Gilk Legacy Law PLLC

Estate Planning Questionnaire

*** NOTE ***
please
PRINT
this questionnaire
SINGLE SIDED

Date Completed:_____

CPA:_____

Please complete this form as best you can. We will review this information with you at your first appointment.

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

All information received from a client is confidential.

Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.

Every step is taken to protect your privacy.

Please have all estate planning documents available for review.

Bring all documentation listed on page 2.

INSTRUCTIONS:

- **Click on the darkened gray areas to type in information.**
- **If additional space is needed, save the form a second time and complete only the sections where additional space is needed.**

If you have any questions, PLEASE contact :

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fax 507.627.4528

What should I bring to my estate planning meeting?

You should bring complete asset and debt information. This will help you and your attorney make the best possible decisions and tailor an estate plan that is right for you.

This includes the following:

1. Real Estate - *bring abstracts & deeds & contracts for deed*
2. Stocks/Bonds/Mutual Funds - *bring statements that include titling, value & agent/contact information*
3. Retirement - Pensions, 401K, IRA, etc. - *bring statements that include titling, value & agent/contact info*
4. Life Insurance - *bring statements that include policy owner, insured, value & agent/contact info*
5. Machinery & Equipment - *bring list with approximate value*
6. Small Business Interests/Entities - *bring corporate record book(s) & membership certificates*
7. Cash/Checking/Savings/CDs - *bring statements that include balance & contact information*
8. FinPak or Annual Financial Statement(s) given to lender
9. Vehicles - *bring list with model/year/approximate value*
10. Boats/Motorcycle/Camper/Jet Ski/ Snowmobile/etc. - *bring list with model/year/approximate value*
11. Grain - *number of bushels on hand and where stored*
12. Co-op Equities - *names of Coops and locations with account/membership numbers*
13. Value Added Shares - *bring original share certificates*
14. Accounts Receivable/Mortgages/Promissory Notes - *bring copies of Promissory Notes w/current balances*
15. Collectibles/Antiques
16. Unsecured Debt
17. Other - ***when in doubt, bring it!***

CLIENT INFORMATION

CLIENT ONE: ___ MALE ___ FEMALE Preferred Name:_____

Full Legal Name:_____

Date of Birth:_____ SSN:_____
(xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

County of Residence:_____

Telephone (home)_____ (cell)_____

E-mail Address:_____

Employer:_____ Position:_____

Citizen of: ___ USA ___ Other:_____

___ Married (date:_____) ___ Widowed (date:_____) ___ Divorced ___ Never Married
(xx/xx/xxxx) (xx/xx/xxxx)

CLIENT TWO: ___ MALE ___ FEMALE Preferred Name:_____

Full Legal Name:_____

Date of Birth:_____ SSN:_____
(xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

County of Residence:_____

Telephone (home)_____ (cell)_____

E-mail Address:_____

Employer:_____ Position:_____

Citizen of: ___ USA ___ Other:_____

___ Married (date:_____) ___ Widowed (date:_____) ___ Divorced ___ Never Married
(xx/xx/xxxx) (xx/xx/xxxx)

Are you or your spouse a Veteran? ___ Yes ___ No

Have you planned your funeral? ___ Yes ___ No

Have you funded your funeral? ___ Yes ___ No

CHILDREN AND/OR BENEFICIARIES

CHILD ONE: **child of** ___ husband ___ wife ___ joint **sex** ___ male ___ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ___ financial ___ medical ___ special needs

___ Married ___ Divorced ___ Widowed ___ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

CHILD TWO: **child of** ___ husband ___ wife ___ joint **sex** ___ male ___ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ___ financial ___ medical ___ special needs

___ Married ___ Divorced ___ Widowed ___ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

CHILDREN AND/OR BENEFICIARIES

CHILD THREE: **child of** ☐ husband ☐ wife ☐ joint **sex** ☐ male ☐ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ☐ financial ☐ medical ☐ special needs

☐ Married ☐ Divorced ☐ Widowed ☐ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

CHILD FOUR: **child of** ☐ husband ☐ wife ☐ joint **sex** ☐ male ☐ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ☐ financial ☐ medical ☐ special needs

☐ Married ☐ Divorced ☐ Widowed ☐ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

CHILDREN AND/OR BENEFICIARIES

CHILD FIVE: **child of** ☐ husband ☐ wife ☐ joint **sex** ☐ male ☐ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ☐ financial ☐ medical ☐ special needs

☐ Married ☐ Divorced ☐ Widowed ☐ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

CHILD SIX: **child of** ☐ husband ☐ wife ☐ joint **sex** ☐ male ☐ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ☐ financial ☐ medical ☐ special needs

☐ Married ☐ Divorced ☐ Widowed ☐ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

OTHER DEPENDENTS AND/OR BENEFICIARIES

RELATIONSHIP:_____ **sex** ___ male ___ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ___ financial ___ medical ___ special needs

___ Married ___ Divorced ___ Widowed ___ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

RELATIONSHIP:_____ **sex** ___ male ___ female

Full Legal Name:_____

Nickname:_____ Date of Birth:_____ (xx/xx/xxxx)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone (home)_____ (cell)_____

Occupation:_____

Concerns: ___ financial ___ medical ___ special needs

___ Married ___ Divorced ___ Widowed ___ Single [spouse's name:_____]

Grandchildren's Names	Parents	Age	Special Needs?

REAL ESTATE

Types: Farmland • Residential • Buildings • Cabins • Time Shares • Vacation • Contracts for Deed • Life Estates

Property Nickname:	Type:	County:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

CASH & BANK ACCOUNTS

Account types: Checking “CKG” • Savings “SAV” • Certificate of Deposit “CD” • Safe Deposit Box “SDB”

Institution Name and Branch:	Account Type:	Account No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

FARM ASSETS & DEBT

Assets:	Company Name:	Account No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):
Machinery						
Grain on hand						
Livestock						
Hedging Account						

Debts/ Lender:			OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

INVESTMENT ACCOUNTS

Account types: Money Market “MM” • Brokerage “BRO” • Cash Management “CM”

Institution Name and Advisor:	Account Type:	Account No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

RETIREMENT ACCOUNTS

Account types: IRA • ROTH • SEP • HSA • 401k • 403b • Profit Sharing "PS" • Deferred Comp "DC"

Institution Name and Advisor:	Account Type:	Account No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

PENSION PLANS

Account types: TRA • PERA • MSRS • Railroad • Union • Military/VA • Social Security

Institution Name:	Account Type:	Account No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

NON-QUALIFIED ANNUITIES

(non-retirement annuities)

Institution Name and Advisor:	Account No.	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

LIFE INSURANCE POLICIES

Type: Term • Whole Life "WL" • Variable "VAR" • Universal Life "UL" • Group Life "GRP" • Second-to-Die "S-D" • AD&D • Long Term Care w/Life "LTC Hybrid"

Insurance Company and Agent Owner & Insured:	Policy Type:	Policy No.:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

STOCK • PATRONAGE ACCOUNTS • COOP UNITS

PLEASE BRING ORIGINAL Stock/Membership Certificates.

Institution Name: *(and Transfer Agent - if different)*	Account No. or Certificate No.:	Owner Name & Units Owned:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owners on same certificate:

PARTNERSHIPS • LLCS • PRIVATELY OWNED CORPORATIONS • SOLE PROPRIETORSHIPS

Business Type: General Partnerships "GP" • Limited Partnerships "LP" & "LLLP" • Corporations (S-Corp or C-Corp) • Sole Proprietorships

PLEASE BRING Business Entity Binder, Membership/ Stock Certificates, Buy-Sell Agreements.

Entity Name:	Business Type:	Owner Name & Ownership %:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	other owner(s):

MONIES OWED TO YOU • ACCOUNTS RECEIVABLE • PROMISSORY NOTES

PLEASE BRING copy(ies) of Promissory Notes.

Name of Debtor:			OWNERSHIP VALUE:			
Does a Promissory Note Exist? Y or N	Owed to:	Due Date:	client one $$	client two $$	joint $$	Interest Rate:
						%
						%
						%
						%
						%
						%
						%
						%
						%
						%

BONDS

Type: US Savings Bonds • Corporate Bonds • Municipal Bonds • Treasury Bills

Bond Type:	Owner:	Additional Owners:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	

ENERGY INTERESTS
OIL • GAS • MINERAL • WIND

Type: Lease • Overriding Royalty • Fee Mineral Estate • Working Interest • Pooling Agreement

Company Name:	Type:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	

ANTICIPATED INHERITANCE, GIFTS OR LAWSUIT JUDGEMENTS

Description:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	

PERSONAL EFFECTS

Motor Vehicles • Boats • Trailers • Snowmobiles • Campers • ATVs • UTVs • Lawn Tractors/Mowers

Description:	OWNERSHIP VALUE: client one $$	client two $$	joint $$	

OTHER

UTMA • 529 Plans • Guns • Other

Asset Description and/or Advisor Name:	Account Type	Account No.	OWNERSHIP VALUE: client one $$	client two $$	joint $$	UTMA or 529 Recipient: