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Attorney at Law



SYVERSON PLLC
— ATTORNEYS AT LAW —

ESTATE PLANNING QUESTIONNAIRE

Client Name(s): _____

Date: _____

Please complete this questionnaire to the fullest extent possible, and return it for review. We rely on the information provided to advise you on estate planning. Exact values of your assets are not required, and an approximation of the current market value is sufficient. It is important to indicate the exact form of ownership. If you have a detailed financial statement or have completed a financial summary for another reason, you may attach a copy as a substitute.

ESTATE PLANNING QUESTIONNAIRE

Personal Information

Marital Status

- Husband & Wife – Date of Present Marriage _____
 Single

Primary Residence

Address _____
County _____ City/State/Zip _____
Phone _____

Second Home

Address _____
County _____ City/State/Zip _____
Phone _____

Client A

Name (Full Legal) _____
Alias, Maiden, or Nick-Name _____
SSN _____ DOB _____
Place of Birth _____ Citizenship _____
Employer/Profession _____
Work Address _____
Work/Mobile Phone _____
Email _____

Client B

Name (Full Legal) _____
Alias, Maiden, or Nick-Name _____
SSN _____ DOB _____
Place of Birth _____ Citizenship _____
Employer/Profession _____
Work Address _____
Work/Mobile Phone _____
Email _____

Children/Grandchildren

	Date of Birth	Marital Status
Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Children/Grandchildren

	Date of Birth	Marital Status
Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Child Name _____	_____	_____
Address _____		
Phone _____		
<input type="checkbox"/> Biological <input type="checkbox"/> Adopted		
Child of one spouse only: <input type="checkbox"/> Husband <input type="checkbox"/> Wife		
Grandchildren _____	_____	_____
_____	_____	_____

Other Beneficiaries/Charities

Name _____

Address _____

Phone _____

Relationship _____

Tax Payer ID/SSN _____

Name _____

Address _____

Phone _____

Relationship _____

Tax Payer ID/SSN _____

Personal Information

Did you have any previous marriages? Yes No

If "yes," please identify to whom and when, and if you have an obligation to a prior spouse:

Are any of the children from a prior relationship? Yes No

If "yes," please indicate on the prior page (a) by which parent; (b) whether they have been or will be legally adopted by the new spouse; and (c) if they are in the custody of another person.

Are any children minors? Yes No

If "yes," please provide the Social Security Number of such child on the prior page.

Do you have any deceased children or grandchildren? Yes No

If "yes," please provide the name, dates of birth and death, and name of any living descendants of such child or grandchild on the prior page.

Do any of the children or grandchildren have a disability? Yes No

If "yes," please identify, briefly describe the disability, and approximate the date such child or grandchild qualified for Social Security benefits, if any, based upon such disability:

Do you have any dependents other than your children? Yes No

If "yes," please identify the dependent and briefly describe the nature of support:

While married, did you ever reside outside of Minnesota? Yes No

If "yes," where and when? _____

Do you have any special health concerns? Yes No

If "yes," please describe _____

Do any difficulties exist in your family that may cause problems in the future? Yes No

If "yes," please describe _____

Disposition of Personal Property

Are personal effects and household goods to pass to the surviving spouse? Yes No

If "no," then to whom? _____

At the death of the surviving spouse, are personal effects and household goods to pass to the surviving children? Yes No

If "no," then to whom? _____

Estate Information

Have you ever signed a will or a trust before? Yes No

If "yes," please attach a copy.

Do you have life insurance? Yes No

If "yes," please attach a copy of the most recent annual policy statement.

Do you own property with a "payable" or "transfer" upon on death" designation? Yes No

Do you serve as a trustee of a trust other than your revocable trust? Yes No

Have you made taxable gifts to you your children or others? Yes No

Have you ever filed a gift tax return? Yes No

If "yes," please attach a copy.

Do you have a safe deposit box? Yes No

If "yes," please describe its contents and identify who has a key.

Do you expect an inheritance? Yes No

If "yes," please identify from whom and describe. _____

Do you have an interest in a Buy-Sell Agreement? Yes No

Specific Bequests

Do you wish any individual or entity (i.e., nieces/nephews, charities, etc.) to receive property, a fixed amount, or a percentage at the first death or at the survivor's death? Yes No

If "yes," then how much and to whom? _____

Do you (a) have income such as renewals and commissions that could be paid after your death; or (b) now own or plan to own (i) property in another state or outside of the U.S.; (ii) "closely held" business interests; (iii) tax shelters; or (iv) items of an unusual nature?

Yes No

If "yes," then please describe _____

If your spouse has children from a prior relationship, shall such children share equally with the natural (biological) children? Yes No Not Sure Open for Suggestions.

Have any children received an advance on their inheritance or are any children financially indebted to you? Yes No

If "yes," then please describe. _____

Specific Requests (Cont.)

Upon the death of the surviving spouse, is the balance of the estate to pass into a trust for the children? Yes No Not Sure

If "yes," then at what ages should the children be for receipt of his or her share of the estate, or should their shares remain in trust for the duration of their lifetimes for estate tax, creditor protection, and legacy purposes?

If both of your estates are liquidated, converted to cash, all life insurance and retirement benefits received, and all debts and mortgages paid, approximately how much remains? \$_____. (Please provide a good faith estimate.) Do you now have an "umbrella liability policy" with limits that exceed this value? Yes No

If the primary wage earner died tomorrow, approximately how much income would the surviving spouse and family need in the year that follows in order to continue the family's current standard of living? \$_____, year for ___ years. Approximately how much do you now owe to others (mortgages, car loans, credit cards, student loans, etc.)? \$_____

If your descendants die (a) before you do; or (b) before their receiving all of their property (the age selected for final termination from the trust), where would you like your property to go? (Example: 1/2 to each spouse's relatives, specific individuals, charity, etc.)

Key Advisors

Name of accountant/firm name _____
Address _____
Phone _____

Name of life insurance agent/company name _____
Address _____
Phone _____

Date of last review _____

Name of financial advisor _____
Address _____
Phone _____

Date of last review _____

Name of other advisor(s) _____
Address _____
Phone _____

Date of last review _____

Name of bank _____
Address _____
Phone _____

Fiduciaries

Personal Representative

A personal representative (previously called an "executor") is the person or financial institution, or both, responsible for handling your affairs immediately upon your death. This process is referred to as estate administration and includes gathering assets, paying bills, funeral expenses, or other current debts, filing income and death tax returns, and distributing assets to beneficiaries. The personal representative can be a spouse, relative, friend, professional advisor, or a bank or other institution.

First Choice (typically spouse) _____

Second Choice _____

Third Choice _____

Trustee

A trustee is the individual or financial institution, or both, charged with managing assets you have placed in trust for the benefit of another. A trustee is responsible for overseeing the investment and preservation of the trust assets and must distribute the assets during the term of the trust as directed by the trust instrument.

To serve with your spouse if you leave assets in trust for your spouse (if spouse sole trustee, please write "None"):

Successor _____

To serve for your children after both of you have died:

Successor _____

Guardian

A guardian is the individual responsible for the physical custody and care of your minor children. This may be the same person named as the personal representative or trustee, but need not be the same.

Who should be the guardian for any minor children?

Successor _____

Power of Attorney

A power of attorney authorizes your nominated agent to manage your assets or make financial decisions. It can be used if your are incapacitated, and is effective immediately upon signing. You may nominate one or more individuals to serve independently or with each other.

Client A

First Choice (typically spouse)

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Second Choice

Serve with first choice

Serve if first choice cannot serve

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Client B

First Choice (typically spouse)

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Second Choice

Serve with first choice

Serve if first choice cannot serve

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Health Care Agent

A health care agent is the individual you nominate to make health care decisions on your behalf should you be unable to communicate your wishes. You may nominate one or more individuals to serve independently or with each other. We can provide you with a Health Care Directive to review in which you may specify your wishes regarding health care, organ donation, disposition of remains, etc.

Client A

First Choice (typically spouse)

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Second Choice

Serve with first choice

Serve if first choice cannot serve

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Hospital(s) near you for us to place Health Care Directive on file:

Client B

First Choice (typically spouse)

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Second Choice

Serve with first choice

Serve if first choice cannot serve

Name of agent _____

Address _____

Phone number _____

Relationship to you _____

Name of primary physician/clinic _____

Address _____

Phone number _____

Financial Statement

Real Estate	Value	Mortgage	Address	Owner (Name/Joint)
Residence				
Other Residence				
Other Real Property				

Bank Accounts	Balance	Description	Owner {Name/ Joint}
Bank Account			
Certificate of Deposit			

Investments	Value/Balance	Description	Owner {Name/Joint}
Brokerage Account			
Individual Stock/Investment			

Financial Statement (cont.)

Business Interests	Entity Type	Value of Business	Shares/Interest Owned	Owner (Name/Joint)

Retirement Assets	Value/Balance	Description	Owner	Beneficiary Designation	Contingent Beneficiary
Individual Retirement Acct. (IRA}					
Individual Retirement Acct. (IRA)					
Defined Contribution Plan (e.g., 401(k), 403(b), ESOP)					
Defined Contribution Plan (e.g., 401(k), 403(b), ESOP)					
Pension (list monthly benefit}					
Pension (list monthly benefit)					
Nonqualified Annuity {list annuitant}					
Nonqualified Annuity (list annuitant}					

Financial Statement (cont.)

Annual Income	Amount	Description	Recipient (Name/Joint)
Salary/Wages			
Salary/Wages			
Rents/Investments			

Insurance	Face Amount (include Cash Value)	Insurance Company and Contact	Insurance Company Address	Insurance Company Phone	Policy Owner	Beneficiary Designation	Contingent Beneficiary
Life: whole, term, universal, or Group							
Life: whole, term, universal, or group							
Disability							
Disability							
Long-term Care							
Long-term Care							

Financial Statement (cont.)

Personal Property	Value	Lien	Description	Owner (Name/Joint)
Vehicle				
Vehicle				
Boat				
Jewelry				

Other Assets/Liabilities	Value	Description	Owner (Name/Joint)
Expected inheritance			
Trusts/Accounts for children			
Loans owed to you			
Debt/Loans outstanding			
Debt/Loans outstanding			