Felhaber Larson Fenlon & Vogt

A Professional Association – Attorneys at Law

MINNEAPOLIS
220 South Sixth Street | Suite 2200
Minneapolis, MN 55402-4504
612 339 6321 | Fax 612 338 0535

ST. PAUL
444 Cedar Street | Suite 2100
St. Paul, MN 55101-2136
651 222 6321 | Fax 651 222 8905

CONFIDENTIAL
ESTATE PLANNING INVENTORY

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General Information

Today's Date: ______________________

Your Information

Name____

Address __________________________________ Telephone ___________________

__________________________________ Cell ________________________

County of Residence _______________________ Work _______________________

E-mail _______________________

Birth Date __________________________ Soc. Sec. #____________________

Occupation __________________________ Employer __________________________

U. S. Citizen _______ Yes _______ No If not:_______________________

Date of Marriage:____

Previous Marriages:____

Date(s) of Dissolution/Decree ___________________________. Please provide a copy.

Spouse's Information

Name ____

Address __________________________________ Telephone ___________________

__________________________________ Cell ________________________

Work _______________________

E-Mail _______________________

Birth Date __________________________ Soc. Sec. #____________________

Occupation __________________________ Employer __________________________

U. S. Citizen _______ Yes _______ No If not:_______________________

Previous Marriages____

Date(s) of Dissolution/Decree ______________________________. Please provide a copy.

Children

____________________________ Birth date _________________ Age _______

____________________________ Birth date _________________ Age _______

____________________________ Birth date _________________ Age _______

____________________________ Birth date _________________ Age _______

____________________________ Birth date _________________ Age _______

Indicate if children are children of husband or wife or both.

Information about Children and Grandchildren

Do you have any step-children or step-grandchildren or children or grandchildren born outside of a marriage? ______ Yes ______ No

Do any of the children or grandchildren have special disabilities? ___ Yes ______ No If yes, please describe. ____

Are your children financially capable of managing an inheritance? ___ Yes ______ No

Have any children received an advance on their inheritance or are any children financially indebted to you? ___ Yes ______ No If so, please explain ___________________________

Are there any other specific concerns or considerations about your children? ____

Health History

Do you or your spouse have any serious health problems or disabilities?

If so, please detail:

____

____

Professional Advisors

Name and address of your accountant or income tax preparer:

____

____

Name and address of your stockbroker or financial advisor:

____

____

Previous Wills

Any previous Wills or Trusts? __________________________ Please provide a copy.

Do you have a Prenuptial Agreement? ____________________ Please provide a copy.

FINANCIAL ASSETS

A. Real Estate (List each parcel separately)

Location and Description	Ownership Alone/Joint/ Tenants in Common	Mortgage	Market Value
1.			
2.			
3.			

B. Retirement Accounts

Your IRA, 401K, Health Savings Account or Other Retirement Plans

Type of Plan	Roth IRA?	What Company	Beneficiary	Present Value
1.				
2.				
3.				
4.				

C. Your Spouse's IRA, 401K, Health Savings Account or Other Retirement Plans

Type of Plan	Roth IRA?	What Company	Beneficiary	Present Value
1.				
2.				
3.				
4.				

D. Cash on Hand, in Banks, etc.

Cash on Hand: $____________________

Bank Accounts:

	Name of Bank	C = Ckg/S = Svg..	In Whose Name(s)	Approximate Balance
1.				
2.				
3.				
4.				

Safety Deposit Box ________________________ Key location?__________________

E. Stocks, Mutual Funds, and Brokerage Accounts

	Name of Corporation or Fund	Shares	Date Acquired	Names of Owners	Estimated Value
1.					
2.					
3.					
4.					
5.					
6.					

F. Bonds and Notes

	Name of Debtor	Ownership In Whose Name(s)	Number & Face Amount	Date	Issue Rate	Interest Date	Maturity FMV	Estimated Value
1.								
2.								
3.								
4.								

G. Accounts for Others: UTMA and 529 Accounts

	Investment Company	Beneficiary	Custodian	Estimated Value
1.				
2.				
3.				
4.				

H. Business Interests

State: Nature, location, sole proprietorship, partnership, corporation, and estimated value of your interest.
(Agreements governing such interests should be submitted for review.)

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

I. Life Insurance

Your Life Insurance

Company	Owner	Type	Cash Value	Death Benefit	Beneficiary

Spouse's Life Insurance:

Company	Owner	Type	Cash Value	Death Benefit	Beneficiary

Do you or your spouse have any long term care insurance?______________________

J. Other Assets

Accounts Receivable and Promissory Notes Owed to You:____________________________

____

Stock option agreements, stock bonus plans, deferred compensation plans (give details known to you): ____

____

____

Automobiles: ____

____

Collections (stamp, antiques, coin, etc.): ____

____

PROVISIONS FOR WILL AND OTHER ESTATE PLANNING DOCUMENTS

Do you desire to make any specific gifts? ______________________________

Do you desire to make any charitable gifts? ______________________________

If your spouse survives you, do you want any assets to be distributed to your children or individuals other than your spouse? ______________________________

If your spouse does not survive you, do you want trusts for your children or grandchildren and, if so, how long should the trusts be continued? ______________________

Consider specific needs of each child, are there any special considerations?__________

Do you or your spouse have expectations of gifts or inheritances from other sources? _____

Personal Representative Information

Personal Representative (Executor): This is the person(s) that will take care of the administration of your estate. Most persons prefer to name their spouse. You should also consider an alternate to your first choice in case the person named is unable to perform the duties of a personal representative. You should be thinking of someone who is capable, trustworthy, and organized.

First Preference: ______________________________

Second Preference: ______________________________

Trustee

Trustee Information (If Trustee is needed): For many estate plans, trusts are used either for estate tax savings or to control the ultimate distribution of the inheritance. The Trustee(s) is someone who has two responsibilities: overseeing the investment of trust assets and making decisions as to the distribution of the trust assets to the beneficiaries. The Trustee can be a person or corporation or a combination of both. You should be considering who is honest, trustworthy, and capable of financial decisions.

First Preference: ______________________________

Second Preference: ______________________________

Guardian of Minor Children

Recommended Guardian(s): Name: ______________________________

Address: ______________________________

Relationship (if any): ______________________________

Alternative Guardians: Name: ______________________________

Address: ______________________________

Relationship (if any): ______________________________

Health Care Directive

This document indicates who will make medical or other living arrangements decisions if you cannot communicate your wishes. It can also include Living Will provisions, where you can indicate preferences if you are in a terminal or coma situation.

Recommended person(s) to make decisions:

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

Relationship (if any): ______________________________

Alternative Health Care Proxy(ies):

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

Relationship (if any): ______________________________

Power of Attorney

A Durable Power of Attorney indicates who you wish to handle financial matters for you. This is especially important if you are incapacitated or unable to take care of financial matters.

Recommended person(s) to make financial decisions:

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

Relationship (if any): ______________________________

Alternative Attorney(s)-in-Fact:

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

Relationship (if any): ______________________________

Any other information or particular concerns we should be aware of:

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