

PAUL E. OVERSON, ESQ.  
STEVEN M. COODIN, ESQ.



TAMARACK HILLS  
539 BIELENBERG DRIVE  
SUITE 200  
WOODBURY, MN 55125  
TELEPHONE: 651.209.1155  
FAX: 651.731.8004

**INFORMATION FOR INITIAL MEETING  
WITH ESTATE PLANNING ATTORNEY**

**I. FAMILY INFORMATION**

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Are you married? [  ] Yes [  ] No

If so, your spouse \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Telephone Nos.: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

**II. ESTATE PLAN**

Do you have an existing Will(s)? [  ] Yes [  ] No  
[If yes, provide your attorney with a copy]

**III. CHILDREN**

If you have children, please complete the following:

<u>Name</u>	<u>Date of Birth</u>	<u>Indicate Whether Adopted or from a Previous Marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Attach additional sheet if necessary]

Any deceased children? [ ] Yes [ ] No

If Yes, Name of Deceased Child: \_\_\_\_\_

Did this deceased child leave any children? [ ] Yes [ ] No

Have any children received an advance on their inheritance or are any children financially indebted to you? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Is there any reason to treat your children other than equally? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Are any of the children under a disability? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

#### **IV. CHOOSE THE BENEFICIARIES OF YOUR ESTATE**

Begin with the following assumptions:

1. You and your spouse desire to leave 100% of your estate to each other;
2. If your spouse predeceases you, or should you pass away together, your children will receive your estate in equal shares;
3. Should a child predecease you, leaving children of his/her own (your grandchildren), these grandchildren will evenly split the deceased child's share.

D you desire different beneficiaries from this? [ ] Yes [ ] No

If yes, please complete the following:

Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List specific gift or desired % of estate to be given:

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

Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List specific gift or desired % of estate to be given:

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

[Attach additional sheet if necessary]

Please identify your grandchildren if any:

<u>Name</u>	<u>Date of Birth</u>	<u>Parents</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Attach additional sheet if necessary]

**V. GUARDIAN**

In the event of the death of you and your spouse, who should be guardian of your children? (a guardian has physical and legal control over your children until they reach the age of 18)

First choice (do not name your spouse):

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

Second choice (do not name your spouse):

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

**VI. TRUST**

Do you wish to have a trust established for the benefit of your spouse and/or children?

Yes  No

If yes to the above, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18.)

First choice (Spouse is normally named first): \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**VII. PERSONAL REPRESENTATIVE**

Who should be Personal Representative (“executor”) of your estate? (A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

First choice (Spouse is normally named first): \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**VIII. SPECIFIC BEQUESTS**

Do you wish to make reference in your will to a separate list of any specific bequests of items of personal property which you wish to give to children or others? The advantage of such a list is that it may be changed without changing your will. [  ] Yes [  ] No

Do you wish to make any charitable bequests? [  ] Yes [  ] No

**IX. OTHER ESTATE PLANNING TOOLS**

Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? [  ] Yes [  ] No

Are you interested in preparing a Health Care Declaration (“living will”) stating your preference for health care if you are in a terminal condition? [  ] Yes [  ] No

**X. INFORMATION REGARDING ASSETS**

What is the approximate net worth of your estate: \$ \_\_\_\_\_

[If you are a high net worth individual (your assets approach or exceed \$1 million), please provide a financial statement]

**XI. LIFE INSURANCE**

Do you and/or your spouse have life insurance? [  ] Yes [  ] No

