PERSONAL INFORMATION FORM

CONFIDENTIAL

WITH OFFICES IN ST. PAUL, EDINA & MINNETONKA

ADMINISTRATIVE OFFICES: 821 RAYMOND AVENUE ♦ SUITE 315 ♦ ST. PAUL, MN 55114
(651) 641-0741 ♦ FACSIMILE (651) 846-5558
WWW.LENNINGTON.COM

STEP 1

SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes date _____ US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Client 2 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes date _____ US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin (Mark all that apply)*

Date of Marriage _____ Existing Pre- or Postnuptial Agreement? Yes No Date: _____

STEP 2

POTENTIAL "INDIVIDUAL" BENEFICIARIES

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary)

Beneficiary 1 ***Relationship to Client :*** _____ ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married_____

Children (name and age): _____ _____

_____ _____ _____

Beneficiary 2 ***Relationship to Client :*** _____ ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married_____

Children (name and age): _____ _____

_____ _____ _____

Beneficiary 3 ***Relationship to Client :*** _____ ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married_____

Children (name and age): _____ _____

_____ _____ _____

Beneficiary 4 ***Relationship to Client :*** _____ ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married_____

Children (name and age): _____ _____

_____ _____ _____

Beneficiary 5 ***Relationship to Client :*** _____ ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married_____

Children (name and age): _____ _____

_____ _____ _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

STEP 3

POTENTIAL "CHARITABLE" BENEFICIARIES

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization	Address
1	
2	
3	
4	

STEP 4

PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant many need to be consulted relative to income tax matters.

	Name	Telephone
Auto/Home Insurance Agent		
Tax Advisor (CPA, EA, etc.)		
Family Attorney		
Life Insurance Agent		
Financial Advisor		
Stock Broker		
Banker		
Other Advisor		

STEP 5

CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

If the responses in this section are different as to Client 1 and 2, please indicate those differences.

	Level of Concern (if any)			
	None	**Low**	**Medium**	**High**
Tax Concerns				
Risk of the IRS "inheriting" half the estate when we die.				
Risk of capital gains taxes paid on the sale of property				
Risk of unnecessary income taxes being paid on investment assets				
Family Concerns				
Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying				
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money				
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild				
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits				
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to				
Risk that parents, who may need financial assistance, are not provided for				
Disability Concerns				
Risk of loss of control over your assets in event of your disability				
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain				
Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child				
Creditor Concerns				
Risk of lawsuits against you				
Risk of loss of your assets to a nursing home				
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner				
Post-Death Concerns				
Risk of unnecessary costs and delays associated with the estate passing through probate				
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses				
Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes				
Risk of private matters unnecessarily being made public				

STEP 6

APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the "appointment" of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed "helpers" are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Successors to You ***

Who do you nominate to serve as guardian for your minor children (if any)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice		
	Back Up # 1		
	Back Up # 2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents/ "Helpers"	Initial Choice		
	Back Up # 1		
	Back Up # 2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents/ "Helpers"	Initial Choice		
	Back Up # 2		
	Back Up # 3		

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Responses	Client 2 Responses
Estate Fiduciary/ "Helpers"	Initial Choice		
	Back Up # 2		
Personal Represent-ative	Back Up # 3		

*** Ultimately we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on a separate sheet as you complete this form

STEP 7

ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title "ownership" is important for tax and transfer matters. The "value" will be significant in determining potential tax liability. The "character" is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values).

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other "toys", etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas, and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Minnesota Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES ($$$)						

NET ESTATE ($$$) **(Total Assets minus Total Liabilities)**			

COMBINED NET ESTATE ($$$)
(Client Net + Client 2 Net + Joint Net) = _____

STEP 8

ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

<u>Affirmation</u>: We understand that Lennington Law Firm, PLLC (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1:_____ **DATE:**_____

Client 2:_____ **DATE:**_____

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
8. Last 3 years of personal income tax returns.
9. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

Congratulations on completing this questionnaire.

YOU ARE NOW ONE STEP CLOSER TO MAKING YOUR LEGACY MATTER.