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SIMPLE WILL AND ESTATE PLANNING FORM

PERSONAL DATA

You

Full Name _____

Home address _____

Employer _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____ United States Citizen? _____

Spouse

Full Name _____

Home address _____

Employer _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____ United States Citizen? _____

SAFETY DEPOSIT BOX

Do either you or your spouse have a safety deposit box? yes no

Who has access to the safety deposit box? _____

Principal Bank Name _____

Address _____

MARITAL HISTORY

Date of marriage _____ Place of marriage _____

Have you or your spouse been previously married You yes no Spouse yes no

If so: name of previous spouse _____

Marriage terminated by divorce death

Do you and your spouse have a prenuptial agreement? _____ If Yes, please attach a copy.

Have you and your spouse ever resided in

Arizona California Idaho Louisiana Nevada New Mexico Texas Washington

Wisconsin?

If so, list dates _____

CHILDREN

Full Name	Date of Birth	Occupation	Marital Status	No. of Children
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1. _____

Address: _____

Full name of spouse (if applicable): _____

2. _____

Address: _____

Full name of spouse (if applicable): _____

3. _____

Address: _____

Full name of spouse (if applicable): _____

4. _____

Address: _____

Full name of spouse (if applicable): _____

5. _____

Address: _____

Full name of spouse (if applicable): _____

6. _____

Address: _____

Full name of spouse (if applicable): _____

Names and dates of births and dates of death of deceased children

Names, addresses, and ages of any children of deceased children

Do you, your spouse, your children, your grandchildren, or your great grandchildren have special disabilities or require special care? If so, please name the person and provide a brief explanation of his or her disability. Please also state whether that person receives government benefits due to his or her disability. _____

FINANCIAL DATA
REAL ESTATE

Location and Type of Property	How Title is Registered ¹	Basis ²	Present Value ³	Approximate Equity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER ASSETS (stock, CDs, bank accounts, investment accounts, etc.)

Name of Asset	Owner	Beneficiary Designation	Value	Misc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE

Company	Type of Policy*	Owner	Beneficiary	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYEE BENEFITS**PENSION-You**

1. Are you covered in a qualified pension plan? yes no
2. When are you eligible for pension benefits? _____
3. How is the amount of your pension calculated? _____

PENSION-Spouse

1. Are you covered in a qualified pension plan? yes no
2. When are you eligible for pension benefits? _____
3. How is the amount of your pension calculated? _____

¹ Such as individual name, joint tenant, etc.

² How much did you pay for the property?

³ Do not deduct mortgage here

* Term, Whole life, etc.

GIFTS

List all gifts outright or in trust in excess of \$10,000 during any one year made by you or your spouse.

Donor and date of gift	Property Given	Value of Gift	Donee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIFIC BEQUESTS

Description	Name of Beneficiary
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

- Is it likely that the value of your estate or your spouse’s estate will appreciably increase in the near future through inheritance from others, growth in business interests or other events?
 yes no

If so provide details: _____

- Will your estate, either alone or with a spouse, ever exceed \$1,000,000? yes no

PERSONAL REPRESENTATIVES

Names and addresses of choices for personal representative (formerly called executor) of your estate in order of preference.

You

- 1. Name: _____
Relationship to you: _____
Address _____
- 2. Name _____
Relationship to you _____
Address _____

Spouse

- 1. Name _____
Relationship to you _____
Address _____
- 2. Name _____
Relationship to you _____
Address _____

Do you want the Personal Representatives to serve jointly or serially, if necessary? _____

GUARDIANS AND TRUSTEES FOR MINOR CHILDREN

Guardian(s)

Names and addresses of first and second choices for guardian for minor children if any.

- 1. Name _____
Relationship to you _____
Address _____
- 2. Name _____
Relationship to you _____
Address _____

Trustee(s)

Names and addresses of first and second choices for trustee of any trusts to be created by your will (should not be the guardian of the children). You may name an individual or corporate trustee, e.g. a bank trust department, or both.

- 1. Name _____
Relationship to you _____
Address _____
- 2. Name _____
Relationship to you _____

Address _____

Do you want the Trustees to serve jointly or serially? _____

COMPLETE THE FOLLOWING SECTION
ONLY IF YOU WOULD LIKE A HEALTH CARE DIRECTIVE

Names and addresses of choices for attorney in fact for your Health Care Directive, in order of preference.

You

1.Name: _____

Relationship to you: _____

Address _____

2.Name _____

Relationship to you _____

Address _____

Spouse

1.Name _____

Relationship to you _____

Address _____

2.Name _____

Relationship to you _____

Address _____

You

1. Do you wish to donate your organs, tissues and other body parts after your death?
 yes no
 2. Do you wish to donate your remains to science as an anatomical gift for the purposes of teaching health care professionals after your death? yes no
 3. Do you wish to be buried cremated
Any special instructions? _____
 4. If not required by law, do you wish to have a post mortem examination (autopsy) performed for the purposes of diagnosis, medical education and research? yes no
 5. Do you wish to give your power of attorney power to override your decision to donate your organs?
 yes no
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Spouse

6. Do you wish to donate your organs, tissues and other body parts after your death?
 yes no
7. Do you wish to donate your remains to science as an anatomical gift for the purposes of teaching health care professionals after your death? yes no
8. Do you wish to be buried cremated
Any special instructions? _____
9. If not required by law, do you wish to have a post mortem examination (autopsy) performed for the purposes of diagnosis, medical education and research? yes no
10. Do you wish to give your power of attorney power to override your decision to donate your organs?
 yes no

**COMPLETE THE FOLLOWING SECTION
ONLY IF YOU WOULD LIKE A POWER OF ATTORNEY**

Names and addresses of choices for attorney in fact for your Power of Attorney, in order of preference.

You

1. Name:
Relationship to you: _____
Address _____
2. Name _____
Relationship to you _____
Address _____

Spouse

1. Name:
Relationship to you: _____
Address _____
2. Name _____
Relationship to you _____
Address _____

1. To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted.
- real property transactions; I choose to limit this power to real property:

- tangible personal property transactions;
 bond, share, and commodity transactions;
 banking transactions;
 business operating transactions;

- insurance transactions;
- beneficiary transactions;
- gift transactions;
- fiduciary transactions;
- claims and litigation;
- family maintenance;
- benefits from military service;
- records, reports, and statements;
- all of the powers listed in (A) through (M) above and all other matters.**

2. Should the Power of Attorney continue if you become incapacitated or incompetent?

- yes no

3. Should this Power of Attorney authorize the attorney-in-fact to transfer property to the attorney-in-fact? yes no

4. Unless you request it, does your attorney-in-fact need to render accounting to you or your estate?

- yes no