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**INFORMATION FOR ESTATE PLANNING PREPARATION FORM**

**I. PERSONAL AND FAMILY INFORMATION**

<b>Full Name:</b>		<b>Nickname:</b>	
<b>Name on Legal Documents:</b>		<b>Social Security No.</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>County:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Office Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Date of Birth:</b>		<b>Place of Birth:</b>	
<b>Employment:</b>		<b>Annual Income:</b>	
<b>Marital Status:</b>	<b>Single</b> _____	<b>Married</b> _____	<b>Widowed</b> _____ <b>Divorced</b> _____
<b>Full Name, Address, Phone Number and Date of Birth of Your Children:</b>			
1.			
2.			
3.			
4.			
<b>Spouse's Name:</b>		<b>Spouse's Nickname:</b>	
<b>Spouse's Name on Legal Documents:</b>		<b>Spouse's Social Security No.</b>	
<b>Spouse's Date of Birth:</b>		<b>Spouse's Place of Birth:</b>	
<b>Spouse's Employment:</b>		<b>Spouse's Annual Income:</b>	
<b>Full Name, Address, Phone Number and Date of Birth of Spouse's Children (if different from above):</b>			
1.			
2.			
3.			
4.			

## II. INVENTORY OF ASSETS

The purpose of this section is to determine the nature and ownership of your assets. With this information, we may advise you regarding death tax (estate tax) consequences and alert you to any difficulties in passing your assets to the persons to whom you want your assets to go after death occurs. This information need only be approximate as to description and value. One or more of these categories may not apply to your situation, in which case, simply mark "not applicable". If you have any questions, we will assist you at the time of your interview.

### A. Real Estate

Address	Ownership Husband (H) Wife (W) Joint (J)	Current Mortgage or Debt	Current Net Value	Current Sale Value
1.				
2.				
3.				
4.				

### B. Stocks

Name of Corporation	Ownership Husband (H) Wife (W) Joint (J)	Approximate No. of Shares	Current Total Value of Shares	"S" Corp or "C" Corp
1.				
2.				
3.				
4.				

### C. Bonds (U.S. Bonds, Municipal Bonds, Etc.)

Description	Ownership Husband (H) Wife (W) Joint (J)	Face Value	Current Value
1.			
2.			
3.			
4.			

**D. Savings Account, Savings Certificates or Debts Owed to You**

<b>Description</b>	<b>Ownership Husband (H) Wife (W) Joint (J)</b>	<b>Current Value</b>
1.		
2.		
3.		
4.		

**E. Insurance (On Your Life)**

<b>Company</b>	<b>Ownership Husband (H) Wife (W)</b>	<b>Beneficiary: Primary Secondary</b>	<b>Face Amount</b>
1.			
2.			
3.			
4.			

**Insurance (On Spouse's Life)**

<b>Company</b>	<b>Ownership Husband (H) Wife (W)</b>	<b>Beneficiary: Primary Secondary</b>	<b>Face Amount</b>
1.			
2.			
3.			
4.			

**F. Pensions – Profit Sharing – Annuities (Self)**

<b>Description</b>	<b>Beneficiary: Primary Secondary</b>	<b>Current Value</b>
1.		
2.		
3.		
4.		

<b>Pensions – Profit Sharing – Annuities (Spouse)</b>			
<b>Description</b>	<b>Beneficiary: Primary Secondary</b>		<b>Current Value</b>
1.			
2.			
3.			
4.			
<b>G. Business Interests (Partnerships – Sole Proprietorship – Joint Ventures)</b>			
<b>Description</b>	<b>Ownership Husband (H) Wife (W) Joint (J)</b>	<b>Your Share % Age or Fraction</b>	<b>Current Value</b>
1.			
2.			
3.			
4.			
<b>H. Gifts (Have You Given Anyone Over \$10,000 During Any Calendar Year?)</b>			
<b>Description of Gift</b>	<b>Date of Gift</b>	<b>Given to Whom</b>	<b>Value on Date Gift Was Given</b>
1.			
2.			
3.			
4.			
<b>I. Miscellaneous Property (Over \$1,000 Value Each) (Cars, Boats, Recreational Vehicles, Furs, Jewelry, Art, Limited Partnerships, Investments, Etc.)</b>			
<b>Description</b>	<b>Ownership Husband (H) Wife (W) Joint (J)</b>	<b>Value</b>	
1.			
2.			
3.			
4.			

**III. LIABILITIES**

**A. General (List Only If Debt Is Secured By Specific Assets).**

Against Which Asset	Balance Due
1.	
2.	
3.	
4.	

**IV. APPOINTMENT OF EXECUTOR, ETC.**

**A. Guardian for Minor Children**

All children less than 18 years of age, upon death of both mother and father, must have a court appointed guardian to manage their inherited assets and provide for their personal care. Name and relation of your choice of Guardian.

- 1.
- 2.

**B. Executor of Your Estate**

The executor of your estate will gather your assets, pay your funeral debts, taxes and expenses of administering your estate and distribute the balance of your assets to the persons named in your will. Name and relation of your choice of Executor.

- 1.
- 2.

**C. Trustees of Your Trust**

Many parents writing wills do not feel that young children have the financial maturity to manage their inherited assets until they have attained an age beyond 18 years. The trustee will manage the inherited assets for your children, pay their living expenses and then turn over the inherited assets to your children when they attain the age you select. Name and relation of your choice of Trustee.

- 1.
- 2.

**V. HOW DO YOU WANT YOUR ESTATE TO BE DISTRIBUTED?**

- 1.
- 2.
- 3.
- 4.
- 5
- .6

**VI. STATUTORY SHORT FORM POWER OF ATTORNEY**

<b>Name of Attorney(s)-in-Fact</b>	<b>Address</b>
1.	
2.	
May act independently _____	Must act jointly _____
<b>Name of First Successor Attorney(s)-in-Fact</b>	<b>Address</b>
1.	
<b>Name of Second Successor Attorney(s)-in-Fact</b>	<b>Address</b>
1.	

**VII. HEALTH CARE DIRECTIVE**

<b>Name and Relation of Health Care Agent</b>	<b>Address</b>	<b>Telephone Number</b>
1.		
<b>Name and Relation of Alternate Health Care Agent</b>	<b>Address</b>	<b>Telephone Number</b>
1.		
2. Do you wish to donate your organs?	Yes or No	
3. Do you request cremation of your remains?	Yes or No	
4. If you have prearranged your funeral, please indicate where, the contact, and the telephone number:	Burial Site:	

**VIII. LONG-TERM CARE**

With the average nursing home expense ranging from \$3,000 to \$6,000 per month, an extended long-term care stay can quickly deplete an estate

1. There are three basic planning options to pay for long term care expenses: self insure; medicaid; long-term care insurance. Please circle the option upon which you plan to rely. If you're not sure, how may we help you make your decision?	
2. Do you now have long-term care insurance?	Yes or No
3. Would you like us to obtain some information for you about long -term care insurance?	Yes or No