

WILLIAM M. HANSEN ASSOCIATES, PLLC

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INFORMATION PREPARATION FORM FOR ESTATE PLANNING

I. PERSONAL AND FAMILY INFORMATION

Full Name:		Nickname:	
Name on Legal Documents		Social Security No.	
Street Address:			
City:	State:	County:	ZIP Code:
<input type="checkbox"/> Home Phone:		<input type="checkbox"/> Office Phone:	
<input type="checkbox"/> Cell or <input type="checkbox"/> Fax:		<input type="checkbox"/> Email:	
Date of Birth:		City and State of Birth:	
Occupation:		Annual Income:	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Full Name, Address, Phone Number, and Date of Birth of your Children			
1.			
2.			
3.			
4.			
Spouse's Name:		Spouse's Nickname:	
Spouse's Name on Legal Documents:		Spouse's Social Security Number:	
Spouse's Date of Birth		Spouse's City and State of Birth:	
Spouse's Occupation:		Spouse's Annual Income:	
Spouse's Cell Phone:		Spouse's Email:	
Full Name, Address, Phone Number, and Date of Birth of Spouse's Children (if different from above):			
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 estate tax consequences and alert you to any difficulties in passing your assets to the persons you want after your death(s). This information needs only be approximate as to description and value. One or more of these categories may not apply to your situation. In that 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. Taxable Investment Accounts (Mutual Funds, Stocks, Bonds)

Name of Account	Ownership: Husband (H) Wife (W) Joint (J)	Approximate Number of Shares	Current Total Value of Shares	"S" Corp or "C" Corp
1.				
2.				
3.				
4.				

C. Checking Account(s), Savings Account(s), Savings Certificate(s) or Debts Owed to You

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

D. Insurance (On Your Life)			
Company	Ownership: Husband (H) Wife (W)	Beneficiary: Primary and Secondary	Face Amount
1.			
2.			
3.			
4.			
Insurance (On Spouse's Life)			
Company	Ownership: Husband (H) Wife (W)	Beneficiary: Primary and Secondary	Face Amount
1.			
2.			
3.			
4.			
E. Retirement Accounts: IRA, Roth IRA, 401(k), 403(b), Annuities			
Description	Ownership: Husband (H) Wife (W) Joint (J)	Beneficiary: Primary and Secondary	Current Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
F. Business Interests (Partnerships, Sole Proprietorships, Joint Ventures)			
Description	Ownership: Husband (H) Wife (W) Joint (J)	Your Ownership Share % or Fraction	Current Value
1.			
2.			
3.			
4.			

G. Gifts: Have You Given Anyone Over \$15,000 During Any Calendar Year?

Description of Gift	Date of Gift	Given to Whom	Value on Date Gift was Given
1.			
2.			
3.			
4.			

H. Miscellaneous Property:

Cars, Boats, Recreational Vehicles, Furs, Jewelry, Art, Limited Partnerships, Other Investments, etc.

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

III. LIABILITIES

A. General Liabilities (List Only if Debt is Secured by Specific Assets)

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

IV. APPOINTMENTS

A. Guardian for Minor Children

All children less than 18 years of age, upon the death of both parents, must have a court-appointed guardian to manage their inherited assets and provide for their personal care. Please list the name(s) and relation(s) of whom you would like to appoint as Guardian.

1.
2.

B. Personal Representative of Your Estate

The Personal Representative of your estate will gather your assets, pay your funeral debts, taxes, and the expenses of administering your estate and will distribute the balance of your assets to the persons named in your Will.

Please list the name(s) and relation(s) of whom you would like to appoint as Personal Representative.

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. Please list the name(s) and relation(s) of whom you would like to appoint as 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 (self)

This document allows you to appoint another person to act on your behalf while you are living but incapacitated (or unavailable). You may choose to appoint multiple people as your agents, as well as having "backup" appointees. For married couples, we typically advise appointing your spouse as your primary agent.

Name(s) of Attorney(s)-in-Fact

Address

1.

2.

May act independently

Must act jointly

Name(s) of First Successor Attorney(s)-in-Fact

Address

1.

2.

Name(s) of Second Successor Attorney(s)-in-Fact

Address

1.

2.

STATUTORY SHORT FORM POWER OF ATTORNEY (spouse)

Name(s) of Attorney(s)-in-Fact

Address

1.

2.

May act independently

Must act jointly

Name(s) of First Successor Attorney(s)-in-Fact

Address

1.

2.

Name(s) of Second Successor Attorney(s)-in-Fact

Address

1.

2.

VII. HEALTH CARE DIRECTIVE (self)

This document allows you to appoint an agent to make health care decisions on your behalf when you are unable to, and to give your agent further information they may need upon your death. You may choose to appoint multiple people as your agents, as well as having “backup” appointees. For married couples, we typically advise appointing your spouse as your primary agent.

Name and Relation of Health Care Agent	Address	Telephone Number
1.		
2.		
Name and Relation of Alternate Health Care Agent	Address	Telephone Number
1.		
2.		
Do you wish to donate your organs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you request cremation of your remains?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you prearranged for your funeral? Please indicate where (cemetery, church, funeral home) and contact information:		

HEALTH CARE DIRECTIVE (spouse)

Name and Relation of Health Care Agent	Address	Telephone Number
1.		
2.		
Name and Relation of Alternate Health Care Agent	Address	Telephone Number
1.		
2.		
Do you wish to donate your organs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you request cremation of your remains?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you prearranged for your funeral? Please indicate where (cemetery, church, funeral home):		

VIII. LONG-TERM CARE

With the average nursing home expense ranging from \$8,000 to \$10,000 per month, an extended long-term care stay can quickly deplete an estate.

There are three basic planning options to pay for long-term care expenses: self-insurance, Medicaid (Medical Assistance), or long-term care insurance. Please indicate the option upon which you plan to rely. If you're not sure, how may we help you make your decision?

Do you currently have long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to provide further information for you about long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No