

# ESTATE PLANNING GUIDE



ECKBERG, LAMMERS, BRIGGS, WOLFF & VIERLING, PLLP

THE LAW FIRM TRUSTED FOR GENERATIONS



## ESTATE PLANNING

ECKBERG, LAMMERS, BRIGGS,  
WOLFF & VIERLING, PLLP

Family Law / Divorce

Business and Commercial Law

Criminal Law

Personal Injury / Wrongful Death

Estate Planning / Probate

Mediation

Real Estate

Land Use Law

Municipal Law

Civil Litigation

You have worked hard to build your assets and to provide a level of financial security for yourself and your loved ones. Doesn't it make sense to work just as hard to protect them in the event something should happen to you?

If you have not executed a valid and enforceable will or trust, you may be surprised to learn that the state has written one for you. Every state has intestacy statutes, which determine to whom your property is distributed, the amount each recipient will receive and who will be awarded custody of your children. By executing a valid will or trust, you can supersede the intestacy statutes and dictate how you would like those matters resolved.

The primary goals of estate planning are to protect, preserve and manage your estate. An estate plan can minimize estate and other transfer taxes, as well as assist in avoiding the costs, publicity and delays of a formal probate, settling any debts incurred, paying taxes, and transferring assets to your heirs. Estate planning is not only for the elderly or the wealthy; rather, it is wise for everyone to begin the estate planning process as early as possible, because the unexpected can happen at any moment and planning early can save you time, headaches and money down the road.

At Eckberg Lammers, we have experienced estate planning attorneys that would love to help you plan your estate for your loved ones and provide you with peace of mind.



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1809 Northwestern Avenue, Suite 110 • Stillwater, Minnesota 55082

## PERSONAL INFORMATION

*Note: Please use middle initials in all names.*

**Full Name:** \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (home) \_\_\_\_\_ (office) \_\_\_\_\_ (cell)

Home E-mail: \_\_\_\_\_

Office E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Spouse's Full Name** (if applicable): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (home) \_\_\_\_\_ (office) \_\_\_\_\_ (cell)

Home E-mail: \_\_\_\_\_

Office E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Check if additional residences (i.e. vacation, seasonal, rental) are listed in the back.

## FAMILY INFORMATION

*Please list ALL children, from oldest to youngest, including deceased children and children born out of wedlock. List additional children in the back if you need additional space. Also list grandchildren in the back if you wish to include them in your estate planning. Please identify any child who is not a natural or adopted child of both you and your spouse. Note: Please use middle initials in all names.*

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

Check if additional children/grandchildren are listed in the back.

## REPRESENTATION & INSTRUCTIONS

**Guardians:** Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. *Note: Please use middle initials in all names.*

Guardian: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Co-Guardian: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Personal Representative:** Who should be Personal Representative (also known as Executor) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets and settling your estate. *Note: Please use middle initials in all names.*

Personal Rep.: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Co-Personal Rep.: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Trusts:** If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person, bank or trust company responsible for managing the assets you place in your trust. A trustee also manages the assets for your children or other beneficiaries until they reach the age you specify for final distribution of trust assets. *Note: Please use middle initials in all names.*

Trustee: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Co-Trustee: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Financial Representation:** Who will represent you in financial matters if you become incapacitated or are otherwise unable to handle your finances? *Note: Please use middle initials in all names.*

Attorney-in-Fact: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ City and State: \_\_\_\_\_  
Zip and County: \_\_\_\_\_ Zip and County: \_\_\_\_\_  
Phone No.(s): \_\_\_\_\_ Phone No.(s): \_\_\_\_\_  
Co-Attorney-in-Fact: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ City and State: \_\_\_\_\_  
Zip and County: \_\_\_\_\_ Zip and County: \_\_\_\_\_  
Phone No.(s): \_\_\_\_\_ Phone No.(s): \_\_\_\_\_

**Health Care Representation:** Who will represent you in medical decisions if you are unable to communicate your wishes? *Note: Please use middle initials in all names.*

Health Care Agent: _____	(First) Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City and State: _____	City and State: _____
Zip and County: _____	Zip and County: _____
Phone No.(s): _____	Phone No.(s): _____
Co-Health Care Agent: _____	(Second) Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City and State: _____	City and State: _____
Zip and County: _____	Zip and County: _____
Phone No.(s): _____	Phone No.(s): _____

**Health Care Preferences:** What are your preferences for prolonged health care? Do you agree or disagree with the following statement?

*If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. However, I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even though some drugs or procedures may hasten my death.*

- Agree, I do not want prolonged life support.
- Disagree, I prefer to be kept alive by artificial means.

**Organ Donation:** What are your preferences for organ donation?

- I wish to donate my organs, tissue and other body parts when I die.
- I do not wish to donate my organs, tissue and other body parts when I die.

**Special Health Care Instructions:**

Who would you like to be your doctor? \_\_\_\_\_

Where would you like to live to receive health care? \_\_\_\_\_

Where would you like to die (and other wishes you have about dying)? \_\_\_\_\_

Do you prefer to be buried or cremated? \_\_\_\_\_

Where do you want to be buried or interred? \_\_\_\_\_

Where do you want your funeral and/or memorial service? \_\_\_\_\_

Other thoughts about your health care: \_\_\_\_\_

## REPRESENTATION & INSTRUCTIONS - SPOUSE (IF APPLICABLE)

**Guardians:** Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach age 18. *Note: Please use middle initials in all names.*

Guardian: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Co-Guardian: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Trustee: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Co-Trustee: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Attorney-in-Fact: \_\_\_\_\_ (First) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_ Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_ Phone No.(s): \_\_\_\_\_

Co-Attorney-in-Fact: \_\_\_\_\_ (Second) Alternate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

Zip and County: \_\_\_\_\_ Zip and County: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_ Phone No.(s): \_\_\_\_\_

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Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City and State: _____	City and State: _____
Zip and County: _____	Zip and County: _____
Phone No.(s): _____	Phone No.(s): _____
Co-Health Care Agent: _____	(Second) Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City and State: _____	City and State: _____
Zip and County: _____	Zip and County: _____
Phone No.(s): _____	Phone No.(s): _____

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- Agree, I do not want prolonged life support.
- Disagree, I prefer to be kept alive by artificial means.

**Organ Donation:** What are your preferences for organ donation?

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**Special Health Care Instructions:**

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Where would you like to live to receive health care? \_\_\_\_\_

Where would you like to die (and other wishes you have about dying)? \_\_\_\_\_

Do you prefer to be buried or cremated? \_\_\_\_\_

Where do you want to be buried or interred? \_\_\_\_\_

Where do you want your funeral and/or memorial service? \_\_\_\_\_

Other thoughts about your health care: \_\_\_\_\_

## MARRIAGE INFORMATION

Date of Marriage: \_\_\_\_\_

Have you and your spouse signed a premarital agreement?

Yes  No

-If yes, please bring a copy of it to the meeting.

Have you or your spouse been divorced?

Yes  No

-If yes, please bring a copy of the divorce decree to the meeting.

Do you have a marital property agreement?

Yes  No

Have you ever lived in a state which has a community property law?

Yes  No

-If yes, please circle the state in which you lived:

Wisconsin Arizona California Texas New Mexico Washington Louisiana Nevada Idaho

## FINANCIAL INFORMATION

A financial inventory is needed to determine whether estate taxes apply to your estate and what estate tax measures should be implemented in your estate plan. It is important to keep a current financial inventory as it is a great help to the personal representative in settling your estate, as well as to the person handling your financial affairs if you become incapacitated.

### ASSETS:

Description	Husband	Wife (if applicable)	Joint (if applicable)
Savings and Checking Account	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Life Insurance and Annuities	\$ _____	\$ _____	\$ _____
Stocks, Bonds & Mutual Funds	\$ _____	\$ _____	\$ _____
Real Estate – Deeds	\$ _____	\$ _____	\$ _____
Qualified Retirement Plans (IRA, 401K, 403B, SEP)	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Total (for each column)	\$ _____	\$ _____	\$ _____
<b>Total Assets</b> (all columns)			\$ _____

### LIABILITIES:

Description	Value
Creditor #1: _____	\$ _____
Creditor #2: _____	\$ _____
Creditor #3: _____	\$ _____
Creditor #4: _____	\$ _____
Creditor #5: _____	\$ _____
<b>Total Liabilities</b>	\$ _____
<b>Net Worth</b> (total assets less total liabilities)	\$ _____

# PROFESSIONAL ADVISORS

## **Accountant**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## **Financial Advisor**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## **Insurance - Life**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## **Insurance - Property/Casualty**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## ADDITIONAL FINANCIAL INFORMATION

Please list primary and contingent beneficiaries for life insurance, retirement accounts and annuities in the back. Also, include any pay-on-death or transfer-on-death designations.

### Savings and Checking Accounts

Financial Institution	Owned by/How is title held	Estimated Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Certificates of Deposit

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Life Insurance and Annuities\*

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Stocks, Bonds and Mutual Funds

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Real Estate – Deeds

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Qualified Retirement Plans (IRA, 401K, 403B, SEP)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\* Please disclose the death benefit of any life insurance policy.

**Agreements:** Please bring to the meeting a copy of any agreements (such as promissory notes, leases, private mortgages or other long-term obligations) that you may have signed.

**Business Interests:** Please bring to the meeting a copy of your ownership agreements/documents.







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