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Please complete and return to:
Brenda R. Rosten
ROSTEN LAW OFFICE
1323 – 23rd Street South, Suite K
Fargo, ND 58103

Questions:
Tel: 701-364-0154
Fax: 701-354-0388

Email:
brenda@ndestateplanning.com

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Thank you for selecting me to assist you with your estate plan. I am requesting that you review this worksheet and complete what you are able as preparation for our first appointment. Together, we will review the contents of this worksheet at our appointment. The information noted in this worksheet will be used to make specific recommendations about your estate plan in light of your personal needs and desires. In order to best represent your interests, I must be able to review this detailed information. Of course, this information will be confidential.

Some of this requested information will not apply to you and your family situation. Please only complete those sections which you feel apply to you. Also, you may not be able to provide all of the information requested. Please do not cancel or reschedule your appointment because of missing information. We can meet and discuss the information that you do have, and follow up on any missing items at a later date.

If time permits, you may return this completed worksheet to me prior to our first meeting. This will allow our initial discussion to focus upon the substance of your estate plan, and streamline this process for you. If you do not return this to me by mail, please bring it with you to our first meeting.

If you currently have a Last Will and Testament, Durable Power of Attorney, Durable Power of Attorney for Healthcare, or Living Will, please bring those documents with you.

I am looking forward to meeting with you soon, and working with you to complete your estate plan.

Please note that at this time:

- ✍ You do not have a set appointment. Please call me at 364-0154 to set an appointment.
- ✍ We have set an appointment for _____. Please call me at 364-0154 if you are no longer able to keep this appointment.

Full, legal name: _____

Date of birth: _____ Currently disabled? yes no

Veteran: yes no US citizen? yes no

Employer: _____ Retirement date: _____

Work phone: _____ Work email: _____

Spouse's full legal name (if applicable): _____

Date of birth: _____ Currently disabled? yes no

Veteran: yes no US citizen? yes no

Employer: _____ Retirement date: _____

Work phone: _____ Work email: _____

Home Mailing Address : _____

County: _____

Home telephone number: _____

If married, date of marriage: _____

Do you have a marriage agreement? no yes (If yes, please bring a copy for review).

Were either of you married previously? no yes (If yes, please note parties married, length of marriage, date of divorce or spouse's death below).

Notes:

Names and birth dates of children of your current marriage:

Names of any other children, noting parents:

Are any of these children adopted? ___ no ___ yes

Have any of your children died? ___ no ___ yes

Are any of these children disabled? ___ no ___ yes

Do any of these children have a substance abuse problem that you want considered, or do you want to exclude any of these children from your will? ___ no ___ yes

If you have a child or children under the age of 18, who would you like to name as a guardian?

Name: _____

Address: _____

Telephone: _____

Who would you like to name as an alternate guardian?

Name: _____

Address: _____

Telephone: _____

Any special concerns that you have regarding you child's/children's guardian(s)? ___ no ___ yes

If your Will includes a trust for your surviving spouse or minor children, do you know who you would like to have serve as a trustee? ___ no ___ yes

Trustee's Name: _____

Address: _____

Phone number: _____

If you are currently married, would you like your spouse to serves as the Personal Representative of your estate? _____ yes _____ no

Name of Alternate Personal Representative (for you): _____

Name of Alternate Personal Representative (for your spouse): _____

Do you want to discuss making charitable bequests as part of your estate plan? ____ no ____ yes

At this time, are your total assets (include life insurances, 401K and retirement plans) for both you and your spouse, if applicable ____ more than or ____ less than \$1.5 million?

Notes regarding assets and any real estate owned with someone other than spouse:

Notes about any other issues you want to discuss during our appointment:

Power of Attorney: If you were unable to attend to your personal business (collect money due you, pay bills, manages assets), who would you trust to do that for you?

Name of 1st Agent (for yourself): _____

Address: _____

Telephone number: _____

Name of Alternate Agent (for yourself): _____

Address: _____

Telephone number: _____

Name of 1st Agent (for your spouse, if applicable): _____

Address: _____

Telephone number: _____

Name of Alternate Agent (for your spouse, if applicable): _____

Address: _____

Telephone number: _____

Health Care Directive: If you were unable to make healthcare decisions for yourself, who would you trust to do that for you?

Name of 1st Agent (for yourself): _____

Address: _____

Telephone number: _____

Relationship to me: _____

Name of Alternate Agent (for yourself): _____

Address: _____

Telephone number: _____

Relationship to me: _____

Name of 1st Agent (for your spouse, if applicable): _____

Address: _____

Telephone number: _____

Relationship to me: _____

Name of Alternate Agent (for your spouse, if applicable): _____

Address: _____

Telephone number: _____

Relationship to me: _____