

This box for office use only – Trust Title:

\_\_\_\_\_  
\_\_\_\_\_  
Date Received:

## Individual Client Estate Planning Questionnaire

Thank you for your faith in our firm. The following information will be used in preparing estate planning documents for you. Please use the space provided on page 10 for any additional information you would like us to consider or include. If you have any questions while completing this questionnaire, please do not hesitate to contact our Estate Planning department to schedule a phone call or in-person meeting with the paralegal. 408-985-9918.

### Personal Information

Your Legal Name as shown on Driver's License: \_\_\_\_\_

Your Aliases (non-legal names to be used as AKA): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

If NO MINOR CHILDREN, please check this box.

If you have minor children, be sure to fill out Supplemental Guardianship Planning Questionnaire.

**Family Information** (IF YOU HAVE MORE CHILDREN, PLEASE INSERT ADDITIONAL PAGES)

**Deceased Children**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Survived by children: [ ] YES [ ] NO If yes, number of children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Survived by children: [ ] YES [ ] NO If yes, number of children: \_\_\_\_\_

**Living Children**

**#1 Legal Name as shown on Driver's License:** \_\_\_\_\_

Male: [ ] Female [ ] Special needs child: [ ] YES [ ] NO

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**#2 Legal Name as shown on Driver's License:** \_\_\_\_\_

Male: [ ] Female [ ] Special needs child: [ ] YES [ ] NO

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**#3 Legal Name as shown on Driver's License:** \_\_\_\_\_

Male: [ ] Female [ ] Special needs child: [ ] YES [ ] NO

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

## Legal Information

Here are sections that outline the decisions that you have made since your meeting with the attorney. Each term/decision has a clarifying explanation to help get you started.

### Trustees

Your trustee will be managing the assets that will go in to your trust (property, non-retirement cash accounts, etc.). It is likely that you will be the trustee of your own trust during your lifetime; however, you also need to select successor trustees who will manage the assets of your trust upon your death or incapacity. It is recommended to have at least two successors.

#1 Trustee: \_\_\_\_\_ Relation to You: \_\_\_\_\_

#2 Trustee: \_\_\_\_\_ Relation to You: \_\_\_\_\_

#3 Trustee: \_\_\_\_\_ Relation to You: \_\_\_\_\_

[Please note, many people confuse the term “trustee” with “executor”. You do not need to select an executor because an executor’s job is to be the person who carries out the terms of a will.]

### Special Gifts

There may be separate cash gifts or specific property of your estate that are to pass to others before your estate is then split among the other beneficiaries. Please disregard specific tangible property.

#1 Gift Beneficiary Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

#2 Gift Beneficiary Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

## Charities

If you would like to give assets to charity, please fill out this section:

If NONE please check this box.

#1 Charity: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose:  GENERAL  SPECIFIC \_\_\_\_\_

#2 Charity: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose:  GENERAL  SPECIFIC \_\_\_\_\_

#3 Charity: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose:  GENERAL  SPECIFIC \_\_\_\_\_

## Loans and Gifts During Your Lifetime

If you made loans or gave gifts during your lifetime, please express your intent on how they should be treated upon your death (e.g., loans forgiven upon your death, loans or gifts deducted from inheritance, loans paid back to estate, etc.):

Loan #1 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  PAYBACK  FORGIVE  DEDUCT

Loan #2 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  PAYBACK  FORGIVE  DEDUCT

Loan #3 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  PAYBACK  FORGIVE  DEDUCT

Loan #4 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  PAYBACK  FORGIVE  DEDUCT

Gift #1 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  DISREGARD  DEDUCT

Gift #2 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  DISREGARD  DEDUCT

Gift #3 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  DISREGARD  DEDUCT

Gift #4 - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  DISREGARD  DEDUCT

## Disinherit Option

In addition, if you choose to disinherit someone, please provide their names below:

#1 Disinherited Person: \_\_\_\_\_ Relation to You: \_\_\_\_\_

And their Children?  YES  NO

#2 Disinherited Person: \_\_\_\_\_ Relation to You: \_\_\_\_\_

And their Children?  YES  NO

**Beneficiaries**

You will be the beneficiary of your own trust during your lifetime. The beneficiary fields below are for defining those people who will receive the remaining assets upon your death and how you wish to split your estate (%).

**Option One:**                     EQUAL PORTION TO ALL MY CHILDREN

**Option Two:**

**#1 Beneficiary:** \_\_\_\_\_ **Relation to You:** \_\_\_\_\_ **%:** \_\_\_\_\_

**Balance of Estate passes:**  OUTRIGHT  IN TRUST                    **Special Needs?**  YES  NO

**If in trust, separate Trustee needed?**  YES  NO

**If this beneficiary should die before you:**  PASS TO CHILDREN  OTHER \_\_\_\_\_

**#2 Beneficiary:** \_\_\_\_\_ **Relation to You:** \_\_\_\_\_ **%:** \_\_\_\_\_

**Balance of Estate passes:**  OUTRIGHT  IN TRUST                    **Special Needs?**  YES  NO

**If in trust, separate Trustee needed?**  YES  NO

**If this beneficiary should die before you:**  PASS TO CHILDREN  OTHER \_\_\_\_\_

**#3 Beneficiary:** \_\_\_\_\_ **Relation to You:** \_\_\_\_\_ **%:** \_\_\_\_\_

**Balance of Estate passes:**  OUTRIGHT  IN TRUST                    **Special Needs?**  YES  NO

**If in trust, separate Trustee needed?**  YES  NO

**If this beneficiary should die before you:**  PASS TO CHILDREN  OTHER \_\_\_\_\_

**#4 Beneficiary:** \_\_\_\_\_ **Relation to You:** \_\_\_\_\_ **%:** \_\_\_\_\_

**Balance of Estate passes:**  OUTRIGHT  IN TRUST                    **Special Needs?**  YES  NO

**If in trust, separate Trustee needed?**  YES  NO

**If this beneficiary should die before you:**  PASS TO CHILDREN  OTHER \_\_\_\_\_

**#5 Beneficiary:** \_\_\_\_\_ **Relation to You:** \_\_\_\_\_ **%:** \_\_\_\_\_

**Balance of Estate passes:**  OUTRIGHT  IN TRUST                    **Special Needs?**  YES  NO

**If in trust, separate Trustee needed?**  YES  NO

**If this beneficiary should die before you:**  PASS TO CHILDREN  OTHER \_\_\_\_\_

**If you have something that you would like a beneficiary to receive as part of their share, please describe:**

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

This page covers your instructions in regards to medical care upon the event that you cannot speak for yourself (in case of temporary or permanent incapacity).

**Agents For Advance Health Care Directive**

This document is used by your agent to make medical decisions on your behalf and needs to be submitted to your doctor(s) once created.

#1 Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

#2 Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

#3 Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

**End of Life Decisions**

NO ARTIFICIAL PROLONGATION OF LIFE

RELIGIOUS CONSIDERATIONS

ALL HEROIC MEASURES

NO PREFERENCE

**Organ Donation**

YES

NO

NO PREFERENCE

**Burial/Cremation Plans**

BURIAL

CREMATION

NO PREFERENCE

If you would like us to submit a copy of your Advance Health Care Directive and Authorization of Release of Medical Information to your physician, please provide contact information:

Physician's Name: \_\_\_\_\_ Your Medical Record Number: \_\_\_\_\_

Physician's Office phone number: \_\_\_\_\_

**Authorization for Release of Medical Information (HIPAA)**

We will automatically include all of your health care agents and trustees. Please list any additional people below:

Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

This section covers financial caretaking of your person (as opposed to your trust).

**Agents For Financial Durable Power of Attorney**

An agent named in a Financial Durable Power of Attorney will act on your behalf during your lifetime with respect to your financial needs. It is considered ‘durable’ because the authorization remains in force even if you later become incapacitated. For purposes of continuity, these agents are usually the same as your trustees.

Effective: [ ] IMMEDIATELY [ ] UPON INCAPACITY

Agents: [ ] SAME AS TRUSTEES [ ] OTHER – PLEASE USE SECTION BELOW

Initial Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Successor Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Successor Agent: \_\_\_\_\_ Relation to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

**Financial Information**

This section will serve to provide us with a list of your assets. As we create your estate plan, the information contained herein will be transferred to your documents.

**Real Property**

Please fill in the fields below. Real property refers to your house or any real estate that you own.

How many properties do you own? \_\_\_\_\_

Property #1 Address: \_\_\_\_\_

APN: \_\_\_\_\_

Property #2 Address: \_\_\_\_\_

APN: \_\_\_\_\_

Property #3 Address: \_\_\_\_\_

APN: \_\_\_\_\_

Property #4 Address: \_\_\_\_\_

APN: \_\_\_\_\_

**Accounts with Financial Institutions**

**Schedule A** – Non-retirement cash accounts (e.g., checking/savings, CDs, stocks/stock options, bonds, brokerage accounts/mutual funds, treasury notes, etc.) that will be **INCLUDED** in the trust. Please also attach a copy of your most current statements to this questionnaire.

<b>Financial Institution</b>	<b>Account Type</b>	<b>Fund/Account Number</b>



**Schedule B – Non-retirement/qualified annuities and assets that are NOT INCLUDED in the trust. Please also attach a copy of your most current statements to this questionnaire. Please do not list Accidental Death or Dismemberment (ADD) or employer provided group term life or retirement annuities.**

**Life Insurance**

Insurance Company	Cash Value upon Death	Term/ Whole	Policy Number	Owner/ Insured	Beneficiary

**Non-Retirement Annuity Accounts**

Company Name	Contract Number	Asset Value	Owner/ Annuitant	Primary Beneficiary/ Secondary Beneficiary

**Retirement Accounts** (Account Types: IRA, SEP-IRA, Roth IRA, 401(k), 403(b), defined benefit, deferred compensation, and Keogh)

Company Name/ Account Type	Account Number	Asset Value	Owner	Primary Beneficiary/ Secondary Beneficiary

**Business Interests**

This section covers entrepreneurial and ownership details for any business in which you are involved (e.g., limited or general partnerships, proprietorships, closely held corporations, etc). If this does not apply to you, please check the box and move on. Please provide a description and an estimated value of your interest.

I AM NOT A PARTIAL OWNER OR A MAJOR INVESTOR IN ANY BUSINESSES.

Business Name: \_\_\_\_\_ % Ownership \_\_\_\_\_

Type of Interest:  SOLE PROP  PARTNER  CORPORATION  OTHER \_\_\_\_\_

Business Name: \_\_\_\_\_ % Ownership \_\_\_\_\_

Type of Interest:  SOLE PROP  PARTNER  CORPORATION  OTHER \_\_\_\_\_

Business Name: \_\_\_\_\_ % Ownership \_\_\_\_\_

Type of Interest:  SOLE PROP  PARTNER  CORPORATION  OTHER \_\_\_\_\_

**Additional Information**

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**Certification**

The undersigned hereby represents to the Law Offices of James E. Berge and each of its attorneys that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, that the recommendations made by the law firm may not be appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_