

This box for office use only – Trust Title:

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

## Married Clients 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 12 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

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

Husband's Aliases (non-legal names to be used as AKA): \_\_\_\_\_

Husband's DOB: \_\_\_\_\_ Husband's SSN: \_\_\_\_\_

Husband's Email Address: \_\_\_\_\_

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

Wife's Aliases (non-legal names to be used as AKA): \_\_\_\_\_

Wife's DOB: \_\_\_\_\_ Wife's SSN: \_\_\_\_\_

Wife's Email Address: \_\_\_\_\_

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

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

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

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

Marital Date: \_\_\_\_\_

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

Child of This Marriage? [ ] YES [ ] NO If NO, whose child? [ ] HUSBAND [ ] WIFE

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

Child of This Marriage? [ ] YES [ ] NO If NO, whose child? [ ] HUSBAND [ ] WIFE

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

Child of This Marriage? [ ] YES [ ] NO If NO, whose child? [ ] HUSBAND [ ] WIFE

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: \_\_\_\_\_

This gift to be distributed:

UPON FIRST SPOUSE’S DEATH

UPON SECOND SPOUSE’S DEATH

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

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

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

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

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

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

This gift to be distributed:

UPON FIRST SPOUSE’S DEATH

UPON SECOND SPOUSE’S DEATH

**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 OUR 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:**

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

## HUSBAND

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.

INITIAL AGENT: SPOUSE  IF NOT SPOUSE, THEN SUCCESSOR BELOW:

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: \_\_\_\_\_

### 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: \_\_\_\_\_

**WIFE**

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.

[ ] INITIAL AGENT: SPOUSE [ ] IF NOT SPOUSE, THEN SUCCESSOR BELOW:

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: \_\_\_\_\_

**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: \_\_\_\_\_

**HUSBAND**

This page 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. Our standard practice is to make your spouse your agent effective immediately, and the successor agents the same as the 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: \_\_\_\_\_

**WIFE**

This page 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. Our standard practice is to make your spouse your agent effective immediately, and the successor agents the same as the 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: \_\_\_\_\_



**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



**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. We understand that if the information contained herein is inaccurate or incomplete, that the recommendations made by the law firm may not be appropriate.

Signature of Husband: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Wife: \_\_\_\_\_ Date: \_\_\_\_\_