

LOMMEN ABDO

MN / WI / NY

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Personal and Family Information

A. Personal Information

Full Name: _____ Date of Birth: _____
Spouse Name: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____
Zip Code: _____ County: _____
Home Phone: () _____ Fax Number: () _____
SSN: _____ Spouse SSN: _____
Email Address: _____

B. Work Information

Business Occupation: _____
Business Name and Address: _____
Phone: () _____ Fax Number: () _____
Email Address: _____

Spouse Business Occupation: _____
Business Name and Address: _____
Phone: () _____ Fax Number: () _____
Email Address: _____

C. Children

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Date of Birth: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Date of Birth: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Date of Birth: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Date of Birth: _____

D. Financial Advisors

Accountant: _____

Insurance Agent: _____

Financial Planner: _____

Other: _____

E. Digital Asset Inventory

1. Computer and Phone Information. List all of your personal and professional computers, tablets, netbooks and smartphones and identify the username and password to access each device: _____

2. Email Information. List all of your email addresses, describe what activities the email address is used for (e.g., personal, professional or to receive unwanted messages) and indicate the password: _____

3. Social Networking Profiles. List the usernames and passwords to each of your social networking profiles such as Linked In, Facebook and Twitter. In the event of your death or disability, should your profile be deleted? If not, who should be responsible for continuing your profile and what would you like for them to do with it? _____

4. Blogs, Webpages and Domain Names. List all of your blogs, domain names and webpages and indicate the registrar/host for each. In the event of your death or disability, should these sites be continued? If so, how and by whom? _____

5. Online Financial Information. List each bank and brokerage account for which you have online access and indicate your username and password for each account. If you have a paypal or other online purchase account, list your username and password: _____

Checking Accounts:

Bank: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Bank: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Certificates of Deposit:

Bank: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Bank: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Safe deposit box location: _____

C. Brokerage Accounts (you may attach statements in lieu of completing section)

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

D. Life Insurance

Insurance Company: _____
Policy No: _____
Type (WL, term, group): _____
Owner: _____
Insured: _____
Beneficiary: _____
Cash Value: _____
Death Benefit: _____

Insurance Company: _____
Policy No: _____
Type (WL, term, group): _____
Owner: _____
Insured: _____
Beneficiary: _____
Cash Value: _____
Death Benefit: _____

Insurance Company: _____
Policy No: _____
Type (WL, term, group): _____
Owner: _____
Insured: _____
Beneficiary: _____
Cash Value: _____
Death Benefit: _____

Insurance Company: _____
Policy No: _____
Type (WL, term, group): _____
Owner: _____
Insured: _____
Beneficiary: _____
Cash Value: _____
Death Benefit: _____

E. Annuities

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

Financial Organization: _____
Account No: _____
Ownership: _____
Approximate Value: _____

F. Qualified Retirement Plans (Employer-sponsored retirement plans, TSAs and IRAs)

Financial Organization: _____
Account No: _____
Type of Plan: _____
Owner: _____
Beneficiary: _____
Vested Balance: _____

Financial Organization: _____
Account No: _____
Type of Plan: _____
Owner: _____
Beneficiary: _____
Vested Balance: _____

Financial Organization: _____
Account No: _____
Type of Plan: _____
Owner: _____
Beneficiary: _____
Vested Balance: _____

Financial Organization: _____
Account No: _____
Type of Plan: _____
Owner: _____
Beneficiary: _____
Vested Balance: _____

G. Miscellaneous Property

Household Property Estimated Value: \$ _____

Special Items of Value (expensive jewelry, furs, artwork, antiques, coin collections, boats, etc.):

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

Your Estate Plan

A. Miscellaneous

- 1. Are you and your spouse U.S. citizens? _____
- 2. Have either of you been previously married? _____
Husband: _____ How ended? _____ Date: _____
Wife: _____ How ended? _____ Date: _____
- 3. Do you have an antenuptial agreement? _____
- 4. Do either of you receive maintenance payments or other lifetime or deathtime benefits from a former spouse? _____
- 5. Do either of you have any maintenance or other lifetime or deathtime obligations to a former spouse? _____
- 6. Do either of you have a dependent sibling or parent? _____

7. Are either of you likely to receive an inheritance in the future? If yes, explain: _____
8. Do either of you have an existing will? _____
9. Have either of you ever made a gift in excess of \$10,000 to one individual in one given year? _____
10. Since you have been married, have you ever resided outside of Minnesota? If yes, where? _____

B. Dispositions

1. Do you want all of your assets to pass to your spouse or would you like some to pass to your children, other individuals or charitable organizations? _____
2. Do you want the assets passing to your spouse to be given outright or should access be limited by placing them in trust? _____
3. Are you concerned about any of your children's or their spouse's ability to manage money or are you concerned about any potential creditors of your children? _____
4. At what ages would you like your children to receive property outright from your estate (eg. 1/3 at 25, 1/3 at 30 and remainder at 35)? _____
5. Do any of your children have special needs? If so, explain: _____
6. Have any of your children received an advance on their inheritance or are any children financially indebted to you? _____
7. Is there any reason that you or your spouse may wish to make unequal distributions to your children from your estate? _____
8. Do you have any deceased children, and if so, did those children leave heirs or spouses surviving? _____
9. If any of your children predeceased you, should his or her share pass through to his or her children? _____
10. If none of the persons named in your will are surviving at your death, to whom should your estate be distributed to (eg. state's intestacy laws, charity, or all to a designated beneficiary)? _____

C. Fiduciaries

Guardians:

A guardian has physical and legal control over your children until age 18. A court appoints the guardian of your children, taking into account their best interests. In your will, you can state your wishes as to whom you would like to act as guardian, but the individuals you select may not necessarily be appointed. You can, however, control assets passing to your children by placing them in trust.

Guardian(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Personal Representative:

A personal representative is the person(s) or institution who settles your affairs at the time of your death (eg. probates your will, pays your debts, collects your assets and settles your estate).

Husband:

Personal Rep(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Wife:

Personal Rep(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Trustee:

A trustee invests, manages and distributes any assets you may have placed in trust for another person. A trustee can either be an individual or an institution.

Husband:

Trustee(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____
Relationship: _____
Mailing Address: _____

Phone No: (____) _____

Wife:

Trustee(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Power of Attorney:

A Power of Attorney allows you to appoint one or more persons to act on your behalf in a wide variety of financial transactions. The primary purpose of this document is to avoid a conservatorship proceeding if you become incapacitated.

Husband:

Attorney-in-fact(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Wife:

Attorney-in-fact(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Health Care Directive:

A Health Care Directive allows you to name another person to make health care decisions for you in times when you are unable to decide or communicate for yourself. It also allows you to give specific health care instructions to guide others in making health care decisions for you.

Husband:

Health Care Agent(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Alternate(s): _____

Relationship: _____

Mailing Address: _____

Phone No: (____) _____

Specific Instructions:

1. Are you currently an organ donor? _____
2. If no, are you opposed to organ donation following your death? _____
3. Do you wish to give instructions regarding your preference for burial or cremation? _____

4. Would you like to give instructions regarding your religious affiliation? _____

Wife:

Health Care Agent(s): _____

Alternate(s): _____

Relationship: _____

Relationship: _____

Mailing Address: _____

Mailing Address: _____

Phone No: (____) _____

Phone No: (____) _____

Specific Instructions:

5. Are you currently an organ donor? _____
6. If no, are you opposed to organ donation following your death? _____
7. Do you wish to give instructions regarding your preference for burial or cremation? _____

8. Would you like to give instructions regarding your religious affiliation? _____

Congratulations on completing a very difficult job! If you would like a copy of this confidential questionnaire for your personal records, please let us know and we will produce a copy for you.