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CHARLES W. INGMAN (1953-1996)

CLIENT ESTATE PLAN INFORMATION

1. PERSONAL INFORMATION			
Your Legal Name: (First) (Middle Init.) (Last)			
Home Address (Street):			
City:	State:	Zip:	County:
Soc. Sec. No.:	Date of Birth:	Home Phone:	
Employer:	Position:	Work Phone:	
Spouse's Legal Name: (First) (Middle Init.) (Last)			
Soc. Sec. No.:	Date of Birth:	Home Phone:	
Employer:	Position:	Work Phone:	

2. Marital Information	
Date of Marriage:	Place of Marriage:
Previous Marriage (You):	Previous Marriage (Spouse):

3a. Children of Present Marriage		
List all children, living and deceased. Put a "D" and the date of death next to any children's names that are deceased. Please indicate if any deceased child has any surviving children. Also indicate if any children are adopted and give the date of adoption.		
Legal Name (First, MI, Last)	Address	Birthdate

3b. Children from a Previous Marriage			
Legal Name (First, MI, Last)	Address	DOB	Parent

3c. Grandchildren			
Legal Name (First, MI, Last)	Address	DOB	Parent Name

4a. SPECIAL NEEDS BENEFICIARIES	
Do any of your beneficiaries require special attention? Think, for example, about their health and general financial status, including needs and prospects.	
Legal Name of Beneficiary	Special Attention Need

4b. DISTRIBUTION PLANNING

In general, to whom and how do you want your property distributed upon your death? Think about family members, friends, former benefactors and charities such as public benefit nonprofit organizations, educational or religious organizations.

Consider to whom your property should go if your first-choice beneficiaries do not survive you, or – if your property is left in trust – if they do not survive until complete distribution is made (e.g. charities, spouse, siblings, or child etc.)

First to my spouse, then to my children

Other Instructions:

Empty form area for providing other instructions.

5. GUARDIANS, TRUSTEES, AND PERSONAL REPRESENTATIVES

Please give name, address, and relationship, if any, of your chosen fiduciaries listed below.

Guardian of your Children

1 st Choice: (First, MI, Last name)	Address:	Relationship:
2 nd Choice:	Address:	

Trustee for Child’s or Family Pot Trust

1 st Choice: (First, MI, Last name)	Address:	Relationship:
2 nd Choice:	Address:	Relationship:

Personal Representative for your Will

1 st Choice: (First, MI, Last name)	Address:	Relationship:
2 nd Choice:	Address:	Relationship:

Trustees for Revocable or other Trusts

1 st Choice: (First, MI, Last name)	Address:	Relationship:
2 nd Choice:	Address:	Relationship:

6. ASSETS AND LIABILITIES	
Description	Amount
a. Cash, CDs, & Bank Balances	
b. Present Annual Income	
c. Securities (Bonds, Marketable Securities, Etc.)	
d. IRA Keogh and/or Other Retirement Plans	
e. Life, Disability, Accident Insurance & Annuities (you)	
f. Life, Disability, Accident Insurance & Annuities (spouse)	
g. Real Estate	
h. Personal Property	
i. Business Interests	
j. Employee Benefits	
k. Misc. (leasehold, oil/mineral rights, memberships, etc.)	
l. Liabilities: Home Mortgage	
m. Other Liabilities	

7. GIFTS YOU HAVE MADE			
Include gifts made between 1932 and 1981 in excess of \$3,000 per year per donee. Include gifts made since 1981 in excess of \$10,000 per year per donee.			
Donor	Donee	Date Given	Value

Additional Information to be Brought to Interview

- **Copies of present Wills.**
- **Summary of life insurance policies and annuity agreements.**
- **Prior gift tax returns, if any.**
- **Copies of trust agreements in which you or your spouse are donor or beneficiary.**
- **Summary of pension and/or profit sharing plan(s).**
- **Buy and sell agreements; other agreements concerning business interests.**
- **Antenuptial or other marital agreements.**