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### ESTATE ANALYSIS SUMMARY

**Client**

Name \_\_\_\_\_

Addr \_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Phone #s (\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**Client (Spouse)**

Name \_\_\_\_\_

Addr \_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Phone #s (\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**Children/Ages**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grandchildren**

**Names/Ages**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if more space is needed, please attach an additional sheet)

**ASSET INFORMATION**

**BROKERAGE ACCOUNTS/SECURITIES/MUTUAL FUNDS**

Institution \_\_\_\_\_  
Est. Fair Market Value \$ \_\_\_\_\_  
How owned?    Joint            Individual  
Beneficially designated?    Yes            No  
If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_  
Est. Fair Market Value \$ \_\_\_\_\_  
How owned?    Joint            Individual  
Beneficially designated?    Yes            No  
If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_  
Est. Fair Market Value \$ \_\_\_\_\_  
How owned?    Joint            Individual  
Beneficially designated?    Yes            No  
If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_  
Est. Fair Market Value \$ \_\_\_\_\_  
How owned?    Joint            Individual  
Beneficially designated?    Yes            No  
If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_  
Est. Fair Market Value \$ \_\_\_\_\_  
How owned?    Joint            Individual  
Beneficially designated?    Yes            No  
If yes, to whom? \_\_\_\_\_

**IRA/SEP ACCOUNTS (REGULAR)**

Institution \_\_\_\_\_

Est. Fair Market Value \$ \_\_\_\_\_

Beneficiaries: Primary \_\_\_\_\_

Contingent \_\_\_\_\_

Institution \_\_\_\_\_

Est. Fair Market Value \$ \_\_\_\_\_

Beneficiaries: Primary \_\_\_\_\_

Contingent \_\_\_\_\_

**IRA/SEP ACCOUNTS (ROTH)**

Institution \_\_\_\_\_

Est. Fair Market Value \$ \_\_\_\_\_

Beneficiaries: Primary \_\_\_\_\_

Contingent \_\_\_\_\_

Institution \_\_\_\_\_

Est. Fair Market Value \$ \_\_\_\_\_

Beneficiaries: Primary \_\_\_\_\_

Contingent \_\_\_\_\_

**BANK ACCOUNTS (Checking Accts, Savings Accts, Certificates of Deposit, etc.)**

Institution \_\_\_\_\_

Balance or Value \$ \_\_\_\_\_

How owned?    Joint            Individual

If joint, with whom? \_\_\_\_\_

Beneficially designated?    Yes            No

If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_

Balance or Value \$ \_\_\_\_\_

How owned?    Joint            Individual

If joint, with whom? \_\_\_\_\_

Beneficially designated?    Yes            No

If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_

Balance or Value \$ \_\_\_\_\_

How owned?    Joint            Individual

If joint, with whom? \_\_\_\_\_

Beneficially designated?    Yes            No

If yes, to whom? \_\_\_\_\_

Institution \_\_\_\_\_

Balance or Value \$ \_\_\_\_\_

How owned?    Joint            Individual

If joint, with whom? \_\_\_\_\_

Beneficially designated?    Yes            No

If yes, to whom? \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Company \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
Cash Value \_\_\_\_\_  
Beneficiaries Primary \_\_\_\_\_  
Contingent \_\_\_\_\_

Company \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
Cash Value \_\_\_\_\_  
Beneficiaries Primary \_\_\_\_\_  
Contingent \_\_\_\_\_

Company \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
Cash Value \_\_\_\_\_  
Beneficiaries Primary \_\_\_\_\_  
Contingent \_\_\_\_\_

Company \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
Cash Value \_\_\_\_\_  
Beneficiaries Primary \_\_\_\_\_  
Contingent \_\_\_\_\_

**BUSINESS INTERESTS:**

Please describe, in detail, all business interests you have in a closely held business organization (corporation, LLC, Partnership) or any sole proprietorship business interest. Please include information on how long the business interest has been in existence, the nature of the business, any additional shareholders, members, or partners, and a statement of the financial condition, including the assets owned, the value of the business, debts and obligations owed, and any other outstanding liabilities. Please describe the nature of the business in which you are engaged.

**FUTURE INHERITANCES:**

Please describe to the extent that you are able, any future inheritances you may be receiving.

**REAL ESTATE**

\_\_\_\_\_ County, Minnesota

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

Est. Fair Market Value \$ \_\_\_\_\_

Mortgage Balance \$ \_\_\_\_\_

How owned?    Joint Tenancy            Tenancy in Common            Unknown

With whom? \_\_\_\_\_

**OTHER REAL ESTATE**

\_\_\_\_\_ County, \_\_\_\_\_

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

Est. Fair Market Value \$ \_\_\_\_\_

Mortgage Balance \$ \_\_\_\_\_

How owned?    Joint Tenancy            Tenancy in Common            Unknown

With whom? \_\_\_\_\_

I certify that all the information contained in this Client Information/Asset packet is true and correct to the best of my knowledge and ability. I recognize that by completing this form I certify to the accuracy and completeness of this information, and I recognize that the estate planning advice, if any, which may be rendered in this matter will be based upon the information supplied herein.

I further acknowledge that if I have not stated accurately or truthfully any information herein, the advice given me regarding my estate plan, if any, may be inadvisable due to my failure to make a complete and candid disclosure of all information requested.

Dated \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_ Client

\_\_\_\_\_ Client

If more space is needed, please list the information on a separate sheet.