ESTATE PLANNING PERSONAL INFORMATION

Collins & Estrem, P.A.
20 Lake Street North, Suite 202, Forest Lake, MN 55025
Appointments: 651.464.7400 x 4 / lianna@collinsestrem.com
Rob: 651.464.7400 x 1 / rob@collinsestrem.com
Julia: 651-464-7400 X 2 / julia@collinsestrem.com
Kelly: 651.464.7400 x 7 / kelly@collinsestrem.com

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.

Notes/Questions for your attorney:

_____

_____

_____

_____

Please let us know whom we may thank for referring you to Collins & Estrem, P.A. for your estate planning needs:_____

Please provide Personal Information

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: _____

Previous address: _____

City: _____ State: _____

County: _____ Zip: _____

Date moved: _____ Did you claim homestead _____

Please provide information concerning your Children.

Full Name: _____ Birthdate: _____

Address: _____ Number of Their Children: _____

_____ Phone: _____

_____ Email: _____

Full Name: _____ Birthdate: _____

Address: _____ Number of Their Children: _____

_____ Phone: _____

_____ Email: _____

Full Name: _____ Birthdate: _____

Address: _____ Number of Their Children: _____

_____ Phone: _____

_____ Email: _____

If you have 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 & Estrem, 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.

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.

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.

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 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.

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 you ever given anyone over $10,000 in a year?	Yes	No
2.	Have you ever filed a federal gift tax return?	Yes	No
3.	Have you been divorced or widowed?	Yes	No
4.	Have you ever signed a pre-nuptial agreement?	Yes	No
5.	Have 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 you made any funeral and/or burial plans?	Yes	No
8.	Do 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.

_____

_____

CHARITIES

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

_____

ESTATE DISTRIBUTION

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

_____

_____

_____

_____

FINANCIAL INFORMATION

Assets:

Bank accounts	$_____
Certificates of Deposit	$_____
Real estate/home	$_____
Real estate/other	$_____
Real estate/other	$_____
Stocks/bonds/mutual funds	$_____
IRAs/401Ks	$_____
Annuities	$_____
Other investment accounts	$_____
Life insurance face amounts	$_____
Business interests	$_____
Personal property	$_____
Vehicles	$_____
Anticipated inheritance	$_____
Other assets: _____	$_____
_____	$_____
_____	$_____
Total Assets:	$_____

Liabilities:

Real estate mortgages payable	$_____
Loans payable	$_____
Loans against life insurance	$_____
Other debts:_____	$_____
_____	$_____
Total Liabilities:	$_____

Net Amount: $_____

Please list beneficiaries and "pay-on-death" parties for bank accounts, retirement accounts, annuities, investment accounts, life insurance and similar assets on the following page.

Please describe any business interests on the following page.

Assets 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 & ESTREM, P.A.
PRIVACY POLICY

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.

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)