



LEHNER LAW OFFICE

LIMITED LIABILITY COMPANY

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CLIENT INFORMATION WORKSHEET

(Required for Preparation of Estate Plan)

CLIENT	
Name	
Address	
Phone # (s)	
e-mail	
SS #	
U.S. Citizen?	

CHILDREN				
Name	Address	Date of Birth	Adopted?	Child of Previous Relationship?

OTHER INTENDED BENEFICIARIES			
(may be individuals or institutions, including charities)			
Name	Address	Date of Birth (if minor)	Relationship

State briefly how you would like your property distributed after death:

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GUARDIANS (for minor children)

After one parent is gone, the surviving parent remains guardian of minor children. In the event that both parents were gone leaving minors, who would you want to care for them? You may name an individual or couple. Often, folks will choose a family member, but you may choose guardians who are unrelated. When selecting guardians, consider the following: geographic location (would the children need to move), stability of the home (emotionally and financially), does the guardian know your preferences (religious, parenting style, etc.). You can name almost anyone you would like, but be thoughtful about your choice.

	Name(s)	Address	Phone Numbers	Relationship
First Choice				
Second Choice				
Third Choice				

TRUSTEE

During your lifetime, you are the Trustee of your Trust. In the event of your disability or death, who would you want to manage your Trust affairs, and carry out your wishes?

	Name(s)	Address	Phone Numbers	Relationship
First Choice				
Second Choice				
Third Choice				

PERSONAL REPRESENTATIVE

When you are gone, who would you like to conclude your final affairs?

	Name(s)	Address
First Choice		
Second Choice		
Third Choice		

ATTORNEY IN FACT (Power of Attorney)

If you were incapacitated and unable to manage your financial affairs, who would you like to manage them for you?

	Name(s)	Address
First Choice		
Second Choice		
Third Choice		

Have you have ever prepared estate planning documents before? ☐ **Yes** ☐ **No** *(mark one)*
If yes, indicate the nature of such documents: _____.

WHEN YOU ARE FINISHED, PLEASE RETURN THIS FORM TO OUR OFFICE.