

# Estate Planning Worksheet



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## PERSONAL INFORMATION

### Client 1

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social security number: \_\_\_\_\_

Employer: \_\_\_\_\_

### Client 2

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social security number: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Where do you keep important documents? \_\_\_\_\_

**CHILDREN AND/OR BENEFICIARIES**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any special concerns regarding any of the above persons? (*Such as special needs, addiction, relationship problems, or spending problems?*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FIDUCIARIES

**Guardian/Custodian for Minor Children.** Who would you trust to care for your minor children if you could not?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Financial and Legal Decision-Making.** Who would you trust to make financial and legal decisions for you if you could not?

<i>Client 1</i>	<i>Client 2</i>
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____ -----	Relationship: _____ -----
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____ -----	Relationship: _____ -----
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____

**Medical Decision Making.** Who would you trust to make medical decisions for you if you could not speak for yourself?

<i>Client 1</i>	<i>Client 2</i>
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____ -----	Relationship: _____ -----
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____ -----	Relationship: _____ -----
<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____

**OTHER CONTACTS**

**Financial Advisor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Accountant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

**Any prepaid funeral arrangements:** \_\_\_\_\_

# ASSETS

## REAL ESTATE

Owner: \_\_\_\_\_

Address or description: \_\_\_\_\_

Owner: \_\_\_\_\_

Address or description: \_\_\_\_\_

## BANK ACCOUNTS *(checking, savings, money market, certificate of deposit)*

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

## INVESTMENT ACCOUNTS

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

## STOCKS & BONDS

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

Owner: \_\_\_\_\_

Institution & account info: \_\_\_\_\_

## MONEY OWED TO YOU *(promissory notes, mortgages)*

Debtor: \_\_\_\_\_

Amount of debt and how secured: \_\_\_\_\_

**LIFE INSURANCE**

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**RETIREMENT ACCOUNTS** (*IRAs, pensions, 401ks*)

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Institution & account info: \_\_\_\_\_

**BUSINESS INTERESTS**

**Company:** \_\_\_\_\_

Ownership interest: \_\_\_\_\_

**Company:** \_\_\_\_\_

Ownership interest: \_\_\_\_\_

**OTHER** (*safe deposit box, prospective inheritances, personal property of substantial value*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_