

THE LAW OFFICE OF THOMAS M. MANION, P.A.
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Basic Will and Estate Planning Questionnaire

Full Name: _____ SSN _____

Spouse's Full Name _____ SSN _____

Address: _____

Phone Numbers: (c) _____ (w) _____

Email: _____ County of Residence _____

If your spouse IS LIVING at the time of your death, do you want your spouse to receive all of your assets? **Yes / No** Real Estate and/or Personal

If your spouse IS NOT LIVING at the time of your death, do you want all of your assets to be divided among your children equally? **Yes / No** Real Estate and/or Personal

Please list ALL your children, including deceased and those born out of wedlock.

Children's Full Names	Address	DOB	Child of

Are any of your children adopted? **YES / NO** _____

Are any of your children deceased? **YES / NO** _____

Do any of your children or others depend on you have special needs due to mental or physical disabilities? **Yes / No** If yes, please describe _____

Is there any reason NOT to treat your children equally: If so please explain _____

Do you have any special concerns or objectives regarding your children? **YES/ NO**
If so please explain _____

If any of your children are minors (under the age of 18), it is advisable that you list persons who are responsible for both their personal day to day care as well as their assets. If this is applicable to you, list the name of your first and second choice for this job:

1st: _____

2nd: _____

At what age would you want your minor child to get funds if it is held in a trust (i.e. age 18, 21)? _____

If at the time of your death, one of your children has died before you but has children living of his or her own, do you want that deceased child's share to: (circle one)

1. Go to that deceased child's children, in equal amounts

- OR -

2. Be split among **your** then – living children, in equal amounts

"Personal Representative" is Minnesota's term for "executor". His or her job is to get all the assets together, pay the bills, and distribute what is left according to your will. List the name of your first and second choice for this job (Name & Relationship to you):

1st: _____

2nd: _____

Do you own a home? **Yes / No**

If so, address/parcel number _____

If yes, do you own your home with anyone else? **Yes / No**

If so, with whom do you own it? _____

Do you own any other real estate? **Yes / No**

If so, please give details _____

Do you currently have a trust established? **Yes / No**

Does your spouse desire a will similar to yours? **Yes / No**

Please list specific gifts/instructions below:

HEALTH CARE DIRECTIVE

If you are also having a Health Care Directive prepared, who do you elect as your decision maker? (Please list names and address of your first and second choice.) *Please note that if you are married, normally, the spouse is listed as your first choice.*

1st: _____
Name/Address/Phone Number

2nd: _____
Name/Address/Phone Number

FINANCIAL POWER OF ATTORNEY

If you are also having a Financial Power of Attorney prepared, who do you elect as your decision maker? (Please list names and address of your first and second choice.) *Please note that if you are married, normally, the spouse is listed as your first choice.*

1st: _____
Name/ Address/Relationship

2nd: _____
Name/Address/Relationship

Do you wish for this to stay in force if you become incapacitated? **Yes / No**

If you have multiple attorney-in-facts, do you want them to be able to exercise the power independently or jointly: _____

Do you authorize the attorney-in-fact to make gifts to themselves: **Yes/No**

Do you want an accounting? **Yes/No** If yes, circle one: **Monthly/Quarterly/Annually**