



ESTATE PLANNING

Today's date: _____

How did you hear about our services? _____

BACKGROUND INFORMATION

	Client #1		Client #2
Full Name:		Full Name:	
Pronouns:		Pronouns:	
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: _____

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

Explain: _____

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: _____

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

Explain: _____

Other memorial or funeral service instructions: _____

INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

General Headings: This *Personal Information Checklist* is designed to help you list all 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.”)*

Company	Owner	Number of Shares	Fair Market Value

STOCK OPTIONS

ISO/NQSO	Company	Owner	Number of Shares	Current Stock Price



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
- Farmland

