



# CHESLEY, KROON, HARVEY & CARPENTER, PLLP

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75 Teton Lane, PO Box 327  
Mankato, Minnesota 56002

Telephone: (507) 625-3000  
Toll Free: (877) 599-5550  
Facsimile: (507) 625-2002

[www.katolaw.com](http://www.katolaw.com)

## ATTORNEYS AT LAW

ROBERT H. CHESLEY  
RUTH M. HARVEY  
JENNIFER S. HOMER

HERBERT C. KROON\*  
J. CHRIS CARPENTER

CHARLES W. INGMAN (1953-1996)

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## LEGAL PLANNING INFORMATION

This is a **confidential** estate planning worksheet designed to gather the basic information we need to begin the process of preparing your estate plan. We will use this information to make recommendations about the structure of your estate in light of possible medical and long-term care needs, potential long-term disabilities, and, eventually, death. The information that you provide will be strictly confidential. In order to represent your interests adequately in these matters, we must have the most detailed, up-to-date information possible.

We realize that some of the information requested in this worksheet may not apply to your situation, and you should fill out only those portions of the worksheet that apply to you. We also realize that you might not be able to supply all of the information requested in a perfectly accurate or up-to-date form. If information is currently unavailable, or if locating the information will take a great deal of time, we can begin our discussions with the information that you do provide and locate the other items at a later date.

We will review the information contained in this form during your initial consultation. This will enable us to focus on the substance of your estate planning enabling us to streamline the time-consuming process of gathering information.

**IF YOUR APPOINTMENT IS TO DISCUSS MATTERS REGARDING SOMEONE OTHER THAN YOURSELF, COMPLETE THIS FORM WITH THAT PERSON'S INFORMATION.**

If assistance is needed to complete the form, please call.

**PLEASE PRINT OR TYPE WHEN COMPLETING THIS FORM.**

**We look forward to meeting with you soon.**

CONFIDENTIAL LEGAL PLANNING INFORMATION

**PERSONAL DATA:**

Name \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Retirement date \_\_\_\_\_ Retirement date \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Type of residence: \_\_\_\_\_ Type of residence: \_\_\_\_\_

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| _____ Rent home/ apartment        | _____ Rent home/ apartment        |
| _____ Own home                    | _____ Own home                    |
| _____ Assisted Living             | _____ Assisted Living             |
| _____ Nursing home/ Care facility | _____ Nursing home/ Care facility |

Date of hospital/ nursing home admission, if applicable \_\_\_\_\_

Has either spouse been in a hospital or nursing home or combination of both for 30 days or more, since October 1, 1989? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please list date of admission. \_\_\_\_\_

Have you ever completed an Asset Assessment for the County? \_\_\_\_\_  
If so, please bring a copy of the form with you to your conference.

Were you referred to our office? If so, by whom? \_\_\_\_\_

**IF YOUR FAMILY MEMBER IS IN A NURSING HOME OR IS RECEIVING HOME HEALTH SERVICES, PLEASE ALSO COMPLETE THE NURSING HOME SUPPLEMENT ON PAGE 16.**

CONFIDENTIAL LEGAL PLANNING INFORMATION

**FAMILY DATA:**

Date of marriage: \_\_\_\_\_ Previously married? \_\_\_\_\_

Children:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_

Work Telephone No. (\_\_\_\_) \_\_\_\_\_

Spouse's name \_\_\_\_\_

Names of children and dates of birth

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_

Work Telephone No. (\_\_\_\_) \_\_\_\_\_

Spouse's name \_\_\_\_\_

Names of children and dates of birth

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_

Work Telephone No. (\_\_\_\_) \_\_\_\_\_

Spouse's name \_\_\_\_\_

Names of children and dates of birth

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_

Work Telephone No. (\_\_\_\_) \_\_\_\_\_

Spouse's name \_\_\_\_\_

Names of children and dates of birth

\_\_\_\_\_

\_\_\_\_\_

**Continue on back if more space is needed.**

CONFIDENTIAL LEGAL PLANNING INFORMATION

Do you or your spouse have children by a previous marriage? \_\_\_\_\_  
If so, please list names \_\_\_\_\_

Do you or your spouse have any children who died leaving children of their own? \_\_\_\_\_

Do you or your spouse have any children who are permanently and totally disabled? \_\_\_\_  
If so, please list the name and disability \_\_\_\_\_

Does the child receive either SSI or Social Security Disability benefits? \_\_\_\_\_

Do you have special financial or caregiving responsibility for any family members (aging parents, disabled children or grandchildren, or other relatives)? \_\_\_\_\_

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? \_\_\_\_\_

In your household:

Who pays the bills? \_\_\_\_\_

Who balances the checkbook? \_\_\_\_\_

Who decides how to invest? \_\_\_\_\_

**DECISION-MAKERS, CONSULTANTS:**

If you were in a hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care? (List in order of priority.)  
\_\_\_\_\_

Who knows best how you like to live and would help you if you were incapacitated?  
\_\_\_\_\_

If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions, and carry out other transactions for you?  
\_\_\_\_\_

With whom do you consult about investment decisions? \_\_\_\_\_

Who is your insurance agent? \_\_\_\_\_

**Location of important papers:** \_\_\_\_\_

**HEALTH AND LONG-TERM CARE INSURANCE:** (include name and address of provider and monthly premiums)

	<b>Husband</b>	<b>Wife</b>
Medicare	_____	_____
Health insurance from employer	_____	_____
Other health insurance	_____	_____
Medicare Supplement	_____	_____
Long-term care insurance	_____	_____

CONFIDENTIAL LEGAL PLANNING INFORMATION

**TRANSFERS:**

Please give details concerning any transfers, gifts, or sales of cash or other property that you or your spouse has made in the last five years, including outright gifts and the additions of someone's name to bank accounts or title to real estate.

<b>Donor</b>	<b>Recipient</b>	<b>Type of asset transferred</b>	<b>Date of transfer</b>	<b>Value of asset at time of transfer</b>
1.				
2.				
3.				
4.				
5.				

**ESTATE PLANNING:**

	<u><b>Date Made</b></u>	<u><b>Location of Original</b></u>
Will:		
Husband	_____	_____
Wife	_____	_____
Trust:		
Husband	_____	_____
Wife	_____	_____
Power of Attorney:		
Husband	_____	_____
Wife	_____	_____
Living Will/Health Care Declaration:		
Husband	_____	_____
Wife	_____	_____
Health Care Directive:		
Husband	_____	_____
Wife	_____	_____

I am the legally appointed guardian of \_\_\_\_\_

I have been appointed under a power of attorney \_\_\_\_\_

I am serving as executor or administrator of an estate \_\_\_\_\_

I have or will be signing health care contracts for \_\_\_\_\_

I am obligated on other legal contracts or documents \_\_\_\_\_

I am involved in a lawsuit \_\_\_\_\_

CONFIDENTIAL LEGAL PLANNING INFORMATION

**If you have prepared or signed any of the following documents, please bring a copy of that document with you to your initial conference, including:**

1. Wills and Codicils.
2. Trust Agreements.
3. Powers of attorney.
4. Health Care Directives, Living Wills or Health Care Declaration, Power of Attorney for Health Care, etc.
5. Real Estate documents for all properties in which you have an interest, including deeds, current property tax statements and contracts for deed.
6. Monthly, quarterly, or yearly statements for all bank and other accounts, business contracts, promissory notes, etc.
7. Burial contracts and burial plots, or photocopies of these items to the meeting.
8. Brokerage statements for stocks, bonds, and securities.
9. Current life insurance and annuity statements.
10. Divorce decrees, prenuptial agreements.
11. Guardianship/conservatorship documents.
12. Employee or retiree benefit statements.
13. Admission agreements to hospital and health facilities.
14. Asset Assessment form if completed for the County.
15. Any other documents that you feel are relevant or about which you have specific questions.

**Legal concerns and goals:**

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CONFIDENTIAL LEGAL PLANNING INFORMATION

**FINANCIAL INFORMATION:**

**Please read these instructions. They will help you complete this form.**

1. If you do not know the exact value of an asset, a reasonable estimate will be sufficient to allow the planning process to begin.
2. Each table has two columns for you to list the **value** of your assets. If you or your spouse has been admitted to a nursing home or hospital and stayed in one or the other facility or both for more than 30 days, you should list the value of the assets as of the date of the admission to the nursing home or hospital, whichever occurred first. This amount goes under the column titled "NH Admit." In the column titled "Current Balance" you should list the current value of your assets. If you have given any financial information to a social worker, either at a nursing home or at the county, please bring to our conference a copy of the information that you gave that person.
3. You must clearly state who owns each asset by writing the full name of each person with an ownership interest in the space provided. If you know if the property is owned in joint tenancy, tenancy in common, or with a life estate, please indicate which ownership classification applies. Also, if any bank or other investment account lists beneficiaries, please state who the beneficiaries are.
4. IRA accounts and other retirement plans should be listed in the section specified for those assets on page 12, regardless of the investment vehicle. For instance, if you have an IRA invested in a certificate of deposit or an annuity contract, list the IRA under the retirement plan section on page 12, and do not list it under the certificate of deposit or annuity sections.
5. If you find there is not enough space for a full listing of a particular type of asset on this form, page 13 has additional space for you to continue your list.

**RESIDENCE:**

Description of property \_\_\_\_\_  
Names as they appear on the deed \_\_\_\_\_  
Date acquired \_\_\_\_\_ Purchase price \_\_\_\_\_

**Other real property:**

1. **Description of property** \_\_\_\_\_  
Names as they appear on the deed \_\_\_\_\_  
Date acquired \_\_\_\_\_ Purchase price \_\_\_\_\_  
Current estimated market value \_\_\_\_\_ Mortgage balance \_\_\_\_\_  
**If rental property:** Monthly rent received \_\_\_\_\_ Monthly property tax \_\_\_\_\_  
Monthly property insurance premium \_\_\_\_\_ Average monthly maintenance costs \_\_\_\_\_

CONFIDENTIAL LEGAL PLANNING INFORMATION

**2. Description of property** \_\_\_\_\_  
 Names as they appear on the deed \_\_\_\_\_  
 Date acquired \_\_\_\_\_ Purchase price \_\_\_\_\_  
 Current estimated market value \_\_\_\_\_ Mortgage balance \_\_\_\_\_  
**If rental property:** Monthly rent received \_\_\_\_\_ Monthly property tax \_\_\_\_\_  
 Monthly property insurance premium \_\_\_\_\_ Average monthly maintenance costs \_\_\_\_\_

**3. Description of property** \_\_\_\_\_  
 Names as they appear on the deed \_\_\_\_\_  
 Date acquired \_\_\_\_\_ Purchase price \_\_\_\_\_  
 Current estimated market value \_\_\_\_\_ Mortgage balance \_\_\_\_\_  
**If rental property:** Monthly rent received \_\_\_\_\_ Monthly property tax \_\_\_\_\_  
 Monthly property insurance premium \_\_\_\_\_ Average monthly maintenance costs \_\_\_\_\_

**PERSONAL PROPERTY: (Cars, RVs, Boats, etc.)**

Description of Property	Estimated Value	Owners as listed on the title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contracts for Deed Addresses for Property Sold	Name of Seller(s)	Monthly Payment Received	Value as of Hospital/ NH Admission	Current Value
1.			\$	\$
2.			\$	\$
<b>Total</b>		\$	\$	\$

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>Checking Accounts</b> Bank Name	Name of Owner(s)	Interest Rate	Balance on NH Admit	Current Balance
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
<b>Savings/Money Market Accounts</b> Bank Name	Name of Owner(s)	Interest Rate	Balance on NH Admit	Current Balance
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
<b>Total</b>			\$	\$

<b>Certificates of Deposit</b> Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
<b>Total Balance</b>				\$	\$

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>Treasury Bills</b> Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date & Interest Rate	Balance on NH Admit	Current Balance
1.			%	\$	\$
2.			%	\$	\$
3.			%	\$	\$
4.			%	\$	\$
<b>Government Bonds</b> Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date & Interest Rate	Balance on NH Admit	Current Balance
1.			%	\$	\$
2.			%	\$	\$
3.			%	\$	\$
4.			%	\$	\$
<b>Total Balance</b>				\$	\$

<b>Other Bonds &amp; Notes</b>	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
<b>Total Balance</b>				\$	\$

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>Stocks</b> Corporation Name	Name of Owner(s)	Number of Shares	Purchase Price	Value on NH Admit	Current Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>Total value</b>			\$	\$	\$

<b>Business Interests</b> Names of partnerships, sole proprietorships, or corporations in which you have an interest	Type of business and location and name of owner(s)	Estimated value
1.		
2.		
3.		

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>IRAs, Keoghs, Profit Sharing, 401K, and Other Retirement Plans</b> Company Name	Name of Owner(s)	Name of Beneficiary	Type of plan or IRA	Balance on NH Admit	Current Balance
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.					
6.					
<b>Total Balance</b>				\$	\$

<b>Life Insurance</b> Company name	Name of Owner and name of insured, if different from owner	Name of Beneficiary	Face Amount: Loan amount if any	<u>Cash Surrender Value</u>	
				NH Admit	Current
1.			\$	\$	\$
			\$		
2.			\$	\$	\$
			\$		
3.			\$	\$	\$
			\$		
4.			\$	\$	\$
			\$		
5.			\$	\$	\$
			\$		
6.			\$	\$	\$
			\$		
<b>Total Values</b>			\$	\$	\$

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>Annuity Contracts</b> Company name	Name of Owner and name of annuitant, if different from owner	Name of Beneficiary	Face Amount	<u>Cash Surrender Value</u>	
				NH Admit	Current
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
<b>Total cash surrender value</b>				\$	\$

<b>Additional Space for Other Assets</b> Type of Asset and Company Name	Name of Owner(s) and Beneficiaries	Interest Rate	Balance on NH Admit	Current Balance
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
5.		%	\$	\$
6.		%	\$	\$
7.		%	\$	\$
8.		%	\$	\$
9.		%	\$	\$
10.		%	\$	\$
<b>Total Value</b>			\$	\$

CONFIDENTIAL LEGAL PLANNING INFORMATION

<b>SUMMARY OF ASSETS AND VALUES (from previous pages)</b>	<b>Total Value for each category</b>	
	<b>NH Admit</b>	<b>Current</b>
Non-residential real property	\$	\$
Personal property other than one excluded vehicle and household furnishings	\$	\$
Contracts for deed	\$	\$
Checking and savings accounts	\$	\$
Certificates of deposit	\$	\$
Treasury Bills	\$	\$
Government Bonds	\$	\$
Other bonds and notes	\$	\$
Stocks	\$	\$
Business interests	\$	\$
Cash surrender value of life insurance policies	\$	\$
Annuity contracts	\$	\$
Retirement accounts (IRAs, Keoghs, 401(k)s, etc.)	\$	\$
Additional assets	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

<b>Debts and Liabilities</b>	To Whom owned	Due date	Monthly payment	Balance due
Mortgages				\$
Notes				\$
Car Payments				\$
Loans on insurance				\$
Other				\$
<b>Total Indebtedness</b>				<b>\$</b>

CONFIDENTIAL LEGAL PLANNING INFORMATION

**Financial obligations arising from dissolution of marriage or support actions:** \_\_\_\_\_

**Inheritance:** Do you or your spouse expect an inheritance? \_\_\_\_\_

**Burial/Funeral Expenses:**

Have you or your spouse prepaid your funeral expenses? \_\_\_\_\_

Have you purchased burial plots, caskets, vaults, etc? \_\_\_\_\_

How much did you spend for each funeral? \_\_\_\_\_

The money is invested in:  Irrevocable funeral trust agreement  life insurance  annuity  
(check all that apply)

<b>MONTHLY INCOME:</b>	<b>Husband</b>	<b>Wife</b>	<b>Joint</b>
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, annuities, etc.	_____	_____	_____
Rents	_____	_____	_____
Business interests	_____	_____	_____
Interest & Dividends	_____	_____	_____
Other	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____

What sources of income have a benefit for the surviving spouse? \_\_\_\_\_

**MONTHLY SHELTER EXPENSES FOR HOME:**

Rent or mortgage payments, including principal and interest \_\_\_\_\_

Real property taxes \_\_\_\_\_

Homeowner's insurance \_\_\_\_\_

Required maintenance charges for a cooperative or condominium \_\_\_\_\_

Do you pay heating and/or cooling (in addition to rent or association fee, if applicable)? \_\_\_\_\_

If you do not pay heating and/or cooling, do you pay for electricity (in addition to rent or association fee)? \_\_\_\_\_

CONFIDENTIAL LEGAL PLANNING INFORMATION

**NURSING HOME SUPPLEMENT**

Please complete the following if your family member is currently residing in a nursing home.

1. Nursing home \_\_\_\_\_
2. Nursing home address \_\_\_\_\_
3. Nursing home telephone number \_\_\_\_\_
4. Nursing home manager \_\_\_\_\_
5. Date of admission (if family member was admitted to a hospital and then transferred to a nursing home, state date of admission to hospital) \_\_\_\_\_
6. Current case mix classification \_\_\_\_\_
7. Daily nursing home rate \_\_\_\_\_
8. Long term care insurance carrier and daily benefit \_\_\_\_\_
9. Cost of nursing home per month \$ \_\_\_\_\_  
Medical insurance \$ \_\_\_\_\_  
Physician and other costs \$ \_\_\_\_\_  
Special expenses, e.g., oxygen, etc. \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_  
**Total Expenses** \$ \_\_\_\_\_
10. Doctor's name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Physical and mental condition of family member in nursing home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_