



ESTEBO, FRANK &  
MUNSHOWER  
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## ESTATE PLANNING QUESTIONNAIRE

Today's Date: \_\_\_\_\_

### CLIENT INFORMATION

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

Occupation: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_ SSN: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

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

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

### CHILDREN- Living & Deceased

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

If you know who you would like to name as your Attorney-in-Fact(s) and Health Care Agent(s), complete the section below:

**Attorney-in-Fact** To handle your affairs or enter into transactions regarding real or personal property, in the event that you become unable to do so during your lifetime

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Attorney-in-Fact First Successor** To act if any Attorney-in-Fact dies, resigns, or is otherwise unable to serve

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Health Care Agent** To make any health care decision for you if, in the judgment of your attending physician, you lack decision-making capacity

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Alternate Health Care Agent** To act if the Health Care Agent is not reasonably available to serve

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

If you know who you would like to name as your Personal Representative, complete the section below:

**Personal Representative** Your P.R. has the power to sell and convey, lease or mortgage any real estate and personal property that you may own at the time of your death, or which may be acquired by your estate. He or she will carry out the administration of your estate in accordance with your Will.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Do you have any of the following? Check all applicable boxes.

- Real Estate
- Stocks/ Bonds/ Mutual Funds
- Retirement Interests (Pensions, 401K, IRA, etc.)
- Life Insurance
- Machinery & Equipment
- Small Business Interests
- Cash/ Checking/ Savings/ CDs
- Vehicles
- Boat/ Motorcycle/ Camper/ Jet Ski/Snowmobile, etc.

- Grain
- Co-op Equities
- Value Added Shares
- Accounts Receivable/ Mortgages/  
Promissory Notes
- Collectibles/ Antiques
- Unsecured Debt
- Other \_\_\_\_\_

Please bring with you to your next appointment any documents applicable to the assets marked above.