SINGLE CLIENT - INFORMATION CHECKLIST
ESTATE PLANNING INFORMATION
(PLEASE FILL IN THE FOLLOWING)

CHECKLIST FOR WILLS AND TRUSTS

1. Documents

You will need to locate the documents listed below in order to answer the questions that follow. Please indicate whether you have any of the following documents and, if so, where the original is located. We need to review these documents in order to help you plan your estate. **Please bring these documents or copies with you when you come to the office for your interview. Also, if you would provide us with copies of the face pages of account statements and with change of beneficial forms for your insurance policies and retirement-related assets, the asset coordination phase of your estate plan will be expedited.**

Document	**Location of Original**
Previous Will/Codicil	____________________
Previous Trust	____________________
Property Settlement, Spousal/Child Support Agreements	____________________
Life Insurance and Casualty Policies	____________________
Business, Buy/Sell, or Shareholder Agreements	____________________
Employee Benefit Plan Documents	____________________
IRA and Keogh Accounts (current statement)	____________________
Brokerage Accounts (current statement)	____________________
Bank or Savings and Loan Accounts (current statement)	____________________
Deeds to all Real Property	____________________
Copies of Stock and Bond Certificates in your possession	____________________
Funeral or Burial Instructions (copy of any prepaid contract)	____________________
Prior Living Wills or Durable Powers of Attorney	____________________
Limited or General Partnership Certificates and information	____________________
Copies of General or Special Power of Appointments Held	____________________

2. **Personal and Family Data**

Date of Conference: ____________________

a) Client’s Information:

Name: ____
(full name to be used in documents)

Other Names: ____

Citizenship: _________ Health: __________

Address and Telephone:

Residence: ____

City/State/ZIP: ____

Telephone: ___________________________

Fax/Email: ___________________________

Business: ____

Telephone: ___________________________

Fax/Email: ___________________________

Email Address: ________________________

Birthdate: __________________ Place: _______________________

Date Entered California: ________________

Social Security No.: ___________________

b) Prior marriages, if any
Γ None

Name of Former Spouse	Date of Termination (Month/Year)	How Terminated? (Death, Divorce)	Written Property Settlement? (Y/N)

c) Living Children:

Γ None

Name	Date of Birth	Address and Phone (if different)	Other Parent	Adopted?

d) Deceased Children:

Γ None

Name	Date of Death	Parent	Surviving Issue?

e) Grandchildren:

Γ None

Name	Date of Birth	Address and Telephone No.	Parent

f) Parents:

Γ None (All Deceased)

Name of Parent	Date of Birth	Address and Phone No.	Deceased? (Y/N)

g) Brothers and Sisters:

Γ None

Name of Brother/Sister	Date of Birth	Address and Phone No.	Deceased? (Y/N)

h) Other relatives or dependent persons:

Γ None

Name	**Date of Birth**	**Address/Telephone No.**

i) Business or occupation:

Employer: ____

Telephone: Main Office: ______________________________

Human Resources Dept: ______________________

j) Military Service:

Γ None

Branch	Serial Number	Dates of Service	Date of Discharge	Location of Discharge Papers

k) Safe Deposit Boxes:

Γ None

Bank	Address	Authorized Persons

l) Prior Wills:

Γ None

Date	Location

m) Professional/Financial Advisors:

Γ None

Advisor	Name	Address/Telephone No.	None
Attorney			
Accountant			
Life Insurance Advisor			
Bank/Trust Officer			
Stockbroker			
Investment Advisor			
Financial Planner			
Physician			
Clergyman			

3. Income

a) Annual Salary or other earned income (present and estimated future):

Client: __________________

b) Annual other income, unearned (present and estimated future):

Client: __________________

4. Assets

a) Real Property -- For each property, please provide a copy of the most recent grant deed (not a deed of trust or a deed of reconveyance) with a complete property description and indicating how title is held - i.e., individual, joint tenancy, tenants in common, etc. If additional space is needed, please continue on separate sheet of paper.
Γ None

Address	Percent Owned	Form of Title	Date Acquired	Cost Basis	Mortgage	Estimated Value

b) Cash (including certificates of deposit and any cash in safe deposit box):
Γ None

Bank Name/Location	Account Registration	Account Number	Account Balance

c) Securities (including stocks, bonds, and treasury notes):

Γ None

CUSIP Number	Certificate Number	No. of Shares	Company Name	Type of Security	Name on Security	Date Acquired	Cost Basis	Estimated Value	Restricted (Y/N)

d) Brokerage Accounts/Mutual Funds:

Γ None

Financial Institution Name and Address	Name on Account	Account Number	Broker/Acct Executive Name and Phone Number	Estimated Value

e) Stock Options:

Γ None

ISO/NQ	Company	Shares Authorized	Shares Vested	Grant Date	Exercise Price	Expiration Date	Estimated Value

f) Life Insurance:
Γ None

Insurance Company	Policy Number	Name of Insured	Name of Beneficiary	Cash Value	Death Benefit

g) Annuity Contracts:
Γ None

Insurance Company	Contract Number	Owner	Annuitant	Beneficiary	Death Benefit

h) Vehicles:
Γ None

Year	Make	Model	License No.	Vehicle ID No.	Estimated Value

i) Tangible Personal Property (personal effects: jewelry, art or stamp collections, household furnishings, cars, etc.) - estimate total approximate value. List separately any assets exceeding $3,000 in value. Include contents of any safe deposit box.

Description of Property	Estimated Value
Household Furniture, Furnishings, Jewelry, Clothing	

j) Employment Benefits:

Γ None

	Employer	Estimated Value	Death Benefit	Date of Vesting
Life Insurance				
Disability Insurance				
Pension Plan				
Profit Sharing Plan				
401(k), 403(b), SEP				
ESOP				
Other				

l) Debts Owed to Client(s):

Γ None

Name of Obligor	Note Date	Note Amount	Name of Payee	Maturity Date	Secured? (Y/N)	Demand or Term	Amount Outstanding

m) Business Interests (limited or general partnerships, proprietorships, closely held corporations, including subchapter "S" corporations). If you plan to dispose of any business interest during your life, please describe.

Γ None

Description	Tax Basis	Estimated Value

n) Copyrights, patents, mineral rights:
Γ None

Description	Estimated Value

o) Cemetery Deeds:
Γ None

Description	Estimated Value

p) Other Assets:
Γ None

Description	Estimated Value

5. Other Interests or Expectancies:

a) Administrative or beneficial interests in trusts (i.e., as trustee or beneficiary). Please estimate the approximate value of the interest.

____

____

b) Powers of Appointment created by another person which empowers you to direct where the property goes on your death. Please estimate the approximate value of the assets subject to any general or special power of appointment you hold.

____

____

c) Expected inheritances or gifts. Please estimate the value of the expectancy.

____

____

d) Annuities. Please estimate the approximate value of the benefits expected.

____

____

6. Liabilities:

a) Debts owed (name of obligee; approximate amount owed; indicate collateral if applicable).

____

____

b) Contractual and leasehold obligations - please describe in general terms.

c) Pending lawsuits and claims - please describe in general terms.

d) Other liabilities (include contingent liabilities)

7. **Gifts Client has Made Over $10,000** (describe the gift, date, fair market value, donee and estimated total lifetime gifts to each donee):

a) Outrights gifts

b) Gifts in trust

c) Gifts naming you as custodian under the Uniform Transfers to Minors Act:

8. **Points to Ponder (Important decisions to make and to think about before you see the lawyer):** Who do you want to serve as your representative to handle the following matters? Please provide complete addresses and telephone numbers if not provided elsewhere in this questionnaire.

EXECUTOR (the person who carries out the terms of your Will). Can have more than one person. Typically the same person you name as your successor trustee (see below).

Name/Address: ____________________

Alternate #1: ____________________

Alternate #2: ____________________

SUCCESSOR TRUSTEE (the person who administers your trust(s) when you are unable and after your death). Can have more than one person. Typically your adult children, a trusted friend or relative, and/or a corporate trustee.

Name/Address: ____________________

Alternate #1: ____________________

Alternate #2: ____________________

Are you considering naming a non-United States citizen as trustee or successor trustee of any trust? Yes No

GUARDIAN OF THE PERSON FOR MINOR CHILDREN (the person who takes care of the physical, custodial, spiritual, and educational needs of your minor children if you and/or your spouse are deceased). Can have more than one person. If guardian is a married couple, what should happen in the event of their divorce, separation, or unwillingness or inability to act?

Name/Address: ____

Alternate #1: ____

Alternate #2: ____

GUARDIAN OF THE ESTATE FOR MINOR CHILDREN (the person who takes care of the financial needs of your minor children if you and/or your spouse are deceased). Can have more than one person. To avoid possible conflicts of interest, it is best to name different guardians of the person and estate. If guardian is a married couple, what should happen in the event of their divorce, separation, or unwillingness or inability to act?

Name/Address: ____

Alternate #1: ____

Alternate #2: ____

AGENT FOR ADVANCE HEALTH CARE DIRECTIVE. In the event of your incapacity, who would you like to make health care decisions for you if you are unable to do so?

Name/Address: ____

Alternate #1: ____

Alternate #2: ____

AGENT FOR DURABLE POWER OF ATTORNEY FOR PROPERTY MANAGEMENT. In the event of your incapacity or otherwise, who would you like to make financial decisions for you?

Name/Address: ____

Alternate #1: ____

Alternate #2: ____

9. Dispositive Intentions

a) Do you wish to provide primarily for your children?
Yes _______ No _______

If not, why not? ____

Do you wish to treat all of your children equally? Yes _______ No _______

Do any of your children have special needs? Yes ______ No. _______

Please describe: ____

After your death, at what age do you want distribution to your children:
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)

Your choice of age: _____ at age _____; _____ at age _____; _____ at age _____

Do you wish to protect your children's inheritance against the possibility of a failed marriage, creditor claims, or estate taxes due at your children's death? Yes _____ No _____

b) Do you want to leave a specific amount of money or specific property (either real or personal, but excluding tangible personal property) to named individuals? Yes _______ No ______

If so, please describe: ____

Beneficiary and Relationship: ____

c) Do you want to leave a specific amount of money or property to charity? Yes ____ No _____

If so, please describe: ____

Name and Address of Charity: ____

d) If you have no children, who do you wish to provide for in your will and/or trust?

(1) Name____ Relationship________________________

Street Adress____

City____ State___________ Zip_____________

Amount or Percentage of Estate: $__________ or _________%

(2) Name____ Relationship________________________

Street Adress____

City____ State___________ Zip_____________

Amount or Percentage of Estate: $__________ or _________%

(3) Name____ Relationship________________________

Street Adress____

City____ State___________ Zip_____________

Amount or Percentage of Estate: $__________ or _________%

10. Referral

By Whom Were You Referred To This Office?

Name____

Street Address____

City____ State__________ Zip____________

May We Send a "Thank You" to Your Referral Source? Yes _____ No _____

11. Certification

The undersigned hereby represents to the Law Offices of James E. Berge and each of its attorneys that the information contained in this intake form 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, the recommendations made by the law firm may not be appropriate.

Date: ____________________ ____
Signature of Client