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:

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

(Please indicate if property is individually owned or jointly with another)

BUSINESS INTERESTS, STOCKS AND BONDS:

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

Name/Address Type of Business % of ownership Current Value

Name/Address Type of Business % of ownership Current Value

2. Listed Securities (Stocks)

_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?
_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?
_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?
_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?

3. Bonds

_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?
_____	_____	_____
Name	Est. Value	Individually or Jointly Owned?

INSURANCE

Please list the type of insurance, the company, the name of the owner of the policy, the current beneficiary(s), the face value and the cash value (if any).

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

Please list the type of account, the current beneficiary(s) and the estimated value.

MISCELLANEOUS PERSONAL PROPERTY

Current Value

Household goods and personal effects	\$ _____ (Individual or Joint)
Collections (stamps, coins, artwork, etc.)	_____ (Individual or Joint)
Jewelry	_____ (Individual or Joint)

ASSETS

CURRENT VALUE

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	_____
Jewelry	_____
Other	_____
TOTAL ASSETS*	\$ _____

LIABILITIES

Mortgages	\$ _____
Installment Loans	_____
Promissory Notes (Due within 1 year)	_____
Promissory Notes (Due more than 1 year)	_____
Other	_____
TOTAL LIABILITIES	\$ _____

Please attach any financial statement used for loan purpose.

Do you have an umbrella liability policy to protect these assets? () Yes () No

Do you have a special situation requiring asset protection planning? () Yes () No