KINGDOM LEGACY
ADVISORS

Estate Planning Questionnaire

Legal Name	Date
Spouse's Legal Name	

Either Spouse previously divorced? ☐yes ☐no	Do you still have obligations under the divorce decree? ☐yes ☐no
Are there any estate planning or insurance requirements in the divorce decree? ☐yes ☐no If yes, please provide a copy of the divorce decree.	Is there an Antenuptial Agreement? ☐yes ☐no If yes, please provide a copy.

Children (Note if from previous marriage)

Name, Address, Phone	Birth date	Married	Grandchildren Names	Grandchildren Birth Dates
______________	________	☐yes☐no	______________	________
______________			______________	________
______________			______________	________
			______________	________
______________	________	☐yes☐no		
______________				
______________				
______________	________	☐yes☐no		
______________				
______________				
______________	________	☐yes☐no		
______________				
______________				

***Duplicate page if necessary

Describe special needs of family members (if any)

____

____

Do you have a safe or safe deposit box? ☐ yes ☐ no
If yes, where is it located?

Do you have existing estate planning documents (i.e. wills, trusts, power of attorney or health care directives)?
If yes, please provide copies. Client: ☐ yes ☐ no Spouse: ☐ yes ☐ no

Do you anticipate an inheritance?:	Estimated amount	When anticipated
Recipient:	$	

At your death, would you like assets to be distributed outright to your child(ren)? ☐ yes ☐ no

Or

Would you like assets to be held in trust for your child(ren)? ☐ yes ☐ no

If assets are held in trust for your child(ren), at what age(s) would you like the trust assets distributed?

______% of the trust assets at age ______;

______% of the trust assets at age ______;

______% of the trust assets at age ______;

______% of the trust assets at age ______;

I would prefer the trust assets to be distributed as follows:______________________________

____

____

____

If no one in your immediate family is available to receive the ultimate disposition of your assets, to whom would you like them to be distributed? (i.e. nieces and nephews, siblings, charitable organizations) ____________

____

____

Accountant:____ Phone #__________________________

Company Name and Address:

____

____

____

Financial Planner Name and Address: Kingdom Legacy Advisors
701 Carlson Parkway
Suite 240
Minnetonka, MN 55305

Phone # 952-697-2225

Life Insurance Agent:________________________________ Phone #__________________________

Company Name and Address:

____

____

____

Other Advisor:______________________________________ Phone #__________________________

Company Name and Address:

____

____

____

Guardians
Who should be the guardian of your minor children? A guardian has physical and legal control over your children until they reach the age of 18.

First Choice	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
______________________	______________________	______________________
______________________	______________________	______________________

Personal Representative - Client
Who should be the 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	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
______________________	______________________	______________________
______________________	______________________	______________________

Trustee – Client
If a trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person or entity who is responsible for managing the assets placed into the trust. A Trustee manages the assets for your children or other beneficiaries until they reach a specified age. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your Trustee(s).

First Choice	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
______________________	______________________	______________________
______________________	______________________	______________________

Power of Attorney - Client
A Power of Attorney allows you to grant 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. The person (or persons) you designate is/are called "Attorney(s)-in-Fact." Who would you name as your Attorney(s)-in-Fact?

First Choice	Second Choice	Third Choice
Name, Relationship, Address, Phone	Name, Relationship, Address, Phone	Name, Relationship, Address, Phone
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________

Health Care Directive – Client
A Health Care Directive allows you to appoint someone to make health care decisions for you and/or state your preferences for health care in the event you are unable to communicate them. Who would you designate as your "Health Care Agent?"

First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________

Personal Representative – Spouse (if different from above)
Who should be the 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 Name, Relationship	Second Choice Name, Relationship	Third Choice Name, Relationship
______________________	______________________	______________________
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______________________	______________________	______________________
______________________	______________________	______________________

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