

**ESTATE PLANNING PERSONAL INFORMATION**

Collins Law Office, P.A.

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*Instructions: This form is to help you gather basic information / thoughts in advance of our estate planning meeting and typically saves time at that meeting. Not everything applies. If you need additional space, please use the back pages of this form, or you may supplement however you'd like.*

**Please provide Personal Information for \_\_\_\_\_**

Full legal name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ U.S. citizen? Yes No

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

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

Financial Adviser: \_\_\_\_\_

**Please provide Personal Information for \_\_\_\_\_**

Full legal name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ U.S. citizen? Yes No

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

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

Financial Adviser: \_\_\_\_\_

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

Please let us know whom we may thank for referring you to Collins Law Office, P.A. for your estate planning needs: \_\_\_\_\_

Please provide information concerning your Children.

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_ Number of Their Children: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If either of you has had any children who are now deceased, please provide your deceased child's name, date of birth and death, and the names of their surviving children or other descendants. \_\_\_\_\_

Please explain the special needs of any of your children due to mental or physical disabilities.

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

Is there anything else Collins Law Office, P.A. should be aware of relating to the children/grandchildren with respect to estate planning that you are concerned might impact their ability to receive or manage inheritance? If so, please explain. You are also welcome to bring this up in our meeting. \_\_\_\_\_

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

**Name the persons you want to act as Guardian(s) of your minor children.**

For \_\_\_\_\_:

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

For \_\_\_\_\_ (If same as above, please write "SAME"):

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

**Name the person(s) you want as HEALTH CARE AGENT(S)  
to make health care decisions for you.**

For \_\_\_\_\_:

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check One:  I request /  I do not request /  I am currently undecided as to whether I desire cremation of my remains.

For \_\_\_\_\_:

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check One:  I request /  I do not request /  I am currently undecided as to whether I desire cremation of my remains.

Name the person(s) you want to make **BUSINESS DECISIONS** for you, while you are alive, under any Power of Attorney or Trust you might establish.

For \_\_\_\_\_:

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

For \_\_\_\_\_ (If same as above, please write "SAME"):

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

Name the persons you want to act as **PERSONAL REPRESENTATIVE** and/or **TRUSTEE**. This is the person you want to have authority to settle and administer your Will/Trust/Estate, etc.

For \_\_\_\_\_:

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

For \_\_\_\_\_ (If same as above, please write "SAME"):

Name with middle initial (in order of preference) Address:

1. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
2. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_
3. \_\_\_\_\_  
Relationship to above: \_\_\_\_\_

**Other Questions Regarding Estate Planning.**

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Have either of you ever given anyone over \$10,000 in a year?                           | Yes | No |
| 2.  | Have either of you ever filed a federal gift tax return?                                | Yes | No |
| 3.  | Have either of you been divorced or widowed?  | Yes | No |
| 4.  | Have either of you ever signed a pre-nuptial agreement?                                 | Yes | No |
| 5.  | Have either of you made a commitment to leave any assets to any person or organization? | Yes | No |
| 6.  | Do you have a safe deposit box?   | Yes | No |
| 7.  | Have either of you made any funeral and/or burial plans?                                | Yes | No |
| 8.  | Do either of you have any pre-paid funeral/burial services?                             | Yes | No |
| 9.  | Do any of your children or others owe you money?  | Yes | No |
| 10. | Are there any children or others you want intentionally omitted from your estate?       | Yes | No |

If you answered yes to any question(s) above, please provide additional information below.

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**CHARITIES**

Please list any charities that you want to make a gift to upon your death. \_\_\_\_\_

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**ESTATE DISTRIBUTION**

If you know at this time, please provide a brief overview of how you would like your estate distributed.

Upon the first death: \_\_\_\_\_

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Upon the second death: \_\_\_\_\_

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Assets of: \_\_\_\_\_ with named beneficiaries, including retirement accounts, annuities, life insurance, “pay-on-death” bank accounts and “transfer-on-death” investment accounts:

Company	Type of Asset	Amount	Name of Joint Owner	First Beneficiary	Second Beneficiary
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

Assets of: \_\_\_\_\_ with named beneficiaries, including retirement accounts, annuities, life insurance, “pay-on-death” bank accounts and “transfer-on-death” investment accounts:

Company	Type of Asset	Amount	Name of Joint Owner	First Beneficiary	Second Beneficiary
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

**Business Interests:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CONSENT TO  
COLLINS LAW OFFICE, P.A.  
PRIVACY POLICY AND DUAL REPRESENTATION**

We are required by the Gramm-Leach-Bliley Act to inform clients of our policies regarding privacy of client information. We are also required by Minnesota Rules of Professional Conduct to obtain the consent of our clients when we represent more than one person in the same matter. Please review the information below and, if you consent, sign at the bottom of the page.

***Nonpublic Personal Information We Collect.*** We collect nonpublic personal information about you that is provided to us by you or obtained with your authorization. We do not disclose nonpublic personal information about current or former clients obtained in the course of representation of those clients, except as expressly or impliedly authorized by those clients for purposes of our representation (such as discussions with your accountant, financial advisor, insurance agent or family members designated by you) or as required or permitted by law or applicable provisions of codes of professional responsibility governing our conduct as lawyers.

***Confidentiality and Security.*** We retain records relating to professional services that we provide so that we are better able to assist you and, in some cases, to comply with professional guidelines or requirements of law. In order to guard our nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with federal regulations and our professional standards.

***Destruction of Files.*** We reserve the right to destroy client files seven (7) years after they are closed.

***Dual Representation.*** Dual representation occurs when an attorney represents two or more clients, such as a married couple, at the same time on the same matter. Such clients may have differing interests or potential or actual conflicts of interests. In amicable circumstances, where the clients apparently have the same objectives, using one attorney is helpful in coordinating an overall plan and in producing cost savings and other efficiencies. If the clients do not remain amicable throughout the representation, however, the attorney will likely need to withdraw from the representation altogether. If the attorney withdraws, clients may experience delay and additional costs in the handling of their legal matter. With regard to client confidences in dual representation situations, the attorney cannot keep information from one or more clients. By consenting to dual representation, the clients authorize the attorney to reveal each of their incomes, assets and liabilities, contents of documents, and other disclosures and information to all co-clients.

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I have read and understand the above information, and I consent to dual representation and to the release of confidential information as outlined above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)