

Thanks for choosing MacLean Law Office to help you with your estate planning. Below are some issues that you should consider. If you are married, each spouse can name different people to each of these positions.

It is not required that you name back up agents for any of the positions below, but it is strongly suggested.

All questions may be directed either to: DMacLean@MacLeanLawOffice.com or 763.972.3400.

Are we preparing wills for you and a spouse?  Yes  No (If there are previous marriages, please let us know.)

Your full name

Spouse's full name

Your "check signing name"

Spouse's "check signing name"

Your birth date

Spouse's birth date

What county do you live in?

How long have you lived at your current residence?

**Personal Representative (also known as Executor in some states):**

These are people that will be responsible for administering your estate when you pass away.

If you are married, it is common (but not required) to name your spouse as your Personal Representative.

Primary

Primary's address / phone

Secondary

Secondary's address / phone

Tertiary (optional if spouse is Primary)

Tertiary's address / phone

**Trustees:** These are the people that will make decisions regarding investments and disbursements of any assets you put into a trust. They can be the same as guardian, but do not need to be. After analysis of your file, we may or may not recommend the use of any trust (either living or testamentary) as a part of your estate plan.

Primary

Primary's address / phone

Secondary

Secondary's address / phone

If you are naming a couple as your secondary option, may they have the authority to act independently?  Yes  No

**Guardians:** If you have children, a guardian is a person, or persons, who will have legal custody of your minor children until they reach the age of eighteen.

Primary

Primary's address

Secondary

Secondary's address

If you are naming a couple as your secondary option, may they have the authority to act independently?  Yes  No

**Power of Attorney:** As a part of your estate plan, we will include a Power of Attorney. In this document, you name a person to act on your behalf. For the Power of Attorney, you name an Attorney-in-Fact, a person who will take care of your financial affairs while you are alive, or, alive and incapacitated. Again it is common, but not required, to name your spouse as the primary Attorney-in-Fact under the power of attorney. Please provide the address for these people.

Primary

Primary's address / phone

Secondary

Secondary's address / phone

Tertiary (optional if spouse is Primary)

Tertiary's address / phone

If you are naming a couple as your secondary option, may they have the authority to act independently?  Yes  No

**Health Care Directive (Living Will):** As a part of your estate plan, we will include a Health Care Directive. Consider whether you want any special instructions if you are incapacitated, in terms of the extent of care you wish to be administered (see suggested language below, this can be altered if necessary). Also consider any special funeral instructions you wish to have followed (cremation, burial location, etc). It is common, but not required, to name your spouse as the primary.

Primary

Primary's address / phone

Secondary

Secondary's address / phone

Tertiary (optional if spouse is Primary)

Tertiary's address / phone

Funeral instructions? List if you have any such instructions:

Would you like to donate your organs? Self:  Yes  No Spouse:  Yes  No

Include the following language?  Yes  No Let us know whether you would like to change any of the language:

“Terminal condition” means an incurable or irreversible condition that is expected to result in death and for which the administration of medical treatment will serve only to prolong the dying process. If in the opinion of my attending physician, confirmed by the opinion of a second physician, I am in a terminal condition or in a persistent vegetative state, 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. 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 if it exceeds accepted protocol or may hasten my death.

**Special Gifts:** Your will is an excellent time to make special gifts of money to charities or worthwhile institutions. If you are charitably-minded and would like to designate such special gifts, list them below:

**Beneficiaries:** You should decide how your assets should be disbursed if all of the beneficiaries of the trust predecease you. (E.g.: If your spouse and children all predecease you, how should your assets be divided?) You may designate dollar amounts for each beneficiary or divide your assets by percentage.

**Children:** Please list below your children's full names with their dates of birth. If biological parents differ, please indicate and we will discuss at the initial conference.

Full name	Date of birth	Other parents if not current spouse
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**Grandparents:** Are your parents, the children's grandparent's still living? If so, do you wish to include the following language in your will?  Yes  No Let us know whether you would like to change any of the language

"To encourage visits with the grandparents of any child of mine at a time and place mutually agreeable to all parties."

**Disbursement of trust assets:** If you currently have children under age 21, we may advise the use of testamentary trust language. If so, we will discuss at our initial conference what guidelines you may want to give your Trustee regarding the use of funds within the Trust. Below, please provide any specific guidelines that you might currently anticipate or special instructions you would want your Trustee to follow regarding the use of Trust funds.

**Finances:** During our initial conference we will go into more detail on the information you provide on this page including analysis of estate taxes, probate or probate exceptions. To give the best legal advise, please provide the following:

<b>Real property</b>	Self own	Spouse owns	Jointly owned
County where located	Fair market value	Fair market value	Fair market value

<b>Life insurance</b>	Self	Spouse	Is Spouse Primary	Are Children
Insurance company name	Death benefit	Death benefit	Beneficiary	Secondary

<b>Financial Assets</b>	Self own	Spouse owns	Jointly owned	
Name of institution	Current Value	Current Value	Current Value	Type

<b>Other Assets</b>	Self own	Spouse owns	Jointly owned
Value greater than \$75,000	Current Value	Current Value	Current Value

You own	Spouse owns