

Estate Planning Organizer



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Family Information

Name: _____

Address: _____

Date of Birth: _____ U.S. Citizen: Yes No

Telephone: _____ E-mail: _____

Other name(s) you have used in the past: _____

Social Security Number: _____

Occupation, employer and address: _____

Work #: _____

If you are married:

Spouse's Name: _____

Spouse's Date of Birth: _____ U.S. Citizen: Yes No

Spouse's Social Security Number: _____

Spouse's occupation, employer and address: _____

Work #: _____

If you are divorced or separated:

If you are divorced, what is the Date of the Judgment and Decree? _____

Please attach a copy of the Judgment and Decree to the Organizer.

If you are separated, what is the date of separation? _____

Please attach a copy of the separation agreement or court order to the Organizer.

If you have children, please complete the following information for each child.

Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

(If you need more space, please insert an additional page.)

Are there any special considerations that relate to your children and their future? Yes No

If yes, is there any special preparation needed regarding those considerations? Yes No

If any of your children are deceased and have left surviving children (your grandchildren), please indicate the name and address for each grandchild.

Name: _____ Date of Birth: _____

Address: _____ Child of: _____

Name: _____ Date of Birth: _____

Address: _____ Child of: _____

Name: _____ Date of Birth: _____

Address: _____ Child of: _____

Name: _____ Date of Birth: _____

Address: _____ Child of: _____

(If you need more space, please insert and additional page.)

Please indicate whether any of the children or grandchildren are adopted.

Are you currently either paying or receiving spousal maintenance or child support? Yes No

If yes, please attach a copy of the court Order setting the spousal maintenance or child support.

Your Relatives

Parents, Brothers, Sisters
(Include Name and Address)

(If you need more space, please insert an additional page.)

Your Spouse's Relatives

Parents, Brothers, Sisters
(Include Name and Address)

(If you need more space, please insert an additional page.)

Dependents

Are there any other dependents whom you are helping support? Yes No

If yes, how much is that per month? _____

Only answer the next two questions if you answered "Yes" to the question above:

If anything were to happen to you, is this something you would like to see continued if possible? Yes No

Explain: _____

Do you want this consideration to be part of your estate planning process? Yes No

Explain: _____

Other Dependents

Is there a possibility of any other people, perhaps a parent, who might become financially dependent on you? Yes No

If yes, when might this be? _____ How much? _____

Military

Are you, or were you ever, in the military? Yes No

If yes, are you receiving any benefits as a result of your military duty? Yes No

If yes, what are those benefits? _____

Assets

(Please put a dollar amount on the lines that apply.)

	Owned by Husband	Owned by Wife	Owned Jointly
Family Home(s)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Expected Inheritances*	\$ _____	\$ _____	\$ _____
Assets held in Trust	\$ _____	\$ _____	\$ _____
Collections of Value	\$ _____	\$ _____	\$ _____
Bank Account – Savings	\$ _____	\$ _____	\$ _____
Bank Account – Checking	\$ _____	\$ _____	\$ _____
Marketable Stocks and Bonds	\$ _____	\$ _____	\$ _____
Life Insurance (See Page 9)	\$ _____	\$ _____	\$ _____
Death Benefits Under Pension Plan	\$ _____	\$ _____	\$ _____
Vested Benefits Under Pension or Profit Sharing Plan	\$ _____	\$ _____	\$ _____
Business Interests*	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____

*Provide details of "Expected Inheritances" and "Business Interests" on next page.

Liabilities

(Please put a dollar amount on the lines that apply.)

	Owned by Husband	Owned by Wife	Owned Jointly
Homestead Mortgage	\$ _____	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____

Net Worth

Assets minus Liabilities \$ _____ \$ _____ \$ _____

Details on "Expected Inheritances":

Do you anticipate receiving an inheritance in the future? Yes No

If yes, when do you anticipate the inheritance? _____

Should it be included in this planning? _____

How much do you anticipate the inheritance to be? _____

Income

	Husband's	Wife's	Jointly
Salary	\$ _____	\$ _____	\$ _____
Interest (Taxable)	\$ _____	\$ _____	\$ _____
Interest (Non-taxable)	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Income from Business/Profession	\$ _____	\$ _____	\$ _____
Other Income Source:	\$ _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____	\$ _____

Estimated Top Federal Income Tax Bracket _____%

Life Insurance Policy

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Totals \$ _____ \$ _____

(If you need more space, please insert an additional page.)

Information Regarding the Care of your Minor Children and the Management of Your Assets

Below, please indicate your choices, in order of priority, for the guardian(s) of your minor children (the person(s) who will physically care for your minor children).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your choices, in order of priority, for the personal representatives (executors) of your estate, if your spouse does not survive you.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your spouse's choices, in order of priority, for the personal representatives of your spouse's estate, if you do not survive your spouse.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your choices, in order of priority, for the trustees of your estate (the person(s) or entity who will manage your assets for the benefit of your spouse and/or your children).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your spouse's choices, in order of priority, for the trustees of your spouse's estate.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Information Regarding the Disposition of your Assets Upon your Death

Please describe how you would like your estate to be distributed in the event of your death if:

Your spouse and children survive you: _____

Your children, but not your spouse, survive you: _____

Please check one of the following to indicate your preferences for the distribution of your estate under circumstances where your spouse, your children or your grandchildren do not survive you.

_____ I want equal division between my family and my spouse's family.

_____ I want unequal division between my family and my spouse's family as follows:

<u>Name</u>	<u>Percentage/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ In the event I(we) do not leave any surviving children or grandchildren I(we) want the estate divided between and among the following individuals and/or charities:

<u>Name</u>	<u>Percentage/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information Regarding your Health Care Directive

Below, please indicate your choices, in order of priority, for your Health Care Agents (the person(s) that will make your health care decisions for you if you are unable to do so).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your spouse's choices, in order of priority, for your spouse's Health Care Agents.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Information Regarding your Power of Attorney

Below, please indicate your choices, in order of priority, for your Attorney-in-fact (the person(s) that will make property, financial, and other legal decisions for you if you are ill, disabled, or cannot be present to sign a legal document).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate your spouse's choices, in order of priority, for your spouse's Attorney-in-fact.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____
