



PATTON, HOVERSTEN & BERG, PA

A PROFESSIONAL ASSOCIATION / ATTORNEYS AT LAW

Will Questionnaire

Please complete this form and return it to our office, either by mail or bring it with you to a scheduled conference. It is important that all the information on the form is complete and correct as we rely on it to make appropriate recommendations. We look forward to discussing your individual requirements with you.

WASECA

215 E Elm Ave
PO Box 249
Waseca, MN 56093
(507) 835-5240

OWATONNA

150 West Park Square
PO Box 506
Owatonna, MN 55060
(507) 451-9000

JANESVILLE

216 North Main Street
PO Box M
Janesville, MN 56048
(507) 234-5106

FARIBAULT

302 1ST Ave NW
PO Box 126
Faribault, MN 55021
(507) 332-7425

1. Testator (Person(s) making will)

Name _____ Date of Birth: _____

Social Security No. _____ U.S. Citizen? Yes _____ No _____

Spouse Name _____ Date of Birth: _____

Spouse's SSN _____ U.S. Citizen? Yes _____ No _____

Home Address _____ County: _____

City _____ State _____ Zip _____

State of Residence _____

Telephone: _____ Client: _____ Spouse: _____
(Home) (Work) (Work)

2. Marriage

a. Have you and your spouse signed a Premarital Agreement? Yes _____
If you have, please bring a copy of it to the interview. No _____

b. Have you or your spouse been divorced? Yes _____ No _____
If so, please bring a copy of the divorce decree to the interview.

3. Children

Please list ALL of your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan.

Name of Child Date of Birth Address Child of

Identify any child who is not a natural or adopted child of both you and your spouse.

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

- b. Is there any reason NOT to treat your children equally? If so, please explain.

- c. Are any of the children under a disability?

- d. Do you have any special concerns or objectives regarding your children?

- e. **Guardians.** Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name: _____

Address: _____

Alternate Guardian: _____

Address: _____

4. **Distribution.**

- a. How should your estate be distributed if you die before your spouse? (100% to spouse, part to spouse, part to trust, etc.)

- b. How should your estate be distributed if your spouse dies before you? (To children outright, in trust for children, charitable gifts, etc.)

c. How should your estate be distributed if your spouse and children do not survive you (include real estate, personal property, business, insurance, etc.)? (To relatives (specify who and relationship), charitable gifts, etc.)

CHARITIES YOU WISH TO BENEFIT:

Cancer Society _____
Church _____
(Full legal name and address): _____

Heart Fund _____
Hospice _____
(Full legal name and address): _____

Scholarship Fund _____
(Full legal name and address): _____

Area United Way _____
Community Foundation _____
County Historical Society _____
Development Corporation _____
Library _____
Public School Trust Fund _____
Farmamerica _____

Other: _____
(Full legal name and address of each): _____

5. **Personal Representative.** Who should be Personal Representative (“executor”) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name: _____
 Relationship to you: _____
 Address: _____

Alternate Personal Representative: _____
 Relationship to you: _____
 Address: _____

6. Trusts.

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both, to act as your trustee.

Name: _____
 Address: _____

Alternate Trustee: _____
 Address: _____

7. Financial Inventory.

Use approximate fair market values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e., bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Acct			
Automobile			

Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
Husband's Life			
On Wife's Life			
Retirement Accts			
IRA			
Pension			
Profit Sharing/401			
Other Assets:			
TOTAL			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts TO Family Members			
Other Debts Describe:			

TOTALS:			

8. Beneficiary Designations:

a. Life Insurance

Policy Name/No.	Face Value	Owner	Insured	Beneficiary
1.				
2.				
3.				
4.				
5.				

b. Retirement Plans. Please list your retirement plans/IRAs; value of each and the beneficiary of each.

c. Does your retirement plan have a death benefit? Yes _____ No_____. If so, who is the named beneficiary?

9. Personal Property

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description _____ Approximate Value

- Personal Property
- Automobiles
- Collectibles
- Jewelry
- Boats/Airplanes
- Other:

10. Safe Deposit Box.

Do you have a safe deposit box? Yes _____ No _____ If so, where? _____

Does anyone else have access to your box? _____

11. Future Inheritances.

Do you expect any inheritance in the near future? If so, please give details:

12. Financial Advisors.

Accountant:
 Address:
 Telephone:

Financial Advisor:
 Address:
 Telephone:

- **If No Children.** If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

- **Living Will & Health Care Power of Attorney.** Are you interested in preparing a Durable Power of Attorney for Health Care and/or a Living Will 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.
Yes _____
No _____

- **Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?
Yes _____
No _____

- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.