

# SANDIN LAW

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## *Estate Planning Worksheet*

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Completing this worksheet will assist us in designing an estate plan that meets your goals. If you have any questions when completing this worksheet, please do not hesitate to contact our office. We are happy to answer any questions you may have.

It is important that you provide all requested information which is applicable to you as we use this to base our recommendations on. All information provided is confidential. Please return the completed worksheet and copies of any requested documents to our office at least three (3) business days prior to your appointment.

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

Referred By: \_\_\_\_\_

## General Information

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Full Name: (First, Middle Initial, Last)	
Also Known As:	
Date of Birth:	
Home Address:	
City, State and Zip:	
Country of Citizenship:	
Home Telephone:	
Mobile Telephone:	
Email Address:	
Occupation:	
Employer/Business Name:	
Business Address:	
City, State and Zip:	
Business Telephone:	

### Preferred Method of Communication (mark all that apply)

- Home Address       Home Phone       Mobile Phone       Business Phone       Email

## Family Information

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### Marriage

Previously Married?    Yes \_\_\_\_\_    No \_\_\_\_\_

### Children

Child's Name (First, Middle Initial, Last)	Address	Phone Number	Birthdate	Married (yes or no)	Other Parent

### Grandchildren

Grandchild's Name (First, Middle Initial, Last)	Parent	Birthdate	Married (yes or no)

## Family Information (Continued)

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Parents			
Parent's Name (First, Middle Initial, Last)	Age	Parent's Name (First, Middle Initial, Last)	Age

Siblings				
Sibling's Name (First, Middle Initial, Last)	Address	Phone Number	Birthdate	Married (yes or no)

## Goals and Concerns

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### Goals

1. Please describe your primary goal regarding your visit to our office:

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2. Please describe your secondary goals:

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### Concerns

*Please indicate whether any of the following are a concern:*

\_\_\_\_\_ Naming a guardian for minor children

\_\_\_\_\_ Disinheriting a family member

\_\_\_\_\_ Providing for charities at the time of your death

\_\_\_\_\_ Planning for the transfer and survival of a family business

\_\_\_\_\_ Avoiding or reducing your estate taxes

\_\_\_\_\_ Avoiding probate / reducing administration costs at the time of your death

\_\_\_\_\_ Potential creditor issues

\_\_\_\_\_ Avoiding will contests or other disputes upon your death

\_\_\_\_\_ Preserving the privacy of affairs

\_\_\_\_\_ Planning for a child or grandchild with disabilities or special needs

\_\_\_\_\_ Protecting children's inheritance from failed marriages, bankruptcy or creditors

\_\_\_\_\_ Avoiding a conservatorship ("living probate") in case of disability or incapacity

\_\_\_\_\_ Providing for wishes concerning medical decisions upon incapacity

\_\_\_\_\_ Health concerns (*if yes, please explain*): \_\_\_\_\_

Other Concerns:

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## Additional Information

### Current Estate Planning

Do you currently have any of the following estate planning documents:

If so, please provide a copy with this worksheet prior to your meeting.

Will	Yes _____	No _____	Power of Attorney	Yes _____	No _____
Trust	Yes _____	No _____	Health Care Directive	Yes _____	No _____
Are you a beneficiary of a Trust?				Yes _____	No _____
Do you currently possess a power of appointment?				Yes _____	No _____

### Accountant/CPA

Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

### Financial Advisor

Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

### Personal Banker

Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

### Stock Broker

Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

### Life Insurance Agent

Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

### Miscellaneous

Have you ever lived in or acquired property in a community property state? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)	Yes _____	No _____
Have you ever made a gift to anyone which required filing a gift tax return?	Yes _____	No _____
Do you anticipate your estate growing substantially in the near future?	Yes _____	No _____

## Health Care Directive Information

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A health care directive allows you to appoint a person or persons (health care agent) to make health care decisions for you in the event you are unable to make them for yourself. It can also include instructions to your agent regarding your health care wishes. Your health care agent should be someone you trust and who would follow your wishes even if they conflict with their own personal wishes or beliefs.

Who would you like to appoint  
as your health care agent(s)?  
(include relation, name, address, and phone #)

Who would you like to appoint  
as your successor agent(s)?  
(include relation, name, address, and phone #)

If you have named multiple people, do  
you want to require them to act jointly?

Are you an organ donor?

Would you like to include instructions  
regarding the disposition of your  
remains? If so, please explain.

## Power of Attorney Information

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A power of attorney grants a person (attorney-in-fact) the power to handle your financial matters. Your attorney-in-fact should be someone you trust and who is financially knowledgeable or capable of understanding and handling your financial affairs.

Who would you like to appoint as your  
attorney-in-fact?  
(include relation, name, and address)

Who would you like to appoint as your  
successor attorney-in-fact?  
(include relation, name, and address)

## Personal Representative Under Last Will & Testament

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A personal representative is a person who, under the supervision of a probate court, settles a decedent's financial affairs and distributes the decedent's property according to the terms of the decedent's will.

Who would you like to appoint as your  
Personal Representative?  
(include relation and name)

Who would you like to appoint as your  
successor personal representative?  
(include relation and name)

## Guardians

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Who would you like to appoint  
as your child(ren)'s guardian?  
(include relation and name)

Who would you like to appoint as your  
child(ren)'s successor guardian?  
(include relation and name)

# Financial Information

## SCHEDULE A – CASH AND NOTES

Cash Accounts			
Institution	Account No.	Type (Checking, Savings, C.D., Money Market)	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>Subtotal Cash Accounts</b>			\$

### Digital Assets

Do you have any digital assets? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what digital assets do you have?  
 (i.e., domain names and/or cryptocurrency) \_\_\_\_\_

### Loans or Notes Receivable (money owed to you)

Obligor	Rate	Date Due	Value
			\$
			\$
			\$
<b>Subtotal Loans and Notes</b>			\$

<b>Total</b> (carry over to Financial Summary on page 17)	\$
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Please list any government benefits you receive:  
 (Social Security, SSI, SSDI, Medicare, Medicaid, Food Stamps, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Financial Information (Continued)

### SCHEDULE B – REAL ESTATE

*For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described on Schedule I.*

Address or Description	County & State	Ownership*	Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			\$
(carry over to Financial Summary on page 17)			\$

\*If property held jointly, please indicate whether it is owned as Joint Tenants With Right of Survivorship (JTWROS) or Tenants in Common (TIN), if known.

### Insurance Policies

Do you have a title insurance policy on your real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when did you acquire it? \_\_\_\_\_

If yes, what company is the policy through? \_\_\_\_\_

Do you have a home owners' insurance policy on your real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what company is the policy through? \_\_\_\_\_

**Financial Information (Continued)**

SCHEDULE C – SECURITIES HELD BY YOU

	Payable on Death to:	Value
<b>Publicly Traded Stocks</b>		
		\$
		\$
		\$
<b>Mutual Funds</b>		
		\$
		\$
		\$
<b>Corporate Bonds</b>		
		\$
		\$
		\$
<b>US Government Bonds, Notes &amp; Bills</b>		
		\$
		\$
		\$
<b>Municipal Bonds</b>		
		\$
		\$
		\$
<b>Other</b>		
		\$
		\$
<b>Total</b>		
(carry over to Financial Summary on page 17)		\$

Attach a separate sheet, if needed

**Financial Information (Continued)**

**SCHEDULE D – CLOSELY-HELD BUSINESS INTERESTS**

*Include all limited liability companies, corporations, and partnerships*

Name & Asset Type	Value
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b> (carry over to Financial Summary on page 17)	\$

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above

Comments:

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## Financial Information (Continued)

### SCHEDULE E – LIFE INSURANCE

Life Insurance Policies						
Company	Policy No.	Type*	Death Benefit	Cash Value	Insured	Primary & Contingent Beneficiaries
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
<b>Total</b>						
(carry over to Financial Summary on page 17)			\$			

\*When describing type of policy, please indicate whether term, variable life, universal life, or whole life

**Financial Information (Continued)**

SCHEDULE F – ANNUITIES

<b>Annuities</b>					
Company	Contract No.	Current Value	Cost Basis	Annuitant	Primary & Contingent Beneficiaries
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
<b>Total</b>					
(carry over to Financial Summary on page 17)		\$			

**Financial Information (Continued)**

**SCHEDULE G – QUALIFIED RETIREMENT PLANS & IRAS**

<b>Retirement Assets</b>			
Name of Custodian or Plan Sponsor	Account No.	Primary & Contingent Beneficiaries	Value
<b>Traditional IRAs/SEPs</b>			
			\$
			\$
			\$
			\$
<b>Roth IRAs</b>			
			\$
			\$
			\$
			\$
<b>Pension Plans</b>			
			\$
			\$
<b>401(k) Plans</b>			
			\$
			\$
<b>Profit Sharing Plans</b>			
			\$
			\$
<b>Other</b>			
			\$
<b>Total</b>			\$
(carry over to Financial Summary on page 17)			\$

**Financial Information (Continued)**

SCHEDULE H – TANGIBLE PERSONAL PROPERTY

Item	Value
Furniture and Furnishings	\$
Automobile:	\$
Automobile:	\$
Automobile:	\$
Artwork/Art Collections	\$
Jewelry	\$
Guns	\$
Other:	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b> (carry over to Financial Summary on page 17)	\$

Describe collections, antiques, guns, heirlooms, etc. that require special estate plan considerations, and give any other pertinent comments:

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## Financial Information (Continued)

### SCHEDULE I – LIABILITIES

Liabilities	
Mortgages (describe / identify property)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	
(carry over to Financial Summary on page 17)	\$
Loans/Notes (identify creditor)	
	\$
	\$
	\$
<b>Total</b>	
(carry over to Financial Summary on page 17)	\$
Other Liabilities (describe)	
	\$
	\$
	\$
<b>Total</b>	
(carry over to Financial Summary on page 17)	\$



## Financial Information (Continued)

### FINANCIAL SUMMARY

*Please transfer totals from schedules listed behind this summary*

<b>Assets</b>		
Cash & Notes	(Schedule A)	\$
Real Estate	(Schedule B)	\$
Securities	(Schedule C)	\$
Close-held Business Interests	(Schedule D)	\$
Life Insurance (Death Benefit)	(Schedule E)	\$
Annuities	(Schedule F)	\$
Qualified Retirement Plans & IRAs	(Schedule G)	\$
Tangible Personal Property	(Schedule H)	\$
	<b>Total</b>	\$
<b>Liabilities</b>		
Mortgages	(Schedule I)	\$
Loans/Notes	(Schedule I)	\$
Other Liabilities	(Schedule I)	\$
	<b>Total</b>	\$
	<b>Net Worth</b> (assets minus liabilities)	\$