



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, 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 meant to collect all information possible to complete all areas of Estate Planning. Please complete all information asked on the following pages. The information requested is important to help both you and the attorney design your estate plan.

This worksheet is intended to be used by a married couple. If a single estate plan is needed, please ask for that worksheet to assure that there is no confusion. If there is anything that you do not understand or have questions as to why the information is needed, please write your questions 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 you file to complete all necessary documents.

We thank you for taking the time to fill out this worksheet and hope it 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

Husband's 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 _____ Cellular Telephone _____ County of Residence _____

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

Employer _____

Position _____ Business Telephone _____

Business Address _____ City _____ State _____ Zip _____

Date of Marriage _____

Wife's 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 _____ Cellular Telephone _____ County of Residence _____

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

Employer _____

Position _____ Business Telephone _____

Business Address _____ City _____ State _____ Zip _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
a. _____	_____	_____
Address/Comments: _____		
b. _____	_____	_____
Address/Comments: _____		
c. _____	_____	_____
Address/Comments: _____		
d. _____	_____	_____
Address/Comments: _____		
e. _____	_____	_____
Address/Comments: _____		
f. _____	_____	_____
Address/Comments: _____		

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

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

iii. Do any of your children have any other challenges mentally, physically or emotionally? (Yes / No)
If so, please explain.

iv. 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.)

Name: _____

Address: _____

Alternate Guardian: _____

Address: _____

1. Marriage

- a. Have you and your spouse signed a Premarital Agreement? Yes or No
If you have, please provide a copy.
- b. Have you or your spouse been divorced? Yes or No
If so, please provide a copy of the Divorce Decree.

2. 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. If you are a married couple and wish to have different Personal Representatives, please indicate so.

Name: _____

Relationship to you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

3. 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.

Name: _____

Address: _____

Alternate Trustee: _____

Address: _____

4. Financial Inventory: Use approximate values under each person 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	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			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401k			
Other Assets:			
TOTAL			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts To Family Members			
Other Debts (describe):			

TOTAL LIABILITIES			

5. Beneficiary Designations:

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				
2.				
3.				
4.				

b. Retirement Plans. Please list your retirement plans/IRAs, if any; value of each and the beneficiary of each.

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): _____

6. 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:	\$ _____

7. Safe Deposit Box. Do you have a safe deposit box? Yes or No. If so, where? _____

Does anyone else have access to your box? _____

8. Future Inheritances. Do you expect any inheritance in the near future? If so please give details:

9. Financial Advisors

Accountant: _____
Address: _____
Telephone: _____

Financial Advisor: _____
Address: _____
Telephone: _____

10. Primary Physician.

Husband's primary physician: _____ Wife's primary physician: _____

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

12. Health Care Directive:

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 or independently? (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. The following will help enforce these request.)

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:

13. Power of Attorney:

a) 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:

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 in 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 to your children, grandchildren, or any other person? If so, please bring details to our meeting.

Please use the following space to add any additional information that you did not have space for above, or as a space to write down your questions.
