

Estate Planning Organizer



212 Madison Avenue, Suite 100
Mankato, Minnesota 56001-3307
phone 507.385.4488
fax 507.385.1288
e-mail info@joneslawmn.com
website www.joneslawmn.com

Family Information

Client One: Male Female Preferred Name: _____

Full Legal Name: _____

Other name(s) you have used in the past: _____

Address: _____

Telephone: _____ E-mail: _____

Occupation & Employer: _____

Date of Birth: _____ U.S. Citizen: Yes No _____

Social Security Number: _____

Married (Date: _____) Widowed (Date: _____) Divorced Never Married

Client Two: Male Female Preferred Name: _____

Full Legal Name: _____

Other name(s) you have used in the past: _____

Address: _____

Telephone: _____ E-mail: _____

Occupation & Employer: _____

Date of Birth: _____ U.S. Citizen: Yes No _____

Social Security Number: _____

Married (Date: _____) Widowed (Date: _____) Divorced Never Married

If either of you are divorced or separated:

If you are divorced, what is the Date of the Judgment and Decree? _____

Please attach a copy of the Judgment and Decree to the Organizer.

If you are separated, what is the date of separation? _____

Please attach a copy of the separation agreement or court order to the Organizer.

If you have children, please complete the following information for each child:

Name: _____ Date of Birth: _____
Gender: Male Female
Address: _____
_____ Parentage: Joint Adopted
 Client One Only Client Two Only

Name: _____ Date of Birth: _____
Gender: Male Female
Address: _____
_____ Parentage: Joint Adopted
 Client One Only Client Two Only

Name: _____ Date of Birth: _____
Gender: Male Female
Address: _____
_____ Parentage: Joint Adopted
 Client One Only Client Two Only

Name: _____ Date of Birth: _____
Gender: Male Female
Address: _____
_____ Parentage: Joint Adopted
 Client One Only Client Two Only

Name: _____ Date of Birth: _____
Gender: Male Female
Address: _____
_____ Parentage: Joint Adopted
 Client One Only Client Two Only

(If you need more space, please insert an additional page.)

Are there any special considerations that relate to your children and their future? Yes No

If yes, is there any special preparation needed regarding those considerations? Yes No

If any of your children are deceased and have left surviving children (your grandchildren), please indicate the name and address for each grandchild.

Name: _____ Date of Birth: _____

Address: _____ Child of: _____
_____ Adopted: Yes No

Name: _____ Date of Birth: _____

Address: _____ Child of: _____
_____ Adopted: Yes No

Name: _____ Date of Birth: _____

Address: _____ Child of: _____
_____ Adopted: Yes No

Name: _____ Date of Birth: _____

Address: _____ Child of: _____
_____ Adopted: Yes No

(If you need more space, please insert an additional page.)

Are you currently either paying or receiving spousal maintenance or child support? Yes No

If yes, please attach a copy of the court Order setting the spousal maintenance or child support.

Client One's Relatives

Parents, Brothers, Sisters
(Include Name and Address)

(If you need more space, please insert an additional page.)

Client Two's Relatives

Parents, Brothers, Sisters
(Include Name and Address)

(If you need more space, please insert an additional page.)

Dependents

Are there any other dependents whom you are helping support? Yes No

If yes, how much is that per month? _____

Only answer the next two questions if you answered "Yes" to the question above:

If anything were to happen to you, is this something you would like to see continued if possible?
 Yes No

Explain: _____

Do you want this consideration to be part of your estate planning process? Yes No

Explain: _____

Other Dependents

Is there a possibility of any other people, perhaps a parent, who might become financially dependent on you? Yes No

If yes, when might this be? _____ How much? _____

Military

Are either of you you, or were you ever, in the military? Yes No

If yes, are you receiving any benefits as a result of your military duty? Yes No

If yes, what are those benefits? _____

Investment & Retirement Accounts

Institution Name and Advisor:	Account Type:	Account Number Last 4:	Client One Ownership Value:	Client Two Ownership Value:	Joint Ownership Value:	TOD/POD:

Other Assets

Asset Type/Name:	Client One Ownership Value:	Client Two Ownership Value:	Joint Ownership Value:

Business Interests

Entity Name:	Entity Type:	Entity State:	Client One Ownership Value:	Client Two Ownership Value:	Joint Ownership Value:

Information Regarding Liabilities

Debt Type:	Lender:	Client One:	Client Two:	Joint:	Other Owners:

Net Worth
(Assets minus Liabilities)

	Client One:	Client Two:	Joint:
Asset Total:			
Liability Total:			
Net Worth:			

Expected Inheritances

Do you anticipate receiving an inheritance in the future? Yes No

If yes, when do you anticipate the inheritance? _____

Should it be included in this planning? _____

How much do you anticipate the inheritance to be? _____

Information Regarding Income

	Client One's	Client Two's	Jointly
Salary	\$ _____	\$ _____	\$ _____
Interest (Taxable)	\$ _____	\$ _____	\$ _____
Interest (Non-taxable)	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Income from Business/Profession	\$ _____	\$ _____	\$ _____
Other Income Source:	\$ _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____	\$ _____

Estimated Top Federal Income Tax Bracket _____%

Information Regarding Life Insurance Policies

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Company _____ Face Value \$ _____ Cash Value \$ _____

Policy Number _____

Insured _____

Owner _____

Beneficiary _____

Agent's Name _____

Phone No. _____

Totals Face Value \$ _____ Cash Value \$ _____

(If you need more space, please insert an additional page.)

**Information Regarding the Care of your Minor Children
and the Management of Your Assets (if applicable)**

Below, please indicate your choices, in order of priority, for the guardian(s) of your minor children (the person(s) who will physically care for your minor children).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Information Regarding Personal Representatives (Executors)

*If doing will planning, your will names an executor to administer your will according to your wishes after your death. Below, please indicate client one's choices, in order of priority, for the personal representatives (executors) of their estate, if their spouse is predeceased.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate client two's choices, in order of priority, for the personal representatives (executors) of their estate, if their spouse is predeceased.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Information Regarding Trustees

*If doing trust planning, your trust names trustees to administer your trust according to your wishes after your death. Below, please indicate client one's choices, in order of priority, for the trustees of their trust (the person(s) or entity who will manage your assets for the benefit of your spouse and/or your children).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

3. Name: _____ Relationship: _____

Address: _____

Below, please indicate client two's choices, in order of priority, for the trustees of their estate.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

3. Name: _____ Relationship: _____

Address: _____

Information Regarding the Disposition of your Assets Upon your Death

Please describe how you would like your estate to be distributed in the event of your death if:

Your spouse and children (if applicable) survive you: _____

Your children (if applicable), but not your spouse, survive you: _____

Your "Disaster Clause" beneficiaries (If you have no surviving spouse, children, or grandchildren):

Information Regarding your Health Care Directive

Below, please indicate client one's choices, in order of priority, for their Health Care Agents (the person(s) that will make your health care decisions for you if you are unable to do so).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

I wish to donate my organs upon my passing. I do not wish to donate my organs.

I request cremation of my remains. I do not request cremation of my remains.

Below, please indicate client two's choices, in order of priority, for their Health Care Agents.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

I wish to donate my organs upon my passing. I do not wish to donate my organs.

I request cremation of my remains. I do not request cremation of my remains.

Information Regarding your Power of Attorney

Below, please indicate your choices, in order of priority, for your Attorney-in-fact (the person(s) that will make property, financial, and other legal decisions for you if you are ill, disabled, or cannot be present to sign a legal document).

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

Below, please indicate client two's choices, in order of priority, for their Attorney-in-fact.

1. Name: _____ Relationship: _____

Address: _____

2. Name: _____ Relationship: _____

Address: _____

You have the option to authorize your attorney(s)-in-fact to make gifts to themselves or to anyone your attorney(s)-in-fact are legally obligated to support.

Do you wish to grant this gifting option to your attorney(s)-in-fact? Yes No

If yes, to whom do you wish to grant this gifting power? (i.e. spouse only, specific attorneys-in-fact, or ALL attorneys-in-fact named within your document)
