



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? Yes 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? Yes 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? Yes 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? Yes 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: \$ _____

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Banking Institution: _____ Location: _____

Type of Account: _____ Account Number: _____

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

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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.)

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? Yes No**Promissory Notes:**

Who are the parties to the note? _____

Amount Owed: \$ _____ Due Date: _____

Amount repaid: \$ _____ Forgiveness of Loan? Yes 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 NoDoes 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? _____

Section Five: Additional Notes: