

KALLEMEYN & KALLEMEYN
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ESTATE PLANNING AND WILL INFORMATION FORM

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled appointment. 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. Please note that legal names, the full name which appears on a birth certificate, are required to accurately identify all individuals named in your estate planning documents.

PLEASE NOTE, if you have an existing will, trust, health care directive, or power of attorney, please bring any such documents with you to your scheduled appointment.

1. TESTATOR (Person making will)

Name (First, Middle and Last): _____

Street Address: _____

City, State and Zip Code: _____

County: _____

Date of Birth: _____

SPOUSE'S INFORMATION:

Name (First, Middle and Last): _____

Street Address: _____

City, State and Zip Code: _____

County: _____

Date of Birth: _____

CONTACT INFORMATION:

Home Telephone Number: _____

Work Telephone Number: _____

Client Cell Phone Number: _____

Spouse's Cell Phone Number: _____

E-Mail Address: _____

What number is best to reach you at during daytime hours?: _____

2. MARRIAGE

a. Have you and your spouse signed a Premarital Agreement? Yes ____ No ____
If you have, please bring a copy of it to the interview.

b. Have you or your spouse been divorced? Yes ____ No ____
If so, please bring a copy of the divorce decree to the interview.

3. CHILDREN

Please list ALL your children, including predeceased children, children born out of wedlock, and children you wish to omit from your estate plan. Feel free to use the back of this page if not enough room has been provided.

Name of Child (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Date of Birth: _____

Child of: _____

Name of Child (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Date of Birth: _____

Child of: _____

Name of Child (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Date of Birth: _____

Child of: _____

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

Please Circle One: Yes No

- b. Is there any reason NOT to treat your children equally? If so, please explain.

Please Circle One: Yes No

- c. Are any of the children under a disability? If so, please explain.

Please Circle One: Yes No

d. Do you have any special concerns or objectives regarding your children?

e. If any child should predecease you, should his/her share pass through to his/her children?

Please Circle One: Yes No

If there is already a predeceased child, please identify their children, along with each of addresses, if any:

f. Do you wish to include grandchildren born out of wedlock?

Please Circle One: Yes No

g. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Successor Guardian:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

4. 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 once you have passed away.

We strongly recommend that only *one* individual is nominated as your primary and successor choices for personal representative. When there are multiple personal representatives, all personal representatives must sign off on all actions. It becomes difficult to obtain everyone's agreement and often increases family disagreements and stress. If you strongly wish to nominate more than one individual for the positions, please be sure to bring this up in your appointment with Charles Kallemeyn.

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Successor Personal Representative: (in the event your primary nomination is unwilling or unable to serve)

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

5. TRUSTS

***If you wish to have a trust established for the benefit of your spouse and/or children, please fill out the following section. If you do not wish to set up a trust, please skip this page, and continue to #6 - Estate Distribution. ***

NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. 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. You may name an individual, bank or trust company, or both to act as your trustee.

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Alternate Trustee:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Please provide any specific instructions you wish for the trust to provide for, and the age(s) you wish your children to inherit the assets of their trust (for example, one-half of trust to be distributed at age 18 and the remaining one-half at age 25):

6. ESTATE DISTRIBUTION

Please list all individuals that will receive your property after your death, and the percentage of your estate each should receive:

Recipient's Name (First, Middle and Last)	Address	Relationship to You	Percentage

7. SPECIFIC BEQUESTS FOR TANGIBLE PROPERTY.

Please identify, in specificity, each tangible personal property item which you desire to go to the following recipients: If not enough room has been provided, please feel free to use the backside of this page.

Recipient's Name (First, Middle and Last)	Relationship to You	Item

8. PRIMARY PHYSICIAN

Name (First, Middle and Last): _____

Clinic: _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Telephone Number: _____

9. HEALTH CARE DIRECTIVE

A Health Care Directive appoints someone, your Health Care Agent, to make health care decisions for you if you cannot make them for yourself, and states your preferences for health care.

- a. Please provide the following information for the person you wish to be your Health Care Agent:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

- b. Please provide the following information for the person you wish to be your Successor Agent or Co-Agent. Also, indicate whether you wish this individual to be a Successor Agent or Co-Agent to the individual listed above.

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Please Circle One: Successor Agent Co-Agent

- c. Please provide the following information for the person you wish to be your Successor Agent or Co-Agent. Also, indicate whether you wish this individual to be a Successor Agent or Co-Agent to the individual listed above.

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Please Circle One: Successor Agent Co-Agent

- d. If you have named co-agents, do you want the agents to act jointly or independently?

Please Circle One: Jointly Independently

- e. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e. not expected to live more than 6 months)? If yes, please provide the specific instructions you want, or you can approve language we provide for this document.

- f. Do you wish to donate any organs upon your death?

Please Circle One: Yes No

If yes, have you expressed this request in another document, e.g. drivers license or request already on file with a medical facility to make the donation?

Please Circle One: Yes No

If yes, please explain which document you have expressed this request:

g. Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc.

h. Have you arranged and pre-paid for a cemetery plot or funeral service?

Please Circle One: Yes No

If yes, please provide the name and address of the facility through which the plan was purchased as well as the nature of the services to be provided for you:

i. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate:

10. POWER OF ATTORNEY

The Power of Attorney is granting the authority of Attorney-In-Fact to another person to act on your behalf to manage your assets and pay your bills should you become incompetent or unable to sign your name. This power is revocable and automatically terminates upon death.

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Successor Attorney-In-Fact:

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

- a. Do you wish to set limits on the powers of your Attorney-In-Fact? If yes, please explain.

Please Circle One: Yes No

- b. Would you like this to be a Durable Power of Attorney? A Durable POA would give the authorization to act on your behalf in a legal or business matter.

Please Circle One: Yes No

- c. Would you like the Power of Attorney to remain in effect if you become incompetent?

Please Circle One: Yes No

d. Do you want to require the Attorney-In-Fact to render accounting on a regular basis?

Please Circle One: Yes No

If yes, please indicate how often the accounting would be required to be completed:

Please Circle One: Monthly Quarterly Annually
In addition, to whom must the accounting be rendered to?

Name (First, Middle and Last): _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Relationship to you: _____

Telephone Number: _____

e. Would you like your Attorney-In-Fact to have the authorization to transfer your property directly to himself/herself without authorization from you?

Please Circle One: Yes No

11. DISCUSSION ISSUES

If there are any other issues which you wish to discuss at your scheduled appointment, please feel free to note them here:

****IT IS NOT REQUIRED FOR YOU TO COMPLETE THE FOLLOWING PAGES UNLESS YOU HAVE \$1,000,000 OR MORE IN ASSETS - IN WHICH CASE YOU WILL NEED SPECIAL TAX CONSIDERATION PLANNING. Some choose to still complete the information to provide to their nominated personal representative(s) to assist with asset and account location. ****

12. FINANCIAL INVENTORY

Use approximate values under each person showing ownership of each asset.

ASSETS

	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
On husband's life			
On wife's life			
IRA			
Pension			
Profit Sharing/401K			
Other Assets (<i>Please list</i>)			
TOTALS			

LIABILITIES

	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts to Family Members			
Credit Cards			
Other Debts (describe)			
TOTAL LIABILITIES:			

13. BENEFICIARY DESIGNATIONS

a. Life Insurance – please list the following for each policy:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

b. Retirement Plans - Please list the following for each of your retirement plans/IRAs:

Name of Financial Institution	Value	Primary Beneficiary(ies)	Contingent Beneficiary(ies)

c. Does your retirement plan have a death benefit? Yes ____ No ____ . If so, who is the named beneficiary?

14. PERSONAL PROPERTY

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

	Description	Approximate Value
Personal Property		
Automobiles		
Collectibles		
Jewelry		
Boats/Airplanes		
Other		

15. SAFE DEPOSIT BOX

Do you have a safe deposit box? Yes ____ No ____ If so, where? _____

Does anyone else have access to your box? _____

16. FUTURE INHERITANCES

Do you expect any inheritance in the near future? Yes ____ No ____ . If so please give details:

17. FINANCIAL ADVISORS

Accountant:

Name (First, Middle and Last): _____

Agency/Company: _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Telephone Number: _____

Financial Advisor

Name (First, Middle and Last): _____

Agency/Company: _____

Street Address (Include Apt. Number): _____

City, State and Zip Code: _____

Telephone Number: _____