
Estate Analysis Questionnaire

CONFIDENTIAL INFORMATION

Name: _____

Dated: _____

This document is provided to help you prepare for our upcoming meeting. When you have completed this form, please contact us to schedule your office conference. Any recommendations will depend on your personal situation as well as the type of assets you own. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

This information booklet has been prepared for general use. Please disregard any questions which do not apply to your situation. If space is inadequate, add sheets or use the back of the preceding page. Add any details you think are pertinent. If you need any help or have any questions, please do not hesitate to call.

Thank you.

EASTLUND, SOLSTAD, CADE & HUTCHINSON
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Personal and Family Information

A. TESTATOR(S) (Please give full names, including middle initials)		
	Client	Spouse
Full Name		
Date of Birth		
Place of Birth		
Occupation		
Social Security #		
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, list legal status: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, list legal status: _____</i>
Home Address	Street: _____ City: _____ MN Zip _____	
Home Phone	()	
Business Address		
Business Phone	()	()
Email address(es)		

Are you currently married? No Yes *If Yes, the date of marriage: _____*
 Was there a premarital agreement? No Yes
If No, were you previously married? No Yes

B. CHILDREN *Please list the full name(s) of ALL of your children, including adopted children, deceased children, children born out of wedlock, and children you wish to omit from your estate plan.*

Full Name & Address for each Child	Date of Birth	Married?		Child of [Check One Box]		
		Yes	No	Husband	Wife	Both
Name:						
Address:						
Name:						
Address:						
Name:						
Address:						
Name:						
Address:						

1. **GUARDIANS** *Who should be the guardian of your minor children? A guardian has physical and legal control over your children until they reach the age of 18.*

a. **First Choice**

Name(s): _____
 Address: _____
 Relationship: _____ Phone Number(s): _____

b. **Alternate**

Name(s): _____
 Address: _____
 Relationship: _____ Phone Number(s): _____

2. Is there any reason NOT to treat your children equally? Yes No

If YES, please explain. _____

3. Have any children received an advance on their inheritance or are any children financially indebted to you?

Yes No

If YES, please explain _____

4. Are any children under a disability? Yes No

5. If any child should predecease the parent, should his/her share pass through to his/her children?

Yes No

If YES, please indicate grandchildren, if any:

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

6. If a spouse of a deceased child should survive, should his/her share pass through to the spouse?

Yes No

If YES, please indicate the name of the child and his/her spouse below:

Child's Name	Spouse's Name	Spouse's Date of Birth	Address

Financial and Special Considerations

A. PERSONAL REPRESENTATIVE

Who should be the 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

Full Name(s): _____

Address: _____

Relationship (if any): _____ Phone Number(s): _____

Alternate

Full Name(s): _____

Address: _____

Relationship (if any): _____ Phone Number(s): _____

B. TRUST

If a trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee manages the assets for your children, spouse, or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at the age of 18 and their guardian manages the inheritance until then. You can name an individual, bank or trust company, or both, to act as your Trustee. If you select an individual who is also a beneficiary, two trustees should be selected to act together.

Do you want to establish a trust for the benefit of your spouse and/or children? Yes No

If YES, please complete the three questions that follow.

If NO, skip to section C “Contingent Beneficiaries” on the following page.

- Your choice of Trustee(s):

First Choice

Full Name(s): _____

Address: _____

Relationship (if any): _____ Phone Number(s): _____

Alternate

Full Name(s): _____

Address: _____

Relationship (if any): _____ Phone Number(s): _____

- Any special emphasis of the trust? For example, maintenance, education, etc? _____

- Specify the age(s) at which distribution should be made to your child(ren). For example, 1/3 at age 21, 1/3 at age 25, and final distribution at age 30. _____

C. CONTINGENT BENEFICIARIES *Who would you want to receive your estate in the event that you, your spouse, and all your children/descendants do not survive?*

Standard language divides your estate equally among your heirs-at-law. Would you be in favor of this type of disposition? Yes No

If No, please provide a description of how you would like your estate distributed (split between both families, charity, etc.): _____

D. OTHER SPECIAL CONSIDERATIONS

1. Would you like to make any charitable bequests, such as to a specific charity? Yes No

If YES, please provide the full name and address of the organization(s), as well as the amount of gift(s).

<u>Charitable Organization</u>	<u>Address of Organization</u>	<u>Amount of Gift</u>
_____	_____	_____
_____	_____	_____

2. Would you like to make a specific gift(s) to an individual or individual(s)? Yes No

If YES, please identify the person(s), relationship (if any), their address(es), and the amount of the gift(s). Use the back of this sheet if you need more room.

<u>Individual</u>	<u>Relationship</u>	<u>Address</u>	<u>Amount of Gift</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. Do you expect any inheritance in the near future? Yes No

If YES, please explain: _____

4. Are you, your spouse, and/or your children currently a beneficiary of a trust? Yes No

If YES, please explain: _____

5. Have you and/or your spouse made any gifts over \$10,000 each in any one year to one individual?

Yes No

If YES, please specify when such a gift(s) was made, how much the gift amount was, and whether you filed a gift tax return

<u>To Whom Gift Made</u>	<u>When Gift Made</u>	<u>Amount of Gift</u>	<u>Gift Tax Return Filed</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any death benefits available under a “qualified” retirement plan? Yes No

If YES, please specify the following:

- a) Type of Plan Pension Profit Sharing
 Keogh Other
- b) Benefit Cash Life Insurance
- c) Approximate Value \$ _____
- d) Who is the beneficiary? _____

7. Do you or your spouse have an interest in a partnership, joint venture, closely held corporation, proprietorship or other similar entity? Yes No

If YES, please provide complete information about the business entity’s assets, liabilities, buy-sell agreements, and all other related information (please attach copies where relevant):

8. Do you have a safe deposit box? Yes No

If NO, where do you keep valuable documents, and who has access to them? _____

9. Do you or your spouse currently have a Living Will or Health Care Power-of-Attorney?
 Yes No

10. Is there any other provision you want to make in your Will that has not been mentioned on this form? Yes No

If YES, please specify _____

E. CLIENT’S PARENTS

Information Requested	Client’s Parents		Spouse’s Parents	
	Father	Mother	Father	Mother
Full Name				
Address				
Phone #s				
Age				
State of Health				
Financially Independent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property in Gross Estate

An understanding of the size of your estate will help us ascertain whether certain instruments (like trusts that can shield your estate from federal tax at death) would be beneficial given your financial circumstances. All information disclosed below, and all information previously disclosed, will remain confidential. There is no federal estate tax for the 2010 year. The current Minnesota estate tax rate allows each individual to pass up to \$1.0 million tax free.

- If your estate is less than \$1 million, simply place an “X” in column C indicating you own this type of asset. You do not need to fill out the value section of each asset in columns D-F.
- If your estate is \$1 million or greater (including life insurance and retirement accounts), please complete Columns D-F, by including dollar values in each category for your held assets.

A. Item #	B. Description of Asset	C. Mark an X in the column to indicate WHO owns this asset (if any)			Fill out these 3 columns ONLY if your estate is valued at \$1 million or more per person.		
		Husband	Wife	Jointly Held	D.	E.	F.
					Value of Husband's Property	Value of Wife's Property	Value of Jointly Held Property
1.	Checking				\$	\$	\$
2.	Savings				\$	\$	\$
3.	Certificates of Deposit				\$	\$	\$
4.	Money Market				\$	\$	\$
5.	Listed Securities				\$	\$	\$
6.	Household Goods				\$	\$	\$
7.	Autos				\$	\$	\$
8.	Jewelry				\$	\$	\$
9.	Collections				\$	\$	\$
10.	Boats				\$	\$	\$
11.	Homestead*				\$	\$	\$
12.	Other Real Estate*				\$	\$	\$
13.	Business				\$	\$	\$
14.	Pensions				\$	\$	\$
15.	IRA's				\$	\$	\$
16.	Other:				\$	\$	\$
17.	Other:				\$	\$	\$
TOTALS					\$	\$	\$

* You should look at or bring in a copy of your deed, contract for deed, or certificate of title if there is any question.

Life and Accidental Death Insurance

Please provide the following information regarding any life and accidental death insurance you may hold.

Face Amount	Type	Policy #	Name of Company	Beneficiary	Owner	Net Cash Value

Liabilities

Please provide the following information regarding your liabilities by listing the value of the debt under the appropriate column.

Item #	Description	Husband's Debt	Wife's Debt	Joint Debt	Secured by
1		\$	\$	\$	
2					
3					
4					
5					
TOTALS		\$	\$	\$	

Additional Comments & Concerns
