



ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL INFORMATION

of

Dated: _____

This document is provided to help you prepare for our upcoming conference. Please complete this questionnaire in advance of our meeting to ensure that our meeting is as efficient and productive as possible. Disregard any pages or questions which do not apply to your situation. Add any details you think are important. If you need any help or have any questions, please call.

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(651) 767-3740*

I. PERSONAL AND FAMILY INFORMATION
(Give full names including middle initial)

Your Family:

1. Husband's Name _____ Birth Date _____
Birthplace _____
2. Wife's Name _____ Birth Date _____
Birthplace _____
3. Residence Address _____ Phone _____

4. Husband's Business _____ Phone _____
Address _____
5. Wife's Business _____ Phone _____
Address _____
6. Where should correspondence be sent? Residence _____ Business _____
7. Children

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Birth Place</u>	<u>Married</u>		<u>Child of</u>		
				<u>Yes</u>	<u>No</u>	<u>H</u>	<u>W</u>	<u>Both</u>
_____	___	_____	_____	_____	_____	_____	_____	_____
_____	___	_____	_____	_____	_____	_____	_____	_____
_____	___	_____	_____	_____	_____	_____	_____	_____
_____	___	_____	_____	_____	_____	_____	_____	_____
_____	___	_____	_____	_____	_____	_____	_____	_____

8. Have either or both of you been previously married? Yes _____ No _____

Reason for separation: Death _____ Divorce _____
(If Divorce, please provide details of your settlement agreement, if any.)

9. Do you have a prenuptial agreement? Yes _____ No _____
(If Yes, please attach a copy.)

II. FINANCIAL AND SPECIAL CONSIDERATIONS

1. If either of you expect an inheritance in the future, please explain. _____

2. Will any members of your immediate family require special treatment (e.g., someone with a disability)? Yes _____ No _____
If Yes, please explain. _____

3. Will anyone be dependent on you in the future? Yes _____ No _____
If Yes, please explain. _____

4. Have you created any trusts? Yes _____ No _____
If Yes, please provide a copy of the trust agreement with a schedule of assets.

5. Are you, your spouse, and/or your children currently a beneficiary of a trust?
Yes _____ No _____
If Yes, please explain. _____

6. Have you and/or your spouse ever lived in Louisiana, Texas, New Mexico, Arizona, California, Washington, Idaho, Wisconsin or Nevada, while you were married?
Yes _____ No _____ If Yes, please explain. _____

7. Have you and/or your spouse made any gifts over \$11,000 each in any one year to one individual? Yes _____ No _____
If Yes, how much? _____
Have gift tax returns ever been filed? Yes _____ No _____ (If yes, please provide a copy.)

8. Do you or your spouse own any interest in a business whose stock is not publicly traded (e.g., small corporations, partnerships, investment groups, etc.)? Yes _____ No _____
If Yes, please explain. _____

9. Do you have any death benefits available under a "qualified" retirement plan?
Yes _____ No _____
If Yes, what type of plan is it? Pension _____ Profit Sharing _____ Other _____
What type of benefit? Life Insurance _____ Cash Settlement _____
Approximate value? \$ _____ Who is beneficiary? _____

III. DISTRIBUTION OF YOUR ESTATE

A. Disposition of Assets

Special Gifts

1. Do you wish to make a specific gift to an individual? Yes _____ No _____

Gift # 1

Name: _____

Address: _____

Amount: _____ (stated sum of money or percentage of estate?)

Relationship to you: _____

Gift # 2

Name: _____

Address: _____

Amount: _____ (stated sum of money or percentage of estate?)

Relationship to you: _____

2. Would you like to make any charitable bequests, such as to a specific charity?

Yes _____ No _____

If Yes, please provide full name, address of organization, and amount of gift:

Name: _____

Address: _____

Amount: _____

Residual Gifts

1. Usually a person leaves the residue of the estate to a surviving spouse, and if the spouse is not living, to children or descendants outright or in trust. Do you want this type of disposition.

Yes _____ No _____

If No, please describe how you would like your estate distributed:

2. At what age or ages would you want your children or descendants to receive estate assets (i.e., 1/3 at age 25, 1/3 at age 30, 1/3 at age 35?) _____

3. Who would you want to receive your estate in the event that you, your spouse, and all your children/descendants do not survive you? Standard language divides your estate equally to your heirs-at-law. Would you be in favor of this type of disposition.

Yes _____ No _____

If No, how would you like your estate distributed:

B. Fiduciary Selections

Trust (if applicable)

1. If any trust is included as part of your estate plan, it will be necessary to name one or more trustees to manage the trust. If you already know which individual(s) or trust company you would like to name as trustee(s), please provide that information below.

First Choice

Trustee's name _____

Relationship to you _____

Second Choice

Trustee's name _____

Relationship to you _____

Personal Representative

1. Usually a person names a surviving spouse as personal representative (executor) of the estate and an alternate if the spouse cannot serve for any reason.
Do you favor this procedure? Yes _____ No _____

2. Name and address of your selection for personal representative.
First Choice: Write "spouse" if you want your spouse to serve as your personal representative.

Name: _____

Relationship to you _____

Second Choice (alternate):

Name _____

Relationship to you _____

Guardians (if applicable)

1. Please indicate below your choice for guardian of your minor children.

First choice for guardian:

Name _____

Relationship to you _____

Second choice for guardian:

Name _____

Relationship to you _____

C. Miscellaneous

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Are you interested in completing a Financial Power of Attorney?	_____	_____	_____
Are you interested in completing a Living Will?	_____	_____	_____
Are you interested in completing a Health Care Power of Attorney?	_____	_____	_____

IV. SUMMARY OF ASSETS

	Husband	Wife	Joint
A. Real Estate-Residence	\$ _____	\$ _____	\$ _____
B. Real Estate-Other	\$ _____	\$ _____	\$ _____
C. Cash, etc.	\$ _____	\$ _____	\$ _____
D. Government Bonds	\$ _____	\$ _____	\$ _____
E. Other Bonds and Notes	\$ _____	\$ _____	\$ _____
F. Stocks	\$ _____	\$ _____	\$ _____
G. Business Interests	\$ _____	\$ _____	\$ _____
H. Pension or Profit Sharing Benefits	\$ _____	\$ _____	\$ _____
I. Personal Property	\$ _____	\$ _____	\$ _____
J. Life Insurance-(Face Value)*	\$ _____	\$ _____	\$ _____
K. Other Assets	\$ _____	\$ _____	\$ _____
L. Mortgages	(_____)	(_____)	(_____)
M. Other Debts and Liabilities	(_____)	(_____)	(_____)
 Total	 \$ _____	 \$ _____	 \$ _____

* On Husband's Life	Policy 1	Policy 2
	Owner _____	_____
	Beneficiary _____	_____
Cash Value _____	_____	_____

* On Wife's Life	Policy 1	Policy 2
	Owner _____	_____
	Beneficiary _____	_____
Cash Value _____	_____	_____

FORMS