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**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 No.: (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]

Do you have 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.

Do 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: _____

Relationship (if any): _____

Second Alternate:

Name: _____

Address: _____

Relationship (if any): _____

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

