



## Minnesota Estate Planning Guide

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# ESTATE PLANNING

You have worked hard to build your assets and to provide a level of financial security for yourself and your loved ones. Now you want to make sure your assets pass on to your loved ones and/or favorite charities in accordance with your wishes.

When many people hear “estate planning,” they think of “tax planning.” Indeed, an estate plan can minimize estate and other transfer taxes. One of the most important aspects of estate planning, however, is transferring assets from one generation to another with as little family conflict as possible. By taking steps now, you can specify exactly how your assets should be distributed, thus minimize any conflict among surviving family members.

Part of good planning may involve considering how you wish to be remembered. Many people wish to leave a legacy by providing for a charitable organization, foundation, or cause which they have come to believe in and support.

Having a good plan in place may avoid the costs, publicity, and delays of a formal probate. An estate plan may employ many strategies, from very simple to very complex, which allow one to protect, preserve, and manage his or her estate. 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 time, headaches, and money down the road.

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

Please review and complete the Estate Planning Guide and bring it with you to your upcoming appointment with an Eckberg Lammers estate planning attorney.

# PERSONAL INFORMATION

Note: Please use middle initials in all names

## Individual

<b>Full Name</b>			
Address			
City	State	ZIP	
County			
Phone	Date of Birth		
E-mail			
Employer			

I **do** **do not** authorize Eckberg Lammers to send me emails regarding my file.

I **do** **do not** authorize Eckberg Lammers to send me marketing emails.

## Spouse (if applicable)

<b>Full Name</b>			
Address			
City	State	ZIP	
County			
Phone	Date of Birth		
E-mail			
Employer			

I **do** **do not** authorize Eckberg Lammers to send me emails regarding my file.

I **do** **do not** authorize Eckberg Lammers to send me marketing emails.

## Referral Source

How did you hear about Eckberg Lammers Estate Planning services?

Friend \_\_\_\_\_

Advertisement

Attorney \_\_\_\_\_

Other \_\_\_\_\_

Financial Professional \_\_\_\_\_

Website

# FAMILY INFORMATION

## Children

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 by name 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.*

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

**Check here** if you have additional children.

# REPRESENTATION & INSTRUCTIONS (Individual)

## Guardian

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.*

	Name	Relationship to you
<b>Guardian</b>		
<b>Co-Guardian (OPTIONAL)</b>		
<b>First Alternate</b>		
<b>Second Alternate</b>		

## 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.*

	Name	Relationship to you
<b>Personal Rep.</b>		
<b>Co-Personal Rep. (OPTIONAL)</b>		
<b>First Alternate</b>		
<b>Second Alternate</b>		

## Trustee

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.*

	Name	Relationship to you
<b>Trustee</b>		
<b>Co-Trustee (OPTIONAL)</b>		
<b>First Alternate</b>		
<b>Second Alternate</b>		

# REPRESENTATION & INSTRUCTIONS (Individual)

## Financial Power of Attorney

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.*

<b>Attorney-in-fact</b> <small>(if not already provided)</small>	Name	Relationship to you		
	Address			
	City	State	ZIP	
	Phone			

<b>Co-Attorney-in-fact</b> <small>(OPTIONAL)</small> <small>(if not already provided)</small>	Name	Relationship to you		
	Address			
	City	State	ZIP	
	Phone			

<b>First Alternate</b> <small>(if not already provided)</small>	Name	Relationship to you		
	Address			
	City	State	ZIP	
	Phone			

<b>Second Alternate</b> <small>(if not already provided)</small>	Name	Relationship to you		
	Address			
	City	State	ZIP	
	Phone			

# REPRESENTATION & INSTRUCTIONS (Individual)

## Health Care Representative

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

<b>Health Care Agent</b>	Name	Relationship to you		
	Address (if not already provided)			
	City	State	ZIP	
	Phone			

<b>Co-Health Care Agent (OPTIONAL)</b>	Name	Relationship to you		
	Address (if not already provided)			
	City	State	ZIP	
	Phone			

<b>First Alternate</b>	Name	Relationship to you		
	Address (if not already provided)			
	City	State	ZIP	
	Phone			

<b>Second Alternate</b>	Name	Relationship to you		
	Address (if not already provided)			
	City	State	ZIP	
	Phone			

# REPRESENTATION & INSTRUCTIONS (Individual)

## Prolonged Health Care and Death

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.

## Life Support

If life support has been started, I give my health care representative authority to remove it if there is no reasonable expectation that I will recover to live a meaningful life.

- Yes.
- No.

## Organ Donation

What are your preferences on organ donation?

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

Special instructions: \_\_\_\_\_

## Cremation

What are your preferences on cremation?

- I do wish my remains to be cremated.
- I do not wish my remains to be cremated.

## Special Health Care Instructions (optional)

If desired, please name your preferred treating physician: \_\_\_\_\_

Do you have a preference as to where you'd like to be treated (name the hospital, clinic or hospice care): \_\_\_\_\_

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

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

Do you have any special wishes or instruction for your burial, interment or disposition of your ashes (provide details): \_\_\_\_\_

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



# REPRESENTATION & INSTRUCTIONS (Spouse)

Note: If both the individual and spouse have the same appointees (aside from spouse), please check here  to skip to page 13.

## Guardian

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.

	Name	Relationship to you
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<b>Second Alternate</b>		

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	Name	Relationship to you		
<b>Attorney-in-fact</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>Co-Attorney-in-fact (OPTIONAL)</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>First Alternate</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>Second Alternate</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

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Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>Co-Health Care Agent (OPTIONAL)</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>First Alternate</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

	Name	Relationship to you		
<b>Second Alternate</b>				
Address (if not already provided)				
City	State	ZIP		
Phone				

# REPRESENTATION & INSTRUCTIONS (Spouse)

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- Yes.
- No.

## Organ Donation

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Special instructions: \_\_\_\_\_

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## Special Health Care Instructions (optional)

If desired, please name your preferred treating physician: \_\_\_\_\_

Do you have a preference as to where you'd like to be treated (name the hospital, clinic or hospice care): \_\_\_\_\_

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

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

Do you have any special wishes or instruction for your burial, interment or disposition of your ashes (provide details): \_\_\_\_\_

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

# 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

### Savings & Checking Accounts

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

### Certificates of Deposit

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

### Life Insurance & Annuities

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

### Non-Retirement Investments (stocks, bonds, mutual funds, etc.)

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

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

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

### Health Savings Account

Financial Institution	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

# FINANCIAL INFORMATION

## Assets (continued)

Real Estate – Deeds	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

Timeshares	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

Personal Property	Owner	Beneficiary(ies)	Estimated Value
			\$
			\$
			\$
			\$

## Business Ownership

Do you own an interest in a business?    Yes                      No

If so, what is the entity?

- Corporation
- S-Corp
- LLC
- LLP
- Partnership
- Sole Partnership
- Other \_\_\_\_\_

What is your percentage ownership %  and approximate value? \$

Who are other owners/managers? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide business organization documents.

**TOTAL ASSETS**

# FINANCIAL INFORMATION

## Liabilities

	Description	Value
Creditor #1		\$
Creditor #2		\$
Creditor #3		\$
Creditor #4		\$
Creditor #5		\$

**TOTAL LIABILITIES**

**NET WORTH**

(total assets less total liabilities)

# PROFESSIONAL ADVISORS

## Accountant

<b>Name</b>			
Company			
Address			
City	State	ZIP	
Phone	Fax		

## Financial Advisor

<b>Name</b>			
Company			
Address			
City	State	ZIP	
Phone	Fax		

## Insurance – Life

<b>Name</b>			
Company			
Address			
City	State	ZIP	
Phone	Fax		

## Insurance – Property/Casualty

<b>Name</b>			
Company			
Address			
City	State	ZIP	
Phone	Fax		



# ADDITIONAL INFORMATION

Date of Marriage:	<input type="checkbox"/>	N/A
Have you and your spouse signed a premarital agreement? <i>If yes, please bring a copy of it to the meeting</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Have you (or your spouse) been divorced? <i>If yes, please bring a copy of your divorce decree to the meeting</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Have you ever lived in a state which has a community property law? <i>If yes, please X the state(s) in which you lived: Wisconsin, Arizona, California, Texas, New Mexico, Washington, Louisiana, Nevada, Idaho</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Do you have a marital property agreement?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Do you (or your spouse) wish to make charitable contributions with your Will or Trust?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Do you (or your spouse) now have a Will or Trust?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Are you (or your spouse) now a beneficiary or Trustee of any Trust?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Do you (or your spouse) own real estate located in a state other than Minnesota?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Do you (or your spouse) own real estate located outside the U.S.?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Are you a U.S. citizen?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Are you a citizen of any other country? <i>If yes, please list country(ies) of citizenship:</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Is your spouse a U.S. citizen?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Is your spouse a citizen of any other country? <i>If yes, please list country(ies) of citizenship:</i>	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Have you (or your spouse) ever completed gifts in amounts greater than \$17,000 per individual, per year (or the latest annual exclusion amount)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
Have you (or your spouse) ever completed a gift tax return?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.



# FAMILY INFORMATION

## Children

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 by name 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.*

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

<b>Name of Child</b>			
Address			
City	State	ZIP	
Phone	Date of Birth		

**Check here** to navigate to next section