DAKOTA
WEALTH MANAGEMENT

The following questionnaire was designed to efficiently gather the information required to start your legal document preparation with DAKOTA WEALTH.

PERSONAL DATA

Spouse #1 Legal Name (First, Middle, Last):_____ Nickname:_____

Spouse #2 Legal Name (First, Middle, Last):_____ Nickname:_____

Marital Status: ◯ Married ◯ Single ◯ Widowed ◯ Divorced

U.S. Citizens? ◯ Yes ◯ No

Other names used (maiden name, Sr./Jr., II./III., etc.):

_____

Spouse #1 DOB: (MM/DD/YYYY):_____ SSN/Tax ID#:_____

Spouse #2 DOB: (MM/DD/YYYY):_____ SSN/Tax ID#:_____

ADDRESS

Physical: Address:_____

City:_____ State: _____ Zip:_____

Mailing: Same as Physical ☐ Yes ☐ No

Address:_____

City:_____ State: _____ Zip:_____

PHONE

Spouse #1 Home:_____ Cell:_____

Spouse #2 Home:_____ Cell:_____

EMAIL

Spouse #1 Preferred:_____ Additional:_____

Spouse #2 Preferred:_____ Additional:_____

INCOME & NET WORTH

Annual Income:_____ Net Worth:_____ Liquid Net Worth:_____

LEGAL DOCUMENTS

Will? ◯ Yes ◯ No Living Will? ◯ Yes ◯ No Power of Attorney? ◯ Yes ◯ No Healthcare Power of Attorney? ◯ Yes ◯ No

CHILDREN (IF APPLICABLE)

Child's Name:_____ DOB:_____ Cell Phone:_____

Born of Current Marriage: ☐ Yes ☐ No Address:_____

City:_____ State:_____ Zip:_____

Child's Name:_____ DOB:_____ Cell Phone:_____

Born of Current Marriage: ☐ Yes ☐ No Address:_____

City:_____ State:_____ Zip:_____

CHILDREN (CONTINUED...)

Child's Name:_____ DOB:_____ Cell Phone:_____

Born of Current Marriage: ☐ Yes ☐ No Address:_____

City:_____ State: _____ Zip:_____

Child's Name:_____ DOB:_____ Cell Phone:_____

Born of Current Marriage: ☐ Yes ☐ No Address:_____

City:_____ State: _____ Zip:_____

Are all your children in good health? ◯ Yes ◯ No Are any of your children blind? ◯ Yes ◯ No

Are any of your childredn disabled? ◯ Yes ◯ No Have all your children completed their education? ◯ Yes ◯ No

Are any of your children receiving SSI or other forms of government entitlement? ◯ Yes ◯ No

Do any of your family members have any problems with:

Drug Addiction? ◯ Yes ◯ No Gambling? ◯ Yes ◯ No Alcoholism? ◯ Yes ◯ No Spending? ◯ Yes ◯ No

GRANDCHILDREN (IF APPLICABLE)

Child's Name:_____ DOB:_____ Parent's Name:_____

Child's Name:_____ DOB:_____ Parent's Name:_____

Child's Name:_____ DOB:_____ Parent's Name:_____

Child's Name:_____ DOB:_____ Parent's Name:_____

Child's Name:_____ DOB:_____ Parent's Name:_____

INTENTIONS - SPOUSE & CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? ◯ Yes ◯ No

Do you wish to treat all children equally? ◯ Yes ◯ No

If not, why?_____

Do you wish to provide for your children's education? ◯ Yes ◯ No

Have you established any Tuition 529 account(s)? ◯ Yes ◯ No

After your spouse's death, at what age do you want distribution to your children? _____ years old

(Examples: ½ at Age 25, ½ at Age 35 or immediately upon reaching Age 18)

INTENTIONS - GRANDCHILDREN

Do you wish to leave a specific amount of money or a percentage of your Estate to your grandchildren? ◯ Yes ◯ No

Do you wish to treat all grandchildren equally? ◯ Yes ◯ No

If not, why?_____

INTENTIONS - CHARITIES

Do you wish to leave a specific amount of money or other assets to charity? ◯ Yes ◯ No

Name of Charity:_____ Dollar Amount:_____

Address:_____

City:_____ State: _____ Zip:_____

Name of Charity:_____ Dollar Amount:_____

Address:_____

City:_____ State: _____ Zip:_____

GUARDIANS

If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice:_____

Second Choice:_____

LIVING WILL & HEALTH CARE AGENT

Spouse #1: Do you wish for your spouse to be your Health Care Agent? ◯ Yes ◯ No

Name of Proposed Health Care Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

Do you wish for your Health Care Agent to consult any other person prior to acting? ◯ Yes ◯ No

If yes, whom?_____

Name of Proposed Surrogate (Consultant):_____

Address:_____

City:_____ State:_____ Zip:_____

Name of Proposed Surrogate (Consultant):_____

Address:_____

City:_____ State:_____ Zip:_____

Spouse #2: Do you wish for your spouse to be your Health Care Agent? ◯ Yes ◯ No

Name of Proposed Health Care Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

LIVING WILL & HEALTH CARE AGENT (CONTINUED...)

Do you wish for your Health Care Agent to consult any other person prior to acting? ◯ Yes ◯ No

If yes, whom?_____

Name of Proposed Surrogate (Consultant):_____

Address:_____

City:_____ State:_____ Zip:_____

Name of Proposed Surrogate (Consultant):_____

Address:_____

City:_____ State:_____ Zip:_____

FINANCIAL POWER OF ATTORNEY

Spouse #1: Name of Proposed Financial Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

Name of Alternate Financial Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

Spouse #2: Name of Proposed Financial Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

Name of Alternate Financial Agent:_____

Address:_____

City:_____ State:_____ Zip:_____

MISCELLANEOUS

What is the location of your important papers?_____

Do you have a safe deposit box? ◯ Yes ◯ No

If yes, please indicate the name and address of the location of the safe deposit box below.

Name:_____

Address:_____

City:_____ State: _____ Zip:_____

Have you ever made gifts to any one person in excess of $10,000.00 in any one calendar year? ◯ Yes ◯ No

Have you ever filed a Federal Gift Tax Return? ◯ Yes ◯ No

Do you have life insurance? ◯ Yes ◯ No

Do you have any financial accounts that pay on death to a designated beneficiary(s)? ◯ Yes ◯ No

(Example: Transfer on death/TOD, IRA, Roth IRA, 401k, Annuity, etc.)

If so, please list:_____

_____

REAL ESTATE (SEE YOUR TAX BILLS)

Personal Residence Tax Block No.:_____ Lot No.:_____

Property Address:_____

City:_____ State:_____ Zip:_____

Tax Block No.:_____ Lot No.:_____

Other Property Address:_____

City:_____ State:_____ Zip:_____

FINANCIAL SUMMARY

*We may request a copy of statements if we do not have a statement in our files.

Assets	Spouse #1	Spouse #2	Joint
Bank Accounts*			
Real Estate (Home)*			
Real Estate (Other)*			
Savings Certificates (CD's)*			
Dakota Wealth Accounts*			
401k's*			
IRA's*			
Annuities*			
Life Insurance*			
Other Investment Accounts*			
Note & Mortgage Receivables*			
Business Interests*			
Inheritances			
Automobiles			
Jewelry & Art Collections			
Mortgage (Home)*			
Mortgage (Other)*			
Credit Cards*			
Student Loans*			
Automobile Loans*			
Other Debt			

QUESTIONS:

_____

_____

_____

_____

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_____

_____

NEXT STEPS:

1. Provide *Legal Document Worksheet* to Dakota Wealth office.
    - Scan/email using secure link or drop at Dakota Wealth office.
2. Attorney will review/contact you with questions.
    - Or if you have any questions during this process, you may contact Dakota Wealth or the Attorney.
3. No Questions?! Attorney will email you drafts for your review.
4. Once drafts are confirmed we will schedule a meeting with Dakota Wealth and the Attorney to execute the documents.
5. Upon execution Dakota Wealth will provide you with paper and electronic copies.

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