



## ESTATE PLAN INTAKE

### CONTACT INFORMATION

<b>Full Legal Name:</b>	(First, M.I., Last)	(First, M.I., Last)
<b>Preferred Phone Number:</b>	(Cell, Work, or Home)	(Cell, Work, or Home)
<b>Email Address:</b>	If this is a work email, may we email you at this address? Yes ____ No ____	If this is a work email, may we email you at this address? Yes ____ No ____
<b>Date of Birth:</b>		
<b>Address:</b>		<b>County:</b>

### CHILDREN please list all, use back page or attach a separate page if more space is needed

Full Legal Name	Address	Phone Number	Date of Birth

### CURRENT DOCUMENTS Check if you have any of the following estate documents currently in existence: (If yes, please indicate what type.)

- Trust
- Will
- Power of Attorney
- Health Care Directive

**ASSETS:**

Description:	Value:
Home: (Address) _____ _____ _____	\$ _____
Other Real Estate: (Address) _____ _____	\$ _____
Business Ownership (Name of Entity): _____	\$ _____
Bank Accounts (Checking and/or Savings. Please list)  Checking: _____ _____ Savings: _____ _____	\$ _____
Non-Retirement Investment Accounts: _____ _____	\$ _____
Retirement Accounts (401(k), IRA, etc. Please list) 401(k): _____ _____ IRA: _____ _____ Other: _____ _____	\$ _____
Life Insurance (Death Benefit) _____ _____	\$ _____
Personal Property (vehicles, collections, equipment) _____ _____ _____	\$ _____  \$ _____

Other Assets (Describe) _____ _____	\$ _____ \$ _____
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**FIRST DISTRIBUTION/PRIMARY BENEFICIARY** Would you like all of your assets distributed to your spouse upon your death, if applicable?

- Yes
- No

If no, please indicate how you would like your assets distributed below:

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**DISPOSITION/BENEFICIARY(IES)** How would you like your assets distributed upon both of your deaths (or upon your death if unmarried)? May list specific assets to be distributed or may indicate how you would like all assets distributed. Please fill in only those options which are relevant.

<b>To Children</b>	<input type="checkbox"/> Equal Percentage:  <input type="checkbox"/> Other: _____ _____ _____ _____	Names of Children:
<b>To Grandchildren</b>	Amount or Percentage:	Names of Grandchildren:
<b>To Other(s)</b>	Amount or Percentage:	Names:
<b>Specific Gift</b>	Item/Amount:	To Whom:

<b>Charitable Gift</b>	Amount or %	To Whom:
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**FINAL DISPOSITION:** Please indicate how you would like your assets distributed in the event that you AND all of your named beneficiaries are unable to receive the estate. While we realize this is unlikely, it allows you to direct disposition of your assets.

- Half goes to my family and half to my spouse's family.
- Distributed to the following Charities: \_\_\_\_\_  
\_\_\_\_\_
- Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

**TRUST** Do you wish to have a trust established for the benefit of your children or other beneficiaries? A Trust holds and manages the assets for your children or other beneficiaries. If you do not establish a Trust, beneficiaries will inherit and have full discretion over the funds at age 18.

- Outright to Beneficiaries immediately upon passing
- Held as one pot trust to be distributed based on a beneficiary's individual needs and divided into sperate shares at age 18, to be distributed at ages 25, 30 and 35.
- Held as separate shares in Trust for Beneficiaries to be distributed to the individuals at ages 25, 30, and 35
- Held in Trust for Beneficiaries to be distributed at the following ages or intervals (please specify): \_\_\_\_\_

**TRUSTEE:** Who would you like to serve as Trustee of the Trust? If a Trust is indicated, a Trustee must be listed. See the Fiduciary Appointments page attached for a description of a Trustee's duties.

First Choice:

<b>Name(s):</b>
<b>Address:</b>

Second Choice (Alternate):

<b>Name(s):</b>
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Address:

**GUARDIANS** Who would you like to name as guardian of your minor children? A guardian has physical and legal control over your children until they reach the age 18. Assumes both parents are unable to care for the children. Please see the attached Fiduciary Appointments description for more details.

Client #1 First Choice:

Client #2 First Choice:

Name(s):	Name(s):
Address:	Address:
Relationship (if any):	Relationship (if any):

Client #1 Second Choice:

Client #2 Second Choice:

Name(s):	Name(s):
Address:	Address:
Relationship (if any):	Relationship (if any):

**PERSONAL REPRESENTATIVE:** Who should be listed as your Personal Representative?

A Personal Representative is listed to probate the Will and administer the estate. Please see the attached Fiduciary Appointments page for a more detailed listing of the responsibilities of the Personal Representative.

Client #1 First Choice (spouse is typically named first):

Client #2 First Choice:

Name(s):	Name(s)
Address:	Address:

Client #1 Alternate:

Client #2 Alternate:

Name(s):	Name(s):
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<b>Address:</b>	<b>Address:</b>
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Client #1 Second Alternate:

Client #2 Second Alternate:

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>

**POWER OF ATTORNEY** Who would you like listed as the Attorney-in-Fact to be included in your Power of Attorney? For a more specific listing of the duties of an Attorney-in-Fact, please see the attached Fiduciary Appointments page of this worksheet.

Client #1 First Choice (spouse is typically named first):

Client #2 First Choice

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>

Client #1 Alternate:

Client #2 Alternate:

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>

Client #1 Second Alternate:

Client #2 Second Alternate:

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>

**HEALTH CARE DIRECTIVE** Please indicate here whom you would like designated as your Health Care Agent, if you are interested in having a Health Care Directive prepared. For a more specific listing of the duties of a Health Care Agent, please see the attached Fiduciary Appointments page of this worksheet.

Client #1 First Choice (spouse is typically named first):

Client #2 First Choice:

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>

Client #1 Alternate:

Client #2 Alternate:

<b>Name(s):</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>

**OTHER** Are there any other issues, concerns, or directives you would like included in your plan which have not been discussed? If so, please indicate here:

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Do you have a Financial Planner, Investment Advisor, Insurance Agent, or Accountant? If yes, please list:

<b>Name(s):</b>
<b>Address:</b>
<b>Phone Number:</b>

<b>Name(s):</b>
<b>Address:</b>
<b>Phone Number:</b>



**Rinke Noonan Attorneys at Law**  
**P.O. Box 1497**

St. Cloud, MN 56302-1497  
320.251.6700  
estateplanning@rinkenoonan.com  
www.rinkenoonan.com

### **Fiduciary Appointments**

- 1. Personal Representative.** The Personal Representative is the person who will be responsible to handle your estate. The main tasks of a Personal Representative are to:
  - Work with the attorney to draft and file a petition with the probate court if probate is required under the laws of the state;
  - Determine where your assets are located and collect all of the assets into an efficient form for disposition according to your Will;
  - Create an inventory list of your assets;
  - Clean out your residence and distribute personal property;
  - Set up checking account for the estate;
  - Figure out who is to be distributed what under the Will and how those distributions are to be handled;
  - Locate the beneficiaries named in the Will;
  - Pay ongoing expenses during administration of the assets, such as real estate taxes or maintenance costs for property;
  - Receive payments and cash checks due to the estate, including interest, insurance refunds, and other income;
  - Pay funeral bills, pay medical or other care expenses, pay outstanding debts and the expenses of administering the estate;
  - Handle various paperwork, such as discontinuing utilities and change cards, and notifying Social Security, financial institutions, retirement account administrators, etc.;
  - File and pay income tax return and estate tax return, if necessary; and
  - Transfer the assets to the beneficiaries as specified in the Will

You should designate alternatives if for some reason your chosen Personal Representative can't act for you. If have not named a Personal Representative or all the alternates are unable to act, the probate court will name a person who volunteers to fill this role.

- 2. Trustee.** A Trustee is the person who manages the financial aspects of the estate on an ongoing basis after the estate is administered. A Trustee can be an individual, an institution, such as a bank or trust company, or a combination of both.  
A Trustee is responsible for managing all of the property owned by a trust for the benefit of the trust beneficiaries. The Trustee is responsible to manage the assets, such as real estate, and invest the financial accounts, for the benefit of the beneficiaries you have named. The Trustee may also, depending on the

terms of the document, have discretion as to distribution of the funds. Often with children, the Trustee determines when expenses are reasonable and fields requests for money from the guardian and/or beneficiary. The Trustee then makes those payments to the beneficiary or the institution to be paid. This includes things like payment of tuition, medical and dental bills, ongoing maintenance payments to the guardians for living expenses, etc.

The Trustee can retain third parties to assist with the management of the assets, such as hiring a financial planner to administer the financial accounts or an accountant to file the tax returns, as required.

3. **Guardian.** A Guardian is, by court order, given the legal right to be responsible for the food, health care, housing, and other necessities by your minor children.

When choosing a legal guardian, consider these factors:

- The guardian must be of legal adult in your state (usually 18);
- Be sure that the legal guardian has a genuine interest in and the ability to ensure your children's welfare; and
- Many people consider the age, location, and other lifestyle factors of the Guardian in choosing this fiduciary.

As with your other fiduciary nominations, you should designate alternatives if for some reason your chosen Guardians can't act for you, or fail to qualify. The Guardian may be the same person or a different person than you have named for the other fiduciary positions.

4. **Attorney-in-Fact.** An attorney-in-fact under a Durable Short Form Statutory Power of Attorney is given authority over your personal financial affairs. In effect, the attorney-in-fact can step into your shoes and take whatever investment and spending measures that you would take yourself. This power only exists while you are alive and ceases upon your death (at which time the Personal Representative takes over these duties). This document is generally used in a situation in which you are incapacitated; however, please be aware that the Power of Attorney becomes effective when signed, not upon incapacity.

Your attorney-in-fact is considered a fiduciary and may only act in a manner consistent with your intent. The attorney-in-fact must always act in your best interest and keep your goals and wishes in mind in making any discretionary decision.

This position is designated so that someone will have access to your accounts in the event of your incapacity. Common tasks for which the Power of Attorney is utilized include:

- paying mortgage payments or utility bills;
- obtaining money for continued lifestyle maintenance of your children;
- paying ongoing expenses and collecting income; and
- managing tax or market related issues related to your financial accounts, if you were incapacitated.

As with your other fiduciary nominations, you should designate alternatives if for some reason your chosen attorney-in-fact can't act for you.

5. **Health Care Agent.** The Health Care Agent is responsible for decisions related to your healthcare in the event you are incapacitated. The Agent will have the authority to talk to doctors and other health care professionals, to look at medical records, and to make treatment decisions.

A health care agent typically has the following responsibilities:

- Your Health Care Agent is appointed to make medical decisions in line with your values, goals, and preferences;
- You should inform your healthcare agent of your thoughts and desires with regard to your medical care and ensure that they are willing and able to make decisions consistent with your expectations; and
- Your Health Care Agent must be willing to talk to many health care providers, especially doctors, and go with you to appointments in health care facilities or at your home, and to make final decisions in what may be very difficult situations.

As with your other fiduciary nominations, you should designate alternatives if for some reason your chosen health care agent can't act for you.