



ESTATE PLANNING

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

BACKGROUND INFORMATION

	Client #1		Client #2
Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Cell No.		Cell No.	
Email:		Email:	
Occupation:		Occupation:	
Marital Status:		Marital Status:	
Date of Marriage:		Date of Marriage:	
U.S. Citizen:		U.S. Citizen:	
Immigration Status: (if applicable)		Immigration Status: (if applicable)	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

## MISCELLANEOUS FAMILY INFORMATION

- Are you (or your spouse) receiving social security, disability, or other governmental benefits?  Yes  No
- Are you (or your spouse) making payments pursuant to a divorce or property settlement order?  Yes  No
- If married, have you and your spouse signed a pre-nuptial or postnuptial contract?  Yes  No
- Have you (or your spouse) been widowed?  Yes  No
- Have you (or your spouse) ever filed federal or state gift tax returns?  Yes  No
- Have you (or your spouse) previously completed a Will, Trust, or estate planning documents?  Yes  No
- Do you have your ORIGINAL Trust/Will or know its location?  Yes  No
- Do you support any charitable organizations that you wish to make provisions for at the time of your death?  Yes  No
- Are there any other charitable organizations you wish to make provisions for at the time of your death?  Yes  No
- Do you currently have a Health Care Directive, Health Care Power of Attorney, Durable Power of Attorney, or Financial Power of Attorney?  Yes  No  
If yes, which one(s)? \_\_\_\_\_
- Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation, funeral/memorial arrangements, and preferences regarding embalmment/burial and cremation. (See below)  Yes  No
- Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf, manage your assets, and pay your bills if you become incompetent or unable to do so on your own?  Yes  No
- Are you (or your spouse) currently the beneficiary of anyone else's Trust?  Yes  No
- Do any of your children have special educational, medical, or physical needs?  Yes  No
- Do any of your children receive governmental support or benefits?  Yes  No
- Do you provide primary or other major financial support to adult children or others?  Yes  No



## CHILDREN

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

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Natural     Legally adopted     Married     Needs special care     Dependent

Child of:     Both     You only     Your spouse only

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

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Natural     Legally adopted     Married     Needs special care     Dependent

Child of:     Both     You only     Your spouse only

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

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Natural     Legally adopted     Married     Needs special care     Dependent

Child of:     Both     You only     Your spouse only

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

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Natural     Legally adopted     Married     Needs special care     Dependent

Child of:     Both     You only     Your spouse only



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

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Natural     Legally adopted     Married     Needs special care     Dependent

Child of:     Both     You only     Your spouse only

**POTENTIAL INDIVIDUAL BENEFICIARIES  
OTHER THAN YOUR CHILDREN**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Married     Divorced     Widowed     Single     Needs special care

Children (name and age): \_\_\_\_\_

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Married     Divorced     Widowed     Single     Needs special care

Children (name and age): \_\_\_\_\_

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Married     Divorced     Widowed     Single     Needs special care



Children (name and age): \_\_\_\_\_

**POTENTIAL CHARITABLE BENEFICIARIES**

Name of Charity or Non-Profit Organization	Address	Amount

**POTENTIAL TESTAMENTARY APPOINTMENTS  
(PERSONAL REPRESENTATIVE(S), TRUSTEE(S), GUARDIAN(S) OF MINOR  
CHILDREN, ATTORNEY-IN-FACT, HEALTHCARE AGENT(S))**

**Appointment of Personal Representative(s) (a.k.a “Executor” or “Administrator”)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Married     Divorced     Widowed     Single

**Appointment of Alternate Personal Representative(s) (optional)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Married     Divorced     Widowed     Single

**Appointment of Individual Trustee(s)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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



City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Corporate Trustee (optional)**

Company name: \_\_\_\_\_  
Company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of preferred contact or trust officer: \_\_\_\_\_  
\_\_\_\_\_

**Appointment of Alternate Trustee(s) (optional)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Guardian(s) for Minor Children**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Alternate Guardian(s) for Minor Children (optional)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single



**Appointment of Attorney-In-Fact (For Financial Power of Attorney)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Alternate Attorney-In-Fact (optional)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Health Care Agent**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single

**Appointment of Alternate Health Care Agent (optional)**

Full legal name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Married     Divorced     Widowed     Single



**ADVISORS**

**Name:**

**Telephone:**

Family Attorney: \_\_\_\_\_

\_\_\_\_\_

Accountant: \_\_\_\_\_

\_\_\_\_\_

Financial Advisor: \_\_\_\_\_

\_\_\_\_\_

Personal Banker: \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

\_\_\_\_\_

Stock Broker: \_\_\_\_\_

\_\_\_\_\_

**WORKING WITH YOUR INVESTMENT AND TAX ADVISOR.** In order to provide the best total estate plan possible (choose and initial one) \_\_\_\_\_ *I do*, \_\_\_\_\_ *I do not* give permission to any representative of Gjesdahl Law, P.C. to communicate my estate planning information to, and receive personal financial information from, my investment and tax advisor(s).

My advisors are:

Financial Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Client #1 Signature

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

\_\_\_\_\_  
Client #2 Signature (if applicable)

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

**INFORMATION FOR HEALTHCARE DIRECTIVE**

What are your thoughts, beliefs, and views concerning the administration of life-prolonging treatment, such as artificial nutrition and hydration? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Other specific instructions or concerns regarding your healthcare: \_\_\_\_\_

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Do you wish to donate any part of your body, including viable organs, tissue, eyes, etc., upon your death?  Yes  No

Explain: \_\_\_\_\_

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Do you have a specific funeral home you would like to use?  Yes  No

If yes, where? \_\_\_\_\_

Have you purchased or pre-paid for a burial plot or columbarium space?  Yes  No

Explain: \_\_\_\_\_

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Do you have a preference for what happens to your remains upon your death (i.e. embalmed/buried, cremated)?  Yes  No

Explain: \_\_\_\_\_

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Other memorial or funeral service instructions: \_\_\_\_\_

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## INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

**General Headings:** This *Personal Information Checklist* is designed to help you list all of the property you own, how it is titled, and what it is worth. If you own more property than can be listed on this checklist, use additional sheets.



**Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**“Owner” of Property** How the property is owned is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

For Property Owned As:	With:	Use:
Community property	Husband and wife together (not in joint tenancy)	CP
You only	No other person. Sole and separate property.	S1
Spouse only	No other person. Sole and separate property.	S2
In trust name	Property which benefits you held in trust	T (CP, S1, S2)
Joint tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy in common	A spouse	TCS
	Someone other than a spouse	TCO

**BANK ACCOUNTS**

**Type:** Checking Account “CA”, Savings Account “SA”, Certificate of Deposit “CD” (*If an account is in your name for the benefit of a minor, please specify and give minor’s name.*)

Name of Institution	Type of Account	Owner	Amount



## REAL PROPERTY

**Type:** Land, buildings, homes. If you have an interest in land or buildings that you own in partnership with someone other than your spouse, you should list those under the “Partnership Interests” section. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use “?” for owner.

General Description and/or Address	Owner	Fair Market Value	Mortgage/Loan

## BROKERAGE AND MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

**Type:** Money Market “MM”, Investment “I”, Cash Management “CM”, or other account that is in a street name

Name of Brokerage Firm or Mutual Fund	Type	Owner	Amount



**STOCK AND BOND CERTIFICATES  
NOT IN A BROKERAGE ACCOUNT**

**Type:** Stock in publicly owned corporations which are stock traded on an exchange or over the counter. *(Stock owners in family, or nonpublicly traded companies, should be listed under “Corporate Business Interests.” Stocks held in a street name, or investment account, should be listed under “Brokerage and Mutual Fund Accounts.”)*

<b>Company</b>	<b>Owner</b>	<b>Number of Shares</b>	<b>Fair Market Value</b>

**STOCK OPTIONS**

<b>ISO/NQSO</b>	<b>Company</b>	<b>Owner</b>	<b>Number of Shares</b>	<b>Current Stock Price</b>



## TRUST DEEDS, NOTES, AND OTHER RECEIVABLES

**Type:** Mortgages or promissory notes payable to you; other monies owed to you.

Name of Debtor	Date Due	Owed To	Payment (mo/yr)	Current Balance

## PARTNERSHIP AND LLC INTERESTS

**Type:** General/Limited Partnerships and Limited Liability Companies. *(Please state the percentage interest you have in the partnership.)*

Partnership Name	Percentage Owned General Partner	Percentage Owned Ltd Partner/Member	Owner	Net Value

## CORPORATE BUSINESS INTERESTS

**Type:** Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Company	Number of Shares	Buy/Sell Agreement (Y/N)	Percentage Ownership	Owner	Net Value



## SOLE PROPRIETORSHIP BUSINESS INTERESTS

**Type:** All of the assets used by you in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value

## FARM AND RANCH INTERESTS

(ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

**Type:** Livestock, machinery, leases, and all business assets. If the farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in your name, enter it here. Describe each asset.

Type	Owner	Value

## OIL, GAS, AND MINERAL INTERESTS

**Type:** Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Type	Owner	Value



## RETIREMENT ACCOUNTS

**Type:** Pension “P”, Profit Sharing “PS”, H.R. 10, IRA, SEP, 401(K), Roth.

Type	Participant	Company	Beneficiary	Value

## ANTICIPATED LAWSUIT JUDGMENT

**Type:** Anticipated money through a judgment in a lawsuit.

Type	Amount

## PERSONAL PROPERTY

**Type:** Major personal effects in excess of \$500.00, such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (*Indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type	Owner	Value



Type	Owner	Value

### OTHER ASSETS

**Type:** Any property you have that does not fit into any previously listed category.

Description	Value

### LIFE INSURANCE POLICIES AND ANNUITIES

**Type:** Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".*)

Policy Holder	Policy Number	Company	Type	Face Value	Beneficiary	Cash Value





## CONCERNS

Before our initial meeting, it is important for us to understand your concerns and anxieties. We want to know what prompted you to schedule this appointment. Please review the following risks and identify those which concern you and provide us with some explanation of how concerned you are with that particular risk.

I am concerned about the estate taxes. \_\_\_\_\_

\_\_\_\_\_

I am concerned that assets I left to my spouse might not pass to my intended heirs if my spouse remarries. \_\_\_\_\_

\_\_\_\_\_

I am concerned my beneficiaries will lose their inheritance to divorce, creditors, or lawsuits. \_\_\_\_\_

\_\_\_\_\_

I am concerned that an inheritance I am leaving to a minor might be squandered by the person in charge of the minor. \_\_\_\_\_

\_\_\_\_\_

I am concerned that an inheritance received by a beneficiary who has a disability would render them ineligible for government benefits. \_\_\_\_\_

\_\_\_\_\_

I am concerned about litigation from heirs who think they are entitled to more of my estate. \_\_\_\_\_

\_\_\_\_\_

I am concerned about losing control over my assets in the event of my disability. \_\_\_\_\_

\_\_\_\_\_

I am concerned about unwanted efforts to save my life. \_\_\_\_\_

\_\_\_\_\_



I am concerned about losing my assets to a nursing home. \_\_\_\_\_

\_\_\_\_\_

I am concerned about unnecessary costs and delays of probate. \_\_\_\_\_

\_\_\_\_\_

I am concerned that private family matters will be made public. \_\_\_\_\_

\_\_\_\_\_

Other. \_\_\_\_\_

\_\_\_\_\_

### AFFIRMATION

We understand that Gjesdahl Law, P.C. will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain Gjesdahl Law, P.C., we will provide Gjesdahl Law, P.C. accurate and complete information prior to signing our estate plan documents.

Client #1: \_\_\_\_\_ Date: \_\_\_\_\_

Client #2: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUEST FOR DOCUMENTARY DATA

If possible, please bring these documents with you to the first meeting:

1. Estate Planning Questionnaire. If you have not already provided this information, please complete as much as possible
2. Last Will and Testament, including any Codicils.
3. Trust(s), including any Amendments.
4. Any Power of Attorney documents, including medical and financial.
5. Pre or Post-Nuptial Agreement.
6. Divorce Decree or Property Settlement Agreement for a divorce under which a continued obligation exists.
7. Tax returns, including gift tax returns.
8. Real Estate information for each real property, including the most recent Deed.

Examples of Real Estate:

- Primary Residence
- Rental Properties
- Time Share Properties
- Mobile Home
- Farm Land

