



CONFIDENTIAL INFORMATION FORM

Thank you for your interest in working with me. The following form is to help us inventory your estate and in the creation of your estate plan and/or long-term care plan. If you have any questions while filling out this form, please contact me. When completed, please return it to my office, either by mail or e-mail. I will contact you to set up a phone or video conference to discuss the next steps in the planning process. Be sure to come with any questions you may have and a copy of this document.

When possible, please provide documentation of accounts, values, and contact information. During the planning process, this information may need to be referenced to properly title, beneficiary or convey your accounts.

If additional individuals or assets need to be provided for, please add to the additional notes page at the end of this form.

Thank you!

Bedker Law, PLLC
PO Box 90
Redwood Falls, MN 56283
(507)587-8766
Callyn@bedkerlaw.com

Section One: Basic Personal Information

Full Legal Name _____
Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth date: _____
Street Address _____ Apt /P.O. Box _____
City: _____ State: _____ Zip code: _____ County: _____
Primary Phone: _____ Secondary Phone: _____
Current Employer: _____

Have you resided in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? _____
If so, do you currently own any property in that state? _____

Full Legal Name _____
Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth date: _____
Street Address _____ Apt /P.O. Box _____
City: _____ State: _____ Zip code: _____ County: _____
Primary Phone: _____ Secondary Phone: _____
Current Employer: _____

Have you resided in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? _____
If so, do you currently own any property in that state? _____

Marriage (if applicable)

Have you and your spouse signed a premarital agreement? ☐ Yes ☐ No

If so, please provide a copy of each.

Have you or your spouse been previously married? ☐ Yes ☐ No

If so, to whom and how was the marriage terminated?

Have you or your spouse been divorced? ☐ Yes ☐ No

If so, please provide a copy of the divorce decree.

Section Two: Estate Plan

What documents are included in your current estate plan? (Please provide copies of each.)

- ☐ Health Care Directive ☐ Power of Attorney ☐ Will ☐ Amendments/Codicils
☐ Revocable Trust ☐ Irrevocable Trust ☐ Charitable Trust ☐ None
☐ Transfer on Death Deed ☐ Life Estate Deed

Other: _____

Where are the original copies of the estate plan located? _____

Have you provided a health care directive(s) to your physician(s)? ☐ Yes ☐ No

Have you provided your estate planning documents to anyone? ☐ Yes ☐ No

If so, whom? _____

Do you have any pets? ☐ Yes ☐ No Do you wish to provide for those pets in your estate plan? ☐ Yes ☐ No

Are there individuals you wish to specifically disinherit? ☐ Yes ☐ No If so, whom?

Are you considering any specific distributions you wish to make? ☐ Yes ☐ No If so, to whom and what would you consider devising? _____

Do you know whom you would like to nominate to handle your affairs upon your incapacity and/or death?

☐ Yes ☐ No If so, whom? _____

Section Three: Beneficiary Information

In this Section, please provide the information for each beneficiary (i.e., spouse, children, charity, other individual specifically, etc.) If possible, provide the full legal name of each. If a charity is to be listed, please provide if a specific state or group within the charity is to receive the gift as they may have differing legal names, if possible.

1. Children/Beneficiaries

Please list ALL your children, including deceased children, children born out of wedlock, legally adopted children, and children who will be specifically disinherited, and beneficiaries you wish to specifically provide for.

Full Legal Name: _____

Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____

Street Address: _____ Apt/P.O. Box _____

City _____ State _____ Zip code _____ County _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____ Spouse: _____

Children: _____

Full Legal Name: _____

Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____

Street Address: _____ Apt/P.O. Box _____

City _____ State _____ Zip code _____ County _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____ Spouse: _____

Children: _____

Full Legal Name: _____

Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____

Street Address: _____ Apt/P.O. Box _____

City _____ State _____ Zip code _____ County _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____ Spouse: _____

Children: _____

Full Legal Name: _____
Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____
Street Address: _____ Apt/P.O. Box _____
City _____ State _____ Zip code _____ County _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____ Spouse: _____
Children: _____

Full Legal Name: _____
Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____
Street Address: _____ Apt/P.O. Box _____
City _____ State _____ Zip code _____ County _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____ Spouse: _____
Children: _____

Full Legal Name: _____
Social Security No. _____ U.S. Citizen? ☐ Yes ☐ No Birth Date: _____
Street Address: _____ Apt/P.O. Box _____
City _____ State _____ Zip code _____ County _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____ Spouse: _____
Children: _____

Do any of your beneficiaries have a disability? If so, are they receiving benefits due to a disability? If so, what program? ☐ Yes ☐ No

Are you storing, or may store, frozen eggs, sperm or embryos? If so, where? ☐ Yes ☐ No

Section Four: Financial Inventory

ASSETS
Primary Residence
Owner(s) of the property: _____
Address: _____
Property ID Number: _____ County: _____
Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____
Year Purchased: _____ Purchase Price \$ _____ Number of Acres: _____
Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Other Real Estate (Farm Parcels, Cabins, Timeshares, Co-ops, etc.)
Nickname: _____ Number of Acres: _____
Owner(s) of the property: _____
Address: _____
Property ID Number: _____ County: _____
Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____
Year Purchased: _____ Purchase Price: \$ _____
Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Nickname: _____ Number of Acres: _____
Owner(s) of the property: _____
Address: _____
Property ID Number: _____ County: _____
Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____
Year Purchased: _____ Purchase Price: \$ _____
Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Nickname: _____ Number of Acres: _____
Owner(s) of the property: _____
Address: _____
Property ID Number: _____ County: _____
Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____
Year Purchased: _____ Purchase Price: \$ _____
Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.

Nickname: _____ Number of Acres: _____ Owner(s) of the property: _____ Address: _____ Property ID Number: _____ County: _____ Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____ Year Purchased: _____ Purchase Price: \$ _____ Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Nickname: _____ Number of Acres: _____ Owner(s) of the property: _____ Address: _____ Property ID Number: _____ County: _____ Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____ Year Purchased: _____ Purchase Price: \$ _____ Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Nickname: _____ Number of Acres: _____ Owner(s) of the property: _____ Address: _____ Property ID Number: _____ County: _____ Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____ Year Purchased: _____ Purchase Price: \$ _____ Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.
Nickname: _____ Number of Acres: _____ Owner(s) of the property: _____ Address: _____ Property ID Number: _____ County: _____ Debt Against Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value \$ _____ Year Purchased: _____ Purchase Price: \$ _____ Please provide Deed, any First Rights to Purchase and Mortgage Company contact information.

Checking/Savings/Money Market/Certificates of Deposit Accounts

Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

Owner(s) of Account: _____ Amount in Account: \$ _____

Is any income paid into this account? ☐Yes ☐No Does the account have a: POD? ☐Yes ☐No
Co-signer? ☐Yes ☐No POA? ☐Yes ☐No

Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

Owner(s) of Account: _____ Amount in Account: \$ _____

Is any income paid into this account? ☐Yes ☐No Does the account have a: POD? ☐Yes ☐No
Co-signer? ☐Yes ☐No POA? ☐Yes ☐No

Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

Owner(s) of Account: _____ Amount in Account: \$ _____

Is any income paid into this account? ☐Yes ☐No Does the account have a: POD? ☐Yes ☐No
Co-signer? ☐Yes ☐No POA? ☐Yes ☐No

Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

Owner(s) of Account: _____ Amount in Account: \$ _____

Is any income paid into this account? ☐Yes ☐No Does the account have a: POD? ☐Yes ☐No
Co-signer? ☐Yes ☐No POA? ☐Yes ☐No

Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

Owner(s) of Account: _____ Amount in Account: \$ _____

Is any income paid into this account? ☐Yes ☐No Does the account have a: POD? ☐Yes ☐No
Co-signer? ☐Yes ☐No POA? ☐Yes ☐No

Licensed & Titled Assets (Vehicles, Campers, ATVs, Boats, Mobile Homes, Trailers, Snowmobiles, etc.)

Make: _____ Model: _____ Year: _____
Owner(s): _____
VIN: _____ License Plate: _____
State Licensed: _____ Location of Asset: _____
Approximate Value: \$ _____ Debt against Asset: ☐ Yes ☐ No \$ _____
Is asset used for any business purpose? ☐ Yes ☐ No Primary User: _____

Make: _____ Model: _____ Year: _____
Owner(s): _____
VIN: _____ License Plate: _____
State Licensed: _____ Location of Asset: _____
Approximate Value: \$ _____ Debt against Asset: ☐ Yes ☐ No \$ _____
Is asset used for any business purpose? ☐ Yes ☐ No Primary User: _____

Make: _____ Model: _____ Year: _____
Owner(s): _____
VIN: _____ License Plate: _____
State Licensed: _____ Location of Asset: _____
Approximate Value: \$ _____ Debt against Asset: ☐ Yes ☐ No \$ _____
Is asset used for any business purpose? ☐ Yes ☐ No Primary User: _____

Make: _____ Model: _____ Year: _____
Owner(s): _____
VIN: _____ License Plate: _____
State Licensed: _____ Location of Asset: _____
Approximate Value: \$ _____ Debt against Asset: ☐ Yes ☐ No \$ _____
Is asset used for any business purpose? ☐ Yes ☐ No Primary User: _____

Make: _____ Model: _____ Year: _____
Owner(s): _____
VIN: _____ License Plate: _____
State Licensed: _____ Location of Asset: _____
Approximate Value: \$ _____ Debt against Asset: ☐ Yes ☐ No \$ _____
Is asset used for any business purpose? ☐ Yes ☐ No Primary User: _____

Personal Property (Guns, Jewelry, Artwork, Collectibles, Antiques, etc.)

Item	Owner	Value	Location	Insured?
Household Items		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Homeowner's Insurance Company: _____

Insurance Agent: _____ Phone: _____

Address: _____

Policy Number: _____ Coverage Date: _____

Owner(s) of Policy: _____

Vehicle Insurance Company: _____

Insurance Agent: _____ Phone: _____

Policy Number: _____ Coverage Date: _____

Owner(s) of Policy: _____

Insured Assets: _____

Investment Account(s)

Financial Institution: _____ Address: _____

Financial Advisor: _____

Owner(s): _____ Type of Account: _____

Value of Account: \$ _____ Account Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Financial Institution: _____ Address: _____

Financial Advisor: _____

Owner(s): _____ Type of Account: _____

Value of Account: \$ _____ Account Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Financial Institution: _____ Address: _____

Financial Advisor: _____

Owner(s): _____ Type of Account: _____

Value of Account: \$ _____ Account Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Financial Institution: _____ Address: _____

Financial Advisor: _____

Owner(s): _____ Type of Account: _____

Value of Account: \$ _____ Account Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Business Interests

Business Name: _____

Business Services: _____ Ownership Interest: _____

Approximate Value: _____ Position/Title: _____

Filed with Secretary of State? ☐ Yes ☐ No Buy-Sell Agreement in Place? ☐ Yes ☐ No

Please provide copies of corporate documents, supporting documents and depreciation schedules.

Business Name: _____

Business Services: _____ Ownership Interest: _____

Approximate Value: _____ Position/Title: _____

Filed with Secretary of State? ☐ Yes ☐ No Buy-Sell Agreement in Place? ☐ Yes ☐ No

Please provide copies of corporate documents, supporting documents and depreciation schedules.

Business Name: _____

Business Services: _____ Ownership Interest: _____

Approximate Value: _____ Position/Title: _____

Filed with Secretary of State? ☐ Yes ☐ No Buy-Sell Agreement in Place? ☐ Yes ☐ No

Please provide copies of corporate documents, supporting documents and depreciation schedules.

Life Insurance and Annuities

Company Name: _____ Address: _____
Insurance Agent: _____ Policy Type: _____
Owner: _____ Insured: _____ Policy Number: _____
Death Benefit: \$ _____ Cash Surrender Value: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Does this policy have a loan against it? ☐ Yes ☐ No Are any benefits paying? ☐ Yes ☐ No

Company Name: _____ Address: _____
Insurance Agent: _____ Policy Type: _____
Owner: _____ Insured: _____ Policy Number: _____
Death Benefit: \$ _____ Cash Surrender Value: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Does this policy have a loan against it? ☐ Yes ☐ No Are any benefits paying? ☐ Yes ☐ No

Company Name: _____ Address: _____
Insurance Agent: _____ Policy Type: _____
Owner: _____ Insured: _____ Policy Number: _____
Death Benefit: \$ _____ Cash Surrender Value: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Does this policy have a loan against it? ☐ Yes ☐ No Are any benefits paying? ☐ Yes ☐ No

Company Name: _____ Address: _____
Insurance Agent: _____ Policy Type: _____
Owner: _____ Insured: _____ Policy Number: _____
Death Benefit: \$ _____ Cash Surrender Value: \$ _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Does this policy have a loan against it? ☐ Yes ☐ No Are any benefits paying? ☐ Yes ☐ No

Retirement Accounts (IRAs, Pensions, Profit Sharing/401(k), etc.)

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Financial Institution: _____ Address: _____
Financial Advisor: _____ Owner: _____
Type of Account: _____ Value of Account: \$ _____
Account Number: _____ Primary Beneficiary: _____
Contingent Beneficiary: _____ Is this account paying out? ☐ Yes ☐ No

Potential Inheritance:	
From: _____	Value of Gift: \$ _____
Gift Description: _____ Expected Receipt: _____	
Potential Inheritance:	
From: _____	Value of Gift: \$ _____
Gift Description: _____ Expected Receipt: _____	
Promissory Notes:	
Who are the parties to the note? _____	
Amount Owed: \$ _____	Due Date: _____
Amount repaid: \$ _____	Forgiveness of Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Promissory Notes:	
Who are the parties to the note? _____	
Amount Owed: \$ _____	Due Date: _____
Amount repaid: \$ _____	Forgiveness of Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets or Debts: (Lawsuit Awards, Student Loans, Credit Card Bills, etc.)	
Assets without Debts:	\$ _____
TOTAL	\$ _____

Safe Deposit Box/Safe

Do you own a safe deposit box? ☐ Yes ☐ No If so, where? _____

Does anyone else have access to the box? _____

Where is the key located? _____

Is there a safe in the home? ☐ Yes ☐ No

Does anyone else know the combination to your safe? ☐ Yes ☐ No

Advisors

Accountant: _____ Telephone: _____

Address: _____

Long Term Care Insurance

Do you have long term care insurance? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

If yes, please provide a copy of the policy.

Funeral Plans

Do you have a prepaid funeral? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

If yes, please provide copies of your Cost of Goods and Services, Plot, and payment method.

Government Assistance

Have you received government benefits, such as Medical Assistance, General Assistance, Elderly Waiver, etc.? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Have you made any gifts in the last sixty months? ☐ Yes ☐ No

If so, who received, what was given and when was it gifted?

Gifts

Have you filed any gift tax returns? ☐ Yes ☐ No

If so, how much was gifted? _____

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.