



TESSNEER LAW OFFICE
Attorneys at Law

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.

1. Person Making Will

Name _____ Date of Birth _____

Social Security No _____ U.S. Citizen? Yes ___ No _____

Spouse Name _____ Date of Birth _____

Street Address _____ County _____

City _____ State _____ Zip _____

State of Residence _____

Telephone Number Home: _____ Cell: _____ Work: _____

Spouse Telephone Number: Cell: _____ Work: _____

Email: _____ Spouse Email: _____

2. Marriage

a. Have you and your spouse signed a Premarital Agreement? Yes ___ No ___
If you have, does it apply to any current assets or disposition: Yes ___ No ___

b. Have you or your spouse been divorced? Yes ___ No ___
If so, does your divorce decree apply to any current assets or disposition?
Yes ___ No ___

3. **Children.** Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan.

Name of Child Date of Birth Address Child of

Identify any child who is not a natural or adopted child of both you and your spouse

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.
- b. Is there any reason NOT to treat your children equally? If so, please explain.
- c. Are any of the children under a disability?
- d. Do you want a predeceased child's share to go to that child's children?
- e. **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: _____

4. **Specific Gifts.** Are there any specific gifts you would like to make? Please specify:

5. **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.

Name _____

Relationship to you _____

Address _____

Alternate Personal Representative _____

Relationship to you _____

Address _____

6. **Power of Attorney.** Who should be Power of Attorney? A Power of Attorney allows someone to act on your behalf; such as pay bills, make financial decisions for you, etc. This is done to avoid Guardianship proceedings in the event you become incapacitated.

Name _____

Relationship to you _____

Address _____

Alternate Power of Attorney _____

Relationship to you _____

Address _____

7. **Health Care Directive.** Who should be your health care agent? A health care directive appoints someone to make health care decisions for you in the event you become incapacitated.

Name _____

Relationship to you _____

Address _____

Alternate Health Care Agent _____

Relationship to you _____

Address _____

a. Do you wish to be cremated? Yes _____ No _____

b. Do you wish to be an organ donor? Yes _____ No _____

c. Are you currently listed as an organ donor on another document? Yes ____ No ____.
If so, what document(s)?

8. 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 _____

9. Financial Inventory

Use approximate values under each person showing ownership of each asset:

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			
Life Insurance (Face): on Wife			
Retirement Accounts			
IRA			
Pension			
Profit Sharing/401K			
Other Assets			
Total			
Liabilities			
Home Mortgage			
Other Mortgages			
Debts to Family Members			
Other Debts (describe)			
Total Liabilities			

10. **Beneficiary Designations:**

a. Life Insurance

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

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

c. Does your retirement plan have a death benefit? Yes ____ No _____. If so, who is the named beneficiary?

11. **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

Automobiles

Collectibles

Jewelry

Boats; Airplanes

Other

12. **Safe Deposit Box**

Do you have a safe deposit box? Yes _____ No _____ If so, where? _____

Does anyone else have access to your box? _____

13. **Future Inheritances**

Do you expect any inheritance(s) in the near future? If so, please give details:

14. **Financial Advisors**

Accountant _____

Address _____

Telephone _____

Financial Advisor _____

Address _____

Telephone _____

15. **Primary Physician**

Who is your primary physician?

Name _____

Address _____

16. **Referred by:** _____

Client Satisfaction is our highest priority

TESSNEER LAW OFFICE, P.A.
43020 Blackhawk Road
Harris, MN 55032
(763) 552-8933