

# PERSONAL INFORMATION FORM

For a Single Person

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Name of Client

Confidential information

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**PERSONAL INFORMATION**

Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_

US Citizen? Yes  No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

It is okay to communicate with me via my E-mail address

**CHILDREN AND/OR OTHER FAMILY MEMBERS**

(Use full legal name.)

Name	Birth date	Parent or Relationship
_____	_____	_____

Comments: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name	Birth date	Parent or Relationship
_____	_____	_____

Comments: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name	Birth date	Parent or Relationship
_____	_____	_____

Comments: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name	Birth date	Parent or Relationship
_____	_____	_____

Comments: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADVISORS**

Personal Attorney \_\_\_\_\_

Telephone \_\_\_\_\_

Accountant \_\_\_\_\_

Telephone \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Telephone \_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS**

(Please check "Yes" or "No" for your answer) Yes    No

Are you receiving Social Security, disability, or other governmental benefits?  
Describe \_\_\_\_\_ \_\_\_\_\_

Are you making payments pursuant to a divorce or property settlement order?  
Please furnish a copy. \_\_\_\_\_

Have you been widowed? If a federal estate tax return or a state death tax return was filed,  
please furnish a copy. \_\_\_\_\_

Have you ever filed federal or state gift tax returns? Please furnish  
copies of these returns. \_\_\_\_\_

Have you completed previous will, trust, or estate planning? Please furnish  
copies of these documents. \_\_\_\_\_

What passions and causes define your life? Have you considered leaving a portion of your  
estate to a charity that reflects your beliefs and values? We can provide you with tax  
advantaged options that increase the benefit of philanthropic giving.  
Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently the beneficiary of anyone else's trust?  
If so, please explain \_\_\_\_\_ \_\_\_\_\_

Do any of your children have special educational, medical, or physical needs? \_\_\_\_\_

Do any of your children receive governmental support or benefits? \_\_\_\_\_

Do you provide primary or other major financial support to adult children or others? \_\_\_\_\_

## YOUR CONCERNS

Please rate the following as to how important they are to you:  
(*H* high concern, *S* some concerned, *L* low concern, *N/A* no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Avoiding a guardianship (“living probate”) in case of a disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children’s inheritance from the possibility of failed marriages.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Other Concerns (Please list below):	
_____	
_____	

**PROPERTY INFORMATION**

**INSTRUCTIONS FOR COMPLETING  
THE PROPERTY INFORMATION CHECKLIST**

**General Headings**

This Property Information checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

**Type**

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**“Owner” of Property**

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled.

**If you own any property jointly with another person, please indicate below.**

**SUMMARY OF VALUES**

<b>ASSETS</b>	<b>Total Value</b>
Real Property	_____
Mortgages or other debt	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money Owed to You	_____
Anticipated Inheritance	_____
Other Assets:	_____
<b>Total Assets:</b>	_____

Do you have specific bequests you would like to make at this time? Common items typically include jewelry, valuable artwork, and family heirlooms.

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

## DESIGN INFORMATION

### PERSONS TO ACT FOR YOU:

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

**Name**

Relationship

Address

Home Telephone

Work Telephone

Cell Number

Instructions or Guidelines

**Name**

Relationship

Address

Home Telephone

Work Telephone

Cell Number

Instructions or Guidelines

**DISTRIBUTION TO CHILDREN:** A normal choice is to delay the outright distribution until your youngest child is 25 years old. You may want to choose another age or leave the assets in trust longer to help your children manage their wealth.

**TRUSTEE(S) FOR CHILDREN'S TRUST:** If a trust is established for the benefit of your children, choose one or more persons to manage the assets. The trustee can be the same person as the guardian or you may wish to separate the duties.

**Name**

Relationship

Address

Home Telephone

Work Telephone

Cell Number

**Name**

Relationship

Address

Home Telephone

Work Telephone

Cell Number

<b>Name</b>		<b>Relationship</b>
_____		_____
Address		
_____		
Home Telephone	Work Telephone	Cell Number
_____		

**PERSONAL REPRESENTATIVE:** After your death, who do you want carrying out your instructions and responsible for distribution of probate property for your beneficiaries?

<b>Name</b>		<b>Relationship</b>
_____		_____
Address		
_____		
Home Telephone	Work Telephone	Cell Number

<b>Name</b>		<b>Relationship</b>
_____		_____
Address		
_____		
Home Telephone	Work Telephone	Cell Number

<b>Name</b>		<b>Relationship</b>
_____		_____
Address		
_____		
Home Telephone	Work Telephone	Cell Number
_____		

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**Your Agent:**

Name	Relationship	
Address		
Home Telephone	Work Telephone	Cell Number

Instructions or Guidelines

Name	Relationship	
Address		
Home Telephone	Work Telephone	Cell Number

Instructions or Guidelines

Name	Relationship	
Address		
Home Telephone	Work Telephone	Cell Number

Instructions or Guidelines

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?  Yes  No

Do you want to provide that your organs and tissues should be made available for transplant purposes?  Yes  No

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**YOUR AGENT:**

Name	Relationship	
Address		
Home Telephone	Work Telephone	Cell Number

Instructions or Guidelines



Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

Instructions or Guidelines \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

Instructions or Guidelines \_\_\_\_\_

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?  Yes  No

Do you prefer burial or cremation? \_\_\_\_\_

**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan.

In the remote event no one is alive to receive my property I want my property distributed as follows:

To the following named individuals and/or charities:

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

**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

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

**Congratulations on completing this questionnaire.  
I look forward to meeting with you and putting your desires into a plan.**