

**GUZIK LAW OFFICE, P.A.**

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**WILL/ESTATE PLANNING QUESTIONNAIRE**

1. \_\_\_\_\_  
Your Name Cell phone  
\_\_\_\_\_  
Date of Birth Work phone  
\_\_\_\_\_  
Email address

2. \_\_\_\_\_  
Name of Spouse/Domestic Partner

3. \_\_\_\_\_  
Mailing Address

4. \_\_\_\_\_  
City or County of Residence

5. Names and ages of all children, if any. Please list all children, whether now living or deceased, and indicate whether any are adopted or are children from a prior marriage, etc.

\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Name Date of Birth

(Continue with additional names on reverse side)

6. Do you own any real estate or personal property located outside Minnesota? If so, where?

7. Do you have any trusts for yourself, other family members, or other parties? Are you a party to any Buy-Sell Agreement, Stock Purchase Agreement or partnership? If so, please bring a copy of the trust or other document to our appointment.
8. Please indicate approximate size of the estate (including life insurance, real estate, retirement plans, and all other assets).

\$50,000      \$150,000      \$500,000      More than \$600,000

\$1,000,000    More than \$3,000,000      More than \$5,000,000

Please provide a summary of your assets on the attached sheets A and B.

9. Indicate how property is owned (your name, spouse's name, domestic partner's name, or joint names), include cash value and face value of life insurance and beneficiary, and value of all assets taken into account in answering question number 9 above. You may substitute a recent financial statement for sheets A and B. If you have any questions about any of your assets, such as the form of ownership or beneficiary designation, please bring in the relevant paperwork.
10. Do you desire medical power of attorneys, financial powers of attorney ("POA's") or advanced medical directives (a/k/a living will)? If you do, Who do you want to make medical treatment decisions if you are unable to do so and do you want someone to be authorized to make the decision to cease life sustaining treatment where you have a terminal condition with no possibility of recovery. Please indicate who you want to authorize to exercise these powers:

\_\_\_\_\_ Health Care Directive; \_\_\_\_\_ Medical POA's; \_\_\_\_\_ Financial POA's.

Identify person(s) to be appointed: Name, address and telephone number.

- a. First choice:
  - b. Second choice:
  - c. Back up choice, if any:
11. Names of intended devisees (i.e. recipients) of your property and where they reside. (devise is the person who whom you wish to give your lands or other real property to). Please provide your first, second,
- a. Tangible personal property: (defined as things that can be felt or touched, and/or are moveable. Names of your first choice, second choice and a back up choice for each category of property.

- (1) First choice:
- (2) Second choice:
- (3) Back up choice, if any.

b. Real estate interests:

- (1) First choice:
- (2) Second choice:
- (3) Back up choice, if any.

c. Residual property (everything not covered by a. and b. above)

- (1) First choice:
- (2) Second choice:
- (3) Back up choice, if any.

13. Personal Representative: (the person you appoint to carry out the directions and request in your will and to dispose of the property according to your will.)

Identify person(s) to be appointed: Name, address and telephone number.

- a. first choice
- b. second choice:
- c. third choice:

14. Trustee (in case any devisee is a minor or has a disability): (the person you appoint to execute a trust, one in whom an estate interest or power is vested, or exercise it for the benefit or the use of another)

Identify person(s) to be appointed: Name, address and telephone number.

- a. first choice
- b. second choice
- c. third choices

- d. At what age would you like your devisees to receive their portion of the estate? 18, 21, 25 etc.?
15. Guardian: If minor children, who is to be the guardian? (the person you wish to have the power and charge with the duty of taking care of the person, managing the property and rights of another person who is underage or incapable of administrating his own affairs.

Identify person(s) to be appointed: Name, address and telephone number.

- a. First choice:
  
- b. Second choice:
  
- c. Third choice:

**SHEET A**  
Asset Summary

\_\_\_\_\_ Husband                      Joint                      Spouse \_\_\_\_\_

Life Insurance  
\_\_\_\_\_  
\_\_\_\_\_

Homestead  
\_\_\_\_\_  
\_\_\_\_\_

Other Real Property  
\_\_\_\_\_  
\_\_\_\_\_

Bank Accounts  
\_\_\_\_\_

Marketable Securities

Tangible Personal Property

Other Substantial Assets  
(Including Retirement Plan Accounts)

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Subtotal:	\$	_____	
	\$	_____	
	\$	_____	_____
Less Debts:		_____	
		_____	_____
Estimated Net Estate:	\$	_____	

**SHEET B**

**Life Insurance**

<u>Company</u>	<u>Policy No.</u>	<u>Face Amount</u>	<u>Owner</u>	<u>Insured</u>	<u>Beneficiary</u>
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