



ESTATE PLANNING WORKSHEET

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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR
TO YOUR APPOINTMENT VIA MAIL, EMAIL OR FAX.

Rochford Langins Jarstad LLC Estate Planning and Will Information Form

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office. 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 Read the Following:

The following form is to collect all information possible to complete all areas of Estate Planning. Please complete all information asked on the following pages. This information requested, is important to help both you and the attorney dedicated to the planning of all your estate needs.

This worksheet is for use of one person's estate. If a two-person estate plan is needed, please ask for an alternate worksheet to assure that there is no confusion. This is for your benefit as well as ours. Additional pages can be found at the end of this worksheet for any information that is not able to fit in the space provided. Please indicate additional responses/questions with the appropriate numbered items and title.

If there is anything that you do not understand or have questions as to why the information is needed, please provide it on the additional pages at the end of this questionnaire.

In addition, please review the final page (without marking any lines) to make sure that you have completed the areas needed for the attorney working on your file to complete all necessary documents.

We thank you for your understanding of these document workings and hope that this worksheet is clear and understandable. Please let us know, at Rochford & Langins, how this form worked for you and if anything would have made the process easier.

PERSONAL INFORMATION

Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cellphone _____ County of Residence _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

Were you ever divorced? Yes No If yes, please provide a copy of the Divorce Decree.

Date of Marriage: _____

Date of Divorce: _____

CHILDREN AND/OR OTHER FAMILY MEMBERS WITH YOUR SUPPORT

(Use full legal name. Use "JC" if both parents have joint custody [50/50], "M" if you have Legal & Soul custody, "O" if other parent has Legal & Soul custody, "D" if a different custody agreement is in place. Please include other parent's or parents' name(s) if applicable.)

Name of Child	Birth date	Custody
a. _____	_____	_____

Other Custodian's Name: _____

Address/Comments: _____

b. _____

Other Custodian's Name: _____

Address/Comments: _____

c. _____

Other Custodian's Name: _____

Address/Comments: _____

d. _____

Other Custodian's Name: _____

Address/Comments: _____

e. _____

Other Custodian's Name: _____

Address/Comments: _____

f. _____

Other Custodian's Name: _____

Address/Comments: _____

- a) Have any children received an advance on their inheritance or are any children financially indebted to you? (Yes / No)
If so, please explain.

- b) Is there any reason NOT to treat your children equally? (Yes / No)
If so, please explain.

- c) Are any of the children under a disability? (Yes / No)
If so, please explain.

- d) Do you have any special concerns or objectives regarding your children? (Yes / No)
If so, please explain.

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. Please fill out information for both the Guardian and their alternate. A Guardian and alternate should only have a single name listed and not a couple.)

Name: _____

Address: _____

Alternate Guardian: _____

Address: _____

ESTATE INFORMATION

- 1. 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. (Please fill out information for both the Personal Representative and their alternate. A Representative and alternate should only have a single name listed and not a couple.)

Name: _____

Relationship to you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

Do you have a Living Will to which you want to refer in the Health Care Directive? (Yes / No)

If yes, date of instrument:

-
- 2. Health Care Directive:** (Optional; if there are any questions about why this information is valuable to the Will, please ask. Otherwise, if applicable, please fill out all information requested. Please fill out information for both the Agent and their Successor/Co-Agent. An Agent and Successor/Co-Agent should only have a single name listed and not as a couple.)

- a) Agent’s Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself:

Name: _____

Telephone Number(s): _____

Address: _____

- b) Successor # 1 or Co-Agent # 1’s name, address, and telephone number:

Name: _____

Telephone Number(s): _____

Address: _____

- c) Successor # 2 or Co-Agent # 2’s name, address, and telephone number:

Name: _____

Telephone Number(s): _____

Address: _____

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

(Special Requests: Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction and other statements (separate from your will) to your family and/or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person’s driver license.)

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)? Yes No

If you answered yes, please provide us the specific language you want or you can approve language in the document.

f) Do you want to donate any organs upon your death? Yes No

If yes, have you agreed in another document, e.g., driver's license, to make the donation, please explain.

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

h) Do you have other living wills or health care power of attorney forms which you want to revoke? Yes No

(We recommend revocation to keep your wishes and desires clear.)

i) Do you have any other instructions regarding your health care, living arrangements, burial, etc.? Yes No

If so, please indicate:

3. Power of Attorney: (Optional; if there are any questions about why this information is valuable to the Will, please ask. Otherwise, if applicable, please fill out all information requested. Please fill out information for both the Agent and their Successor/Co-Agent. An Agent and Successor/Co-Agent should only have a single name listed and not as a couple.)

a) Agent's Name and address of the person who you want to appoint:

Name: _____

Address: _____

b) Successor # 1 or Co-Agent # 1's name and address:

Name: _____

Address: _____

c) Successor # 2 or Co-Agent # 2's name and address:

Name: _____

Address: _____

4. Trusts: 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. (Please fill out information for both the Trust and their alternate. A Trustee and alternate should only have a single name listed and not as a couple.)

Name: _____

Address: _____

Alternate Trustee: _____

Address: _____

5. Financial Inventory: Use approximate values showing ownership of each asset. **BRING SUPPORTING DATA FOR EACH ASSET**, i.e., bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	SHORT DESCRIPTION	VALUE
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		
Retirement Accounts:		

IRA		
Pension		
Profit Sharing/401k		
Other Assets:		
TOTAL		

LIABILITIES	SHORT DESCRIPTION	VALUE
Home Mortgage		
Other Mortgages		
Debts To Family Members		
Other Debts (describe):		
TOTAL LIABILITIES		

6. Beneficiary Designations:

a. Life Insurance: Do you have Life Insurance in place? (Yes / No)

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				
2.				

b. Retirement Plans: Do you have Retirement Plans in place: (Yes / No)
Please list your retirement plans/IRAs; value of each and the beneficiary of each.

Plan/IRA & value: _____
Beneficiary(ies): _____

Plan/IRA & value: _____
Beneficiary(ies): _____

Plan/IRA & value: _____
Beneficiary(ies): _____

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

7. **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 _____	\$ _____

8. **Safe Deposit Box:** Do you have a safe deposit box? Yes No
If so, where it is located and who (if anyone else) has access to your safe deposit box?

Where: _____
Persons with access: _____

9. **Future Inheritances:** Do you expect any inheritance in the near future? Yes No
If so, please give details.

10. Financial Advisors:

Accountant: _____	Financial Advisor: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

11. Primary Physician:

Name of Primary Physician

Location of Primary Physician

12. Discussion Issues: We will discuss the following issues at the meeting. Please check box if there are concerns about any of the following items.

Current Will:

Do you now have a will or revocable trust? If so, provide a copy.

Predeceased Child or Children:

If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any on the page provided.

Do you wish to include grandchildren born out of wedlock? (Yes / No)

Trusts:

Do you wish to have a trust established for the benefit of your children or anyone else?

Specific Gifts:

Do you wish to make any specific bequests to charities or individuals?

No Family Survives:

How should your estate be distributed if a spouse and/or children do not survive you? (For example: family, charity, etc.)

If no Children:

If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

Health Care Directive:

Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation.

Power of Attorney:

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?

Loan Guarantees:

Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

Please feel free to use the following lines for any notes or questions you have about this form.

For office use only

_____ Name and Relationship of Personal Representative(s):

_____ Name and Relationship of Alternate Personal Representative(s):

_____ Name and Relationship of Guardian(s):

_____ Name and Relationship of Alternate Guardian(s):

_____ Name and Address of POA:

_____ Name and Address of Successor POA(s):

_____ Name, Relationship, and Address of HCD Agent(s):

_____ Name, Relationship, and Address of Successor HCD Agent(s):

_____ Terminal condition measures:

_____ Organ donation:

_____ Disposition of remains (cremation, memorial service and/or burial):