

# Minnesota Personal Profile (Estate Planning Intake Form)

## LANGLAIS LAW FIRM, PLLC

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# PERSONAL AND FAMILY INFORMATION

## About You

Your Legal Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

US Citizen  Yes  No - If you are not a U.S. citizen, are you a resident or non-resident alien?  Yes  No

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Business Phone Number: \_\_\_\_\_

Spouse's Legal Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

US Citizen  Yes  No - If you are not a U.S. citizen, are you a resident or non-resident alien?  Yes  No

Spouse's Phone Number: \_\_\_\_\_

Spouse's Email Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_

Date Married: \_\_\_\_\_

Preferred form of communication:

U.S. Mail to your residence  OR Email Address  You /  Spouse

## Your Children and Grandchildren

<b>Child #1 Legal Name</b>			
Address			
City	State	Zip	
Phone Number	County of Residence		
Date of Birth	Social Security Number		

Special Needs:  Medical  Educational  Financial

Married - Spouse's Name \_\_\_\_\_  Divorced  Widowed  Single

<b>Child #2 Legal Name</b>			
Address			
City	State	Zip	
Phone Number	County of Residence		
Date of Birth	Social Security Number		

Special Needs:  Medical  Educational  Financial

Married - Spouse's Name \_\_\_\_\_  Divorced  Widowed  Single

<b>Child #3 Legal Name</b>			
Address			
City	State	Zip	
Phone Number	County of Residence		
Date of Birth	Social Security Number		

Special Needs:  Medical  Educational  Financial

Married - Spouse's Name \_\_\_\_\_  Divorced  Widowed  Single

<b>Child #4 Legal Name</b>			
Address			
City	State	Zip	
Phone Number	County of Residence		
Date of Birth	Social Security Number		

Special Needs:  Medical  Educational  Financial

Married - Spouse's Name \_\_\_\_\_  Divorced  Widowed  Single

**Attach list if needed for additional children.**

## Predeceased Children

Do you have any children who are deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did your child have children? Yes \_\_\_\_\_ No \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## Important Family Questions

Please check "Yes" or "No" to the following set of family questions:

	YES	NO
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you or your spouse making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Have you or your spouse guaranteed any debts of your children?		
Are you or your spouse in control of an UTMA (Uniform Transfers to Minors Accounts) for the benefit of your children or grandchildren? (If yes, may be includible in your taxable estate.)		
Do you or your spouse have any pending litigation against any person or business entity?		



## Distribution of your Estate

### Special Gifts

1. Would you like to make any charitable bequests, such as to a specific charity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide full name, address of organization, and amount of gift:

Name: \_\_\_\_\_

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

Amount of percentage of estate: \_\_\_\_\_

2. Do you wish to make a specific gift to an individual? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Gift #1

Name: \_\_\_\_\_

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

Amount: \_\_\_\_\_ (state sum of money or percentage of estate?)

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

#### Gift #2

Name: \_\_\_\_\_

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

Amount: \_\_\_\_\_ (state sum of money or percentage of estate?)

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

### Residual Gifts

At what age or ages would you want your children or grandchildren to receive your estate property (i.e. 1/3 at age 25, 1/2 at age 30, and remainder at age 35)?

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## Selecting Your Helpers – Your Personal Representative

### 1. Personal Representative - Summary of General Duties

The Personal Representative (Executor or Administrator) is the person you name (nominate) in your Will to handle your estate settlement. You should designate alternatives if for some reason your chosen Personal Representative can't act for you. If your Personal Representative and all the alternatives are unable to act, the probate court will name a person to fill this role.

The main tasks of a Personal Representative are to:

- Obtain the Will and certified copies of the death certificate;
- Locate the beneficiaries named in the Will and all other people who must be notified about the Will;
- Determine if there are any probate assets;
- File a petition with the probate court if probate is required under the laws of the state;
- Identify, gather, and inventory the assets of the deceased;
- Receive payments due the estate, including interest, dividends, and other income;
- Set up a checking account for the estate;
- Figure out who is going to get what and how much under the Will;
- Value or appraise the estate's assets;
- Give legal notice to potential creditors and investigate the validity of all claims against the estate;
- Pay funeral bills, outstanding debts, and valid claims and pay the expenses of administering the estate;
- Handle various paperwork, such as discontinuing utilities and charge cards, and notifying Social Security, Civil Service, and Veterans Administration of the death;
- File and pay income and estate taxes, as necessary; and
- Distribute the remaining property in accordance with the instructions provided in the deceased's Will.

Since your Personal Representative is given access to all property in the probate estate, the selection of a competent and trustworthy person is very important.

### 2. Please provide us with your selection of Personal Representative

**First Choice:** Write, "spouse" if you want your spouse to serve as your personal representative.

	<b>Legal Name</b>			
	Address			
	City	State	Zip	
	Phone Number	Relationship to you		
	Email Address	Phone Number		

**Second Choice (Alternative):**

	<b>Legal Name</b>			
	Address			
	City	State	Zip	
	Phone Number	Relationship to you		
	Email Address	Phone Number		

## Selecting Your Helpers – Your Trustee

### 1. Trustee - Summary of General Duties

A Trustee is the fiduciary put in charge of overseeing the day to day management of property owned by a trust. 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 exact duties of a Trustee will vary based on what assets are owned by the trust. For example, if the trust consists of bank and investment accounts, then the Trustee will be responsible for overseeing these accounts. Or, if the trust owns rental real estate, then the Trustee will be responsible for managing the rental property.

The Trustee can, depending on Minnesota state law and the terms of the trust agreement, delegate certain duties to others, such as hiring a financial advisor to oversee investments or hiring a property manager to oversee rental real estate. But the Trustee must use good judgment and due diligence when delegating duties and must also avoid any conflicts of interest (such as hiring a sibling as the trust's investment advisor) unless the beneficiaries consent.

As with the Personal Representative, you should designate alternatives if for some reason your chosen Trustee can't act for you.

### 2. Please provide us with your selection of Trustee

#### First Choice

<b>Trustee's Legal Name</b>			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Alternative Choice

<b>Trustee's Legal Name</b>			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Second Alternative Choice

<b>Trustee's Legal Name</b>			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		



## Selecting Your Helpers – Your Guardian

### 1. Guardian (you need only consider a guardian if you have minor children) - Summary of General Duties

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

When choosing a legal guardian, consider these factors:

- The guardian must be of legal adult age in your state (usually 18)
- Be sure that the legal guardian has a genuine interest in your children's welfare
- The legal guardian must physically be able to fulfill the responsibilities
- The legal guardian must have enough time to care for your children
- How will the other children/lack of children of the legal guardian affect your children?
- The guardian must be able to afford to raise your children, either through his or her own income or through assets you leave for the care of your children
- The guardian should have similar morals to yours or those you would feel comfortable being instilled in your children

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.

### 2. Please provide us with your selection of Guardian

<b>Legal Name</b>			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Alternative Choice

<b>Legal Name</b>			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

## Selecting Your Helpers – Your Attorney-in-Fact

### 1. Attorney-in-Fact Designated under your Powers of Attorney - Summary of General Duties

An attorney-in-fact under a Durable Short Form Statutory Power of Attorney is appointed to represent you as principal with respect to your 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. Unless limitations have been placed in the power of attorney itself, the attorney-in-fact can open bank accounts, withdraw funds from bank accounts, trade stock, pay bills, and cash checks. All steps taken by the attorney-in-fact must be consistent with his/her role as a fiduciary.

Your attorney-in-fact will be held to the highest standards of good faith, fair dealing and undivided loyalty with respect to you as the principal. The attorney-in-fact must always act in your best interest and keep your goals and wishes in mind in making any discretionary decision.

Your attorney-in-fact only serves while you are alive. Once you are deceased, the attorney-in-fact no longer has any authority to act on your behalf.

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

### 2. Please provide us with your selection of Attorney-in-Fact

**Attorney-in-Fact:** Write, "spouse" if you want your spouse to serve as your attorney-in-fact.

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Successor Attorney-in-Fact:

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Second Successor Attorney-in-Fact (optional):

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

## Selecting Your Helpers – Your Health Care Agent

### 1. Health Care Agent – Summary of General Duties

The health care agent has all the rights you have as principal to talk to doctors and other health care professionals, to look at medical records, and to make treatment decisions. The health care agent does NOT have the power to handle your financial affairs.

A health care agent typically has the following responsibilities:

- Your Health Care Agent must make medical decisions in line with your values, goals, and preferences; Your Health Care Agent should talk over in detail what your wishes for in many different circumstances (the booklets *The Five Wishes*, available at [www.agingwithdignity.org](http://www.agingwithdignity.org), and *Caring Conversations*, available at [www.practicalbioethics.org](http://www.practicalbioethics.org), can guide you in your discussions and assist you in your decision making process);
- 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
- Your Health Care Agent must learn everything he or she can about your condition, treatment options, prospects for recovery, and—if needed—end-of-life choices, such as when to withdraw or withhold certain treatments or when to arrange for palliative or hospice care.

Depending on the circumstances, the job of a health care agent can be very demanding, requiring a lot of time and commitment. As with your other fiduciary nominations, you should designate alternatives if for some reason your chosen health care agent can't act for you.

### 2. Please provide us with your selection of Health Care Agent(s)

**Health Care Initial Agent:** Write, "spouse" if you want your spouse to serve as your initial agent.

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### First Health Care Successor Agent:

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

#### Second Health Care Successor Agent:

Legal Name			
Address			
City	State	Zip	
Phone Number	Relationship to you		
Email Address	Phone Number		

# FINANCIAL INFORMATION

## Assets

Savings & Checking Account	Your Asset	Your Spouses Asset	Joint Tenancy Assets
(Financial Institution)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### Investment Accounts *other than* IRA's and other Tax Qualified Accounts (*Annuities, IRA's and other retirement plan assets should be listed later*)

(Financial Institution)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### Personal Effects

(approximate value, list any valuable art, collectibles, or automobiles separately)

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### Qualified Retirement Plans (IRA, 401K, Pension Plans, Profit Sharing, etc.)

(Financial Institution)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(See page 14 for additional required detail)			

**Life Insurance Policies**

		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

(See page 14 for additional required detail)

**Annuities**

	(Financial Institution)			
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**Business Interests such as Partnership & LLC Interests**

		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**Real Property**

		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**Other Assets**

		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

## Liabilities

<b>Mortgage on Primary Residence</b>	<b>Your Asset</b>	<b>Your Spouses Asset</b>	<b>Joint Tenancy Assets</b>
(Financial Institution)			
	\$	\$	\$
	\$	\$	\$

<b>Mortgage on Secondary Residence(s)</b>			
	(Financial Institution)		
		\$	\$
		\$	\$

<b>Bank Loans</b>			
	(Financial Institution)		
		\$	\$
		\$	\$

<b>Other Debts, Loans, Liabilities</b>			
	(Financial Institution)		
		\$	\$
		\$	\$

## Life Insurance Detail

<u>Company</u>	<u>Date of Issue</u>	<u>Policy #</u>	<u>Term or Whole Life</u>	<u>Amount</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any outstanding loans against any of the above policies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(please provide copies of beneficiary designations)*

## Retirement Plan Benefits Detail

<u>Employer (if applicable)</u>	<u>Type of Plan</u>	<u>Where Invested</u>	<u>Account Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*(please provide copies of beneficiary designations)*

