



# GEN FINANCIAL MANAGEMENT, INC.

## Estate Planning Questionnaire

Legal Name	Date
Spouse's Legal Name	

Either Spouse previously divorced? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you still have obligations under the divorce decree? <input type="checkbox"/> yes <input type="checkbox"/> no
Are there any estate planning or insurance requirements in the divorce decree? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide a copy of the divorce decree.	Is there an Antenuptial Agreement?    yes    no If yes, please provide a copy.

Children (Note if from previous marriage)				
Name, Address, Phone	Birth date	Married	Grandchildren Names	Grandchildren Birth Dates
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
_____			_____	_____
_____			_____	_____
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no		
_____				
_____				
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no		
_____				
_____				
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no		
_____				
_____				

\*\*\*Duplicate page if necessary

Describe special needs of family members (if any)

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Do you have a safe or safe deposit box?  yes  no  
If yes, where is it located?

Do you have existing estate planning documents (i.e. wills, trusts, power of attorney or health care directives)?  
If yes, please provide copies. Client:  yes  no Spouse:  yes  no

Do you anticipate an inheritance?:	Estimated amount	When anticipated
Recipient:	\$	

At your death, would you like assets to be distributed outright to your child(ren)?  yes  no  
Or

Would you like assets to be held in trust for your child(ren)?  yes  no

If assets are held in trust for your child(ren), at what age(s) would you like the trust assets distributed?

\_\_\_\_\_ % of the trust assets at age \_\_\_\_\_;

\_\_\_\_\_ % of the trust assets at age \_\_\_\_\_;

\_\_\_\_\_ % of the trust assets at age \_\_\_\_\_;

\_\_\_\_\_ % of the trust assets at age \_\_\_\_\_;

I would prefer the trust assets to be distributed as follows: \_\_\_\_\_

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If no one in your immediate family is available to receive the ultimate disposition of your assets, to whom would you like them to be distributed? (i.e. nieces and nephews, siblings, charitable organizations) \_\_\_\_\_

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Accountant: _____	Phone # _____
Company Name and Address:	
_____	
_____	
_____	

Financial Planner	GEN Financial Management, Inc.	Phone #	952-513-1466
Name and Address:	Suite 200		
	10810 Old County Road 15		
	Plymouth, MN 55441		

Life Insurance Agent: _____	Phone # _____
Company Name and Address:	
_____	
_____	
_____	

Other Advisor: _____	Phone # _____
Company Name and Address:	
_____	
_____	
_____	

**Guardians**

Who should be the guardian of your minor children? A guardian has physical and legal control over your children until they reach the age of 18.

First Choice

Name, Relationship

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Second Choice

Name, Relationship

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Third Choice

Name, Relationship

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**Personal Representative - Client**

Who should be the Personal Representative (“Executor”) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

First Choice

Name, Relationship

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Second Choice

Name, Relationship

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Third Choice

Name, Relationship

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**Trustee – Client**

If a trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person or entity who is responsible for managing the assets placed into the trust. A Trustee manages the assets for your children or other beneficiaries until they reach a specified age. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your Trustee(s).

First Choice

Name, Relationship

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Second Choice

Name, Relationship

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Third Choice

Name, Relationship

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**Power of Attorney - Client**

A Power of Attorney allows you to grant another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name. The person (or persons) you designate is/are called “Attorney(s)-in-Fact.” Who would you name as your Attorney(s)-in-Fact?

First Choice

Name, Relationship, Address, Phone

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Second Choice

Name, Relationship, Address, Phone

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Third Choice

Name, Relationship, Address, Phone

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**Health Care Directive – Client**

A Health Care Directive allows you to appoint someone to make health care decisions for you and/or state your preferences for health care in the event you are unable to communicate them. Who would you designate as your “Health Care Agent?”

First Choice

Name, Relationship, Address, Phone

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

Second Choice

Name, Relationship, Address, Phone

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

Third Choice

Name, Relationship, Address, Phone

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

**Personal Representative – Spouse (if different from above)**

Who should be the Personal Representative (“Executor”) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

First Choice

Name, Relationship

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

Second Choice

Name, Relationship

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

Third Choice

Name, Relationship

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

**Trustee – Spouse (if different from above)**

If a trust is appropriate to include in your estate plan, who should be the Trustee? A Trustee is the person or entity who is responsible for managing the assets placed into the trust. A Trustee manages the assets for your children or other beneficiaries until they reach a specified age. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your Trustee(s).

First Choice

Name, Relationship

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

Second Choice

Name, Relationship

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

Third Choice

Name, Relationship

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

**Power of Attorney - Spouse (if different from above)**

A Power of Attorney allows you to grant another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name. The person (or persons) you designate is/are called "Attorney(s)-in-Fact." Who would you name as your Attorney(s)-in-Fact?

First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health Care Directive – Spouse (If different from above)**

A Health Care Directive allows you to appoint someone to make health care decisions for you and/or state your preferences for health care in the event you are unable to communicate them. Who would you designate as your "Health Care Agent?"

First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____