

PERSONAL INFORMATION FORM

Married Couple
Without Minor Children

Name of Client

Confidential information

Law Office of Steven M. Berger, LLC
Steve@Bergerwills.com

821 West Benfield Road, Suite One
Severna Park, MD 21146

410-777-5916

Fax (815) 550-1653

PERSONAL INFORMATION

Husband's 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

Date of Marriage _____

Wife's 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. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

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 _____

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 Husband Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____ / _____
Providing for and protecting a spouse.	_____ / _____
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.	_____ / _____
Protect children’s inheritance in the event of a surviving spouse’s remarriage.	_____ / _____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____ / _____

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

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

Yes No

Are you (or your spouse) receiving Social Security, disability, or other governmental benefits?
Describe _____

Are you (or your spouse) making payments pursuant to a divorce or property settlement order?
Please furnish a copy. _____

If married have you and your spouse signed a pre- or post-marriage contract?
Please furnish a copy. _____

Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax
return was filed, please furnish a copy. _____

Have you (or your spouse) ever filed federal or state gift tax returns?
Please furnish copies of these returns. _____

Have (you or your spouse) 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: _____

If married, have you lived in any of the following states while married to each other?
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. _____

Are you (or your spouse) 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? _____

ADDITIONAL RELEVANT INFORMATION

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. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Total Value
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:			
Total Assets:			

* Joint Property values enter ½ in husband’s column and ½ in wife’s column.

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:

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

FOR HUSBAND

Name _____	Relationship _____
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Address

Home Telephone	Work Telephone	Cell Number
----------------	----------------	-------------

Name _____	Relationship _____
----------------------	------------------------------

Address

Home Telephone	Work Telephone	Cell Number
----------------	----------------	-------------

FOR WIFE

Name _____	Relationship _____
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Address

Home Telephone	Work Telephone	Cell Number
----------------	----------------	-------------

Name _____	Relationship _____
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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?

FOR HUSBAND

Name _____ **Relationship** _____

Address _____

Home Telephone _____ Work Telephone _____ Cell Number _____

Name _____ **Relationship** _____

Address _____

Home Telephone _____ Work Telephone _____ Cell Number _____

FOR WIFE

Name _____ **Relationship** _____

Address _____

Home Telephone _____ Work Telephone _____ Cell Number _____

Name _____ **Relationship** _____

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?

HUSBAND'S 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		

WIFE'S 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 Financial Agent to make gifts on your behalf during any period of time you are incapacitated? Husband: Yes No Wife: Yes No

Gifting Power Details: _____

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

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

HUSBAND'S 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 _____

WIFE'S 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? Husband: Yes No Wife: 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? Husband: Yes No Wife: 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. It can always be changed at a later date. In the remote event no one is alive to receive my property I want my property distributed as follows:

To each spouse's heirs-at-law.

One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.

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.