



**HESS &  
JENDRO**  
LAW OFFICE, P.A.

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763-241-4855

**ESTATE PLANNING AND WILL INFORMATION FORM**

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

**PERSON MAKING WILL:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

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

**SPOUSE:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

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

**Preferred method of contact:**                      **E-Mail**              **Phone**              **Mail**

**Do either of you have children from a prior relationship?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Have either of you been married previously?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**CHILDREN – Please list all children (specify whether step-children), including any children not in your custody. If you do not plan to provide for a child in your will, the child must be specifically omitted by name.**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Have any children received an advance on their inheritance or are any children financially indebted to you?**

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**If yes, do you want to make this an issue at the time of distribution of your estate?**

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**Is there any reason to treat your children other than equally?**

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**Are any of the children spendthrifts?** \_\_\_\_\_

**Are any children under a disability?** \_\_\_\_\_

**If any child should predecease parent, should his/her share pass through to his/her children? \_\_\_\_\_.** If so, please indicate grandchildren, if any. Include grandchildren born out of wedlock and indicate whether they should be entitled to inherit:

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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)**

**First Choice:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Alternate:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Do you wish to have a trust established for the benefit of your spouse and/or children? \_\_\_\_\_. If so, please indicate who the trustee(s) should be. (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. In the event you predecease your children before they attain the age of 18, the courts would govern any inheritance of your children through a guardianship. Trusts are generally established if you have minor children. You may name an individual, bank or trust company or both.)

**First Choice:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Alternate:**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Ages for distribution to children from the trust: (Example: 1/3 @ 21, 1/3 @25 and 1/3 @30).** \_\_\_\_\_

**How should your estate be distributed if your spouse and/or children do not survive you?**

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

**If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and share to each person:**

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

**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.)**

**First Choice: (Spouse is usually named first)**

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

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

**Alternate:**

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

**Second Alternate:**

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

**TITLED ASSETS**

**Homestead:**

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owners: \_\_\_\_\_

Approximate Fair Market Value \_\_\_\_\_

Encumbrances:

Mortgage Holder: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

2<sup>nd</sup> Mortgage: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

Contract for Deed: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

**Other Real Estate/TimeShare:**

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owners: \_\_\_\_\_

Approximate Fair Market Value \_\_\_\_\_

Encumbrances:

Mortgage Holder: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

2<sup>nd</sup> Mortgage: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

Contract for Deed: \_\_\_\_\_ Amount Owning: \_\_\_\_\_

**Autos/Boats/Trailers/4-Wheelers/Snowmobiles, etc.:**

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

**Bank Accounts/Investments**

**Checking:**

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

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Checking:**

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

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Savings:**

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

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Savings:**

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

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**IRA's/Mutual Funds/Securities/401k's, ESOP's etc.**

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

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Life Insurance:**

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

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_

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

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_



Policy Owner: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_  
Amount of Policy: \_\_\_\_\_  
Beneficiary (ies) \_\_\_\_\_

Policy Owner: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_  
Amount of Policy: \_\_\_\_\_  
Beneficiary (ies) \_\_\_\_\_

Other Assets of monetary value (valuable and not mentioned elsewhere, i.e. jewelry, stamp collections, antiques, furniture, art, etc.)

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Description	Location of asset	Present FMV	Loan Payoff
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Description	Location of asset	Present FMV	Loan Payoff
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Description	Location of asset	Present FMV	Loan Payoff
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Description	Location of asset	Present FMV	Loan Payoff
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Description	Location of asset	Present FMV	Loan Payoff
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**Do you wish to make any specific bequests in your will other than by a list provided in your will?**

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**Do you have a safe-deposit box? \_\_\_\_\_ If so, where? \_\_\_\_\_**

**Do you expect any inheritance in the near future? \_\_\_\_\_  
If so, please give details: \_\_\_\_\_**

**Do you have any other assets of any kind, such as business interests? \_\_\_\_\_. If so, please list: \_\_\_\_\_**

**Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? \_\_\_\_\_**

**Are you interested in preparing a Health Care Declaration (“living will”) stating your preferences for health care if you are in a terminal condition? \_\_\_\_\_**

**Did the Decedent have a social media account? \_\_\_\_ Yes \_\_\_\_ No**

**If Yes, what kind? \_\_\_\_\_**

**LIFETIME GIFTS MADE:**

<b>Amount</b>	<b>Interest Given</b>	<b>Date</b>	<b>Beneficiary</b>
\$ _____	_____	____/____/____	_____
\$ _____	_____	____/____/____	_____
\$ _____	_____	____/____/____	_____
\$ _____	_____	____/____/____	_____
\$ _____	_____	____/____/____	_____
\$ _____	_____	____/____/____	_____

**Do you wish to make any specific bequests in your will other than by a list provided in your will?**

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# TRUSTS

Do you believe you want to establish a trust to:

- manage assets for your spouse
- manage assets for your children
- avoid taxes
- avoid probate

*Note: It is common for people with minor children to establish trusts within their Wills to place rules on the assets left to them. This allows assets to be held and managed until the children attain certain ages. This type of trust doesn't necessarily avoid the court process of probate.*

## TRUSTEE SELECTION

(distributes assets of the trust to your beneficiaries, long term management and preservation of trust assets)

	<b>Full Legal Name &amp; Relationship</b>	<b>Full Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		

## INCAPACITY PLANNING

(Health Care & Personal/Business Transactions)

Incapacity occurs usually when a doctor declares you are unable to make coherent decisions either on a temporary or permanent basis. You have the option of selecting the individuals you wish to help you with these things when you are alive and in an incapacitated condition. Their job is to carry out your wishes as stated on the placed below.

**ATTORNEY-IN-FACT SELECTION (POWER OF ATTORNEY)**  
 (the person who will act on your behalf if you can't make decisions  
 for yourself for personal transactions)

**HUSBAND:**

	<b>Full Legal Name &amp; Relationship</b>	<b>Full Address (if not already stated in the previous pages)</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		

**Do you want your attorney-in-fact to have the power to transfer your property to the attorney-in-fact?**       Yes       No

**Do you want your attorney-in-fact to be required to render accountings to you (or to your personal representative after your death)?**     Yes       No

**If yes, how often would you want accountings to be provided?**  
 Monthly     Quarterly     Annually

**WIFE:**

	<b>Full Legal Name &amp; Relationship</b>	<b>Full Address (if not already stated in the previous pages)</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		

**Do you want your attorney-in-fact to have the power to transfer your property to the attorney-in-fact?**       Yes       No

**Do you want your attorney-in-fact to be required to render accountings to you (or to your personal representative after your death)?**     Yes       No

**If yes, how often would you want accountings to be provided?**  
 Monthly     Quarterly     Annually

**HEALTH CARE AGENT SELECTION**  
(the person who will carry out your stated medical preferences)

**HUSBAND:**

	<b>Full Legal Name &amp; Relationship</b>	<b>Full Address (if not already stated in the previous pages)</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		

**WIFE:**

	<b>Full Legal Name &amp; Relationship</b>	<b>Full Address (if not already stated in the previous pages)</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		

## HEALTH CARE PREFERENCES

	<b>Each describe in your own words what you would want for care and any feelings you have about each topic in the column on the left.</b>	
	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
Near full-recovery expected		
Terminal Condition		
Vegetative Condition		
Pain Medication		
Experimental Treatments & Medication		
Artificial Hydration & Nutrition		
Organ Donation		
Cremation or Burial		

Religious Beliefs		
Where & From Whom to Receive Medical Care		
Home Health Care		
Assisted Living Facilities		
Nursing Home		
Hospice		
Funeral Arrangements & Requests		
Other Requests		