



BERRY LAW OFFICES

ESTATE PLANNING & WILL INFORMATION FORM

Your Names and Information:

Name of Client A		Date of Birth
Social Security Number	Work Phone No.	Cell Phone No.
Name of Client B		Date of Birth
Social Security Number	Work Phone No.	Cell Phone No.
Home Phone No.	Client A E-Mail	Client B E-Mail
Street Address	City	Zip Code

Marriage Information:

Have you and your spouse signed a Premarital Agreement? **Yes** **No**
If yes, please bring a copy of it to our meeting.

Have you or your spouse been divorced? **Yes** **No**
If yes, please bring a copy of the divorce decree to our meeting.



Your Children's Information:

Please list **all** your children, including any deceased children, children born out of wedlock, and/or children you wish to omit from receiving part of your estate. Please identify any of your children who are not natural or are adopted.

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Child of</u>

Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.

Should your children be treated equally? If not, please explain.

Are any of your children under a disability? If so, please explain.

Do you have any special concerns or objectives regarding your children? If so, please explain.



Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Guardian choices for Client A:

Name of Guardian(s) Relationship to Guardian(s)

Name of First Alternate Guardian(s) Relationship to First Alternate Guardian(s)

Name of Second Alternate Guardian(s) Relationship to Second Alternate Guardian(s)

Guardian choices for Client B (if different from above):

Name of Guardian(s) Relationship to Guardian(s)

Name of First Alternate Guardian(s) Relationship to First Alternate Guardian(s)

Name of Second Alternate Guardian(s) Relationship to Second Alternate Guardian(s)

Personal Representative. Who should be Personal Representative (“executor”) of your estate? A Personal Representative is responsible for probating your will, paying debts, collecting your assets, and settling your estate.

Personal Representative choices for Client A:

Name of Personal Representative(s) Relationship to Personal Representative(s)

Name of First Alternate Personal Representative(s) Relationship to First Alternate Personal Representative(s)

Name of Second Alternate Personal Representative(s) Relationship to Second Alternate Personal Representative(s)

Personal Representative choices for Client B (if different from above):

Name of Personal Representative(s) Relationship to Personal Representative(s)

Name of First Alternate Personal Representative(s) Relationship to First Alternate Personal Representative(s)

Name of Second Alternate Personal Representative(s) Relationship to Second Alternate Personal Representative(s)



Trusts. If a trust is appropriate to include estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. Typically a trust is established if you have minor children, because absence of an establishment of a trust, children will inherit your estate at age 18. Accordingly, if you have minor children please complete the following information. You may name an individual, bank or trust company, or both to act as your trustee.

Trustee choices for Client A:

Name of Trustee(s)	Relationship to Trustee(s)
Name of First Alternate Trustee(s)	Relationship to First Alternate Trustee(s)
Name of Second Alternate Trustee(s)	Relationship to Second Alternate Trustee(s)

Trustee choices for Client B (if different from above):

Name of Trustee(s)	Relationship to Trustee(s)
Name of First Alternate Trustee(s)	Relationship to First Alternate Trustee(s)
Name of Second Alternate Trustee(s)	Relationship to Second Alternate Trustee(s)

Safe Deposit Box.

Do you have a safe deposit box? **Yes** **No**

If so, where?

Does anyone else have access to your box? **Yes** **No**

If so, who?



Liabilities: Use approximate amount under each person who is responsible for the liability.

Liabilities	Husband	Wife	Joint
Home Mortgage			
Other Mortgages			
Debts to Family Members			
Other Debts (describe)			
TOTAL LIABILITIES:			

Beneficiary Designations:

Life Insurance:

Policy Name/Number	Face Value	Insured	Beneficiary
1.			
2.			
3.			
4.			

Retirement Plans:

Retirement Plans/IRA	Value	Owner	Beneficiary (If Death Benefit)
1.			
2.			
3.			
4.			



Will Discussion Issues. We will discuss the following issues at our meeting. Please feel free to answer the following questions or write down any questions you may have for our meeting.

- **Future Inheritances.** Do you expect any inheritances in the near future? If so, please give details.
- **Current Will.** Do you now have a will or revocable trust? If so, please bring a copy to our meeting.
- **Predeceased Child.** If any child of yours should predecease you, should your child's share pass through to their children? Or, do you prefer your predeceased share to pass to your surviving children or in some other manner?

- Do you wish to **include** grandchildren born out of wedlock? **Yes** **No**
- **Trusts.** Do you wish to have a trust established for the benefit of your spouse, children and/or grandchildren? **Yes** **No**

If so, how do you want the trust disbursed?

- **Specific Gifts.** Do you wish to make any specific bequests to charities or individuals?

Yes **No**

If so, who?

- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person?

Yes **No** If so, please bring details to our meeting.

- **No Family Survives.** How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, friends, charity, etc.)



Power of Attorney. Our office highly recommends that any estate plan include a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name.

Power of Attorney choices for Client A:

Do you want two different individuals to be able to act as Power of Attorney on your behalf at the same time? If so, please complete A, B, C, & D. If not, please complete A, C & D.

If you want Co-Power of Attorneys named to act on your behalf, do you want them to be able to act individually or jointly? **Individually Jointly**

A)

Name of Power of Attorney Relationship of Power of Attorney

Street Address of Power of Attorney City State Zip Code

B)

Name of Co-Power of Attorney, if any Relationship of Co-Power of Attorney

Street Address of Co-Power of Attorney City State Zip Code

C)

Name of First Alternate Power of Attorney Relationship of First Alternate Power of Attorney

Street Address of First Alternate Power of Attorney City State Zip Code

D)

Name of Second Alternate Power of Attorney Relationship of Second Alternate Power of Attorney

Street Address of Second Alternate Power of Attorney City State Zip Code

Please check the following powers for which you desire the Power of Attorney(s) to possess:

- A) Real estate transactions
- B) Tangible personal property transactions
- C) Bond, share and commodity transactions
- D) Banking transactions
- E) Business operating transactions
- F) Insurance transactions
- G) Beneficiary transactions
- H) Gift transactions
- I) Fiduciary transactions
- J) Claims and litigation
- K) Family maintenance
- L) Benefits from military service
- M) Records, reports, and statements
- N) All listed powers A - M

Do you want this power of attorney to continue to be effective if you become incapacitated or incompetent?
Yes No

Do you want your Power of Attorney(s) to be able to transfer property to themselves?
Yes No



Power of Attorney choices for Client B:

Do you want two different individuals to be able to act as Power of Attorney on your behalf at the same time? If so, please complete A, B, C, & D. If not, please complete A, C & D.

If you want Co-Power of Attorneys named to act on your behalf, do you want them to be able to act individually or jointly? **Individually Jointly**

A)

Name of Power of Attorney Relationship of Power of Attorney

Street Address of Power of Attorney City State Zip Code

B)

Name of Co-Power of Attorney, if any Relationship of Co-Power of Attorney

Street Address of Co-Power of Attorney City State Zip Code

C)

Name of First Alternate Power of Attorney Relationship of First Alternate Power of Attorney

Street Address of First Alternate Power of Attorney City State Zip Code

D)

Name of Second Alternate Power of Attorney Relationship of Second Alternate Power of Attorney

Street Address of Second Alternate Power of Attorney City State Zip Code

Please check the following powers for which you desire the Power of Attorney(s) to possess:

- A) ___ Real estate transactions
- B) ___ Tangible personal property transactions
- C) ___ Bond, share and commodity transactions
- D) ___ Banking transactions
- E) ___ Business operating transactions
- F) ___ Insurance transactions
- G) ___ Beneficiary transactions
- H) ___ Gift transactions
- I) ___ Fiduciary transactions
- J) ___ Claims and litigation
- K) ___ Family maintenance
- L) ___ Benefits from military service
- M) ___ Records, reports, and statements
- N) ___ All listed powers A - M

Do you want this power of attorney to continue to be effective if you become incapacitated or incompetent?
Yes No

Do you want your Power of Attorney(s) to be able to transfer property to themselves?
Yes No



Health Care Directive. Our office recommends that your estate plan also include a Health Care Directive granting another person the power to act on your behalf to make health care decisions for you based on the instructions in your Health Care Directive. In certain circumstances, without a valid Health Care Directive, your family or the County may have to petition the court to establish a guardianship.

Health Care Directive choices for Client A:

Do you want two different individuals to be able to act on your behalf as your health care agent (“HCD”) at the same time? If so, please complete A, B & C. If not, please complete A & C.

If you want co-health care agents named to act on your behalf, do you want them to be able to act individually or jointly? **Individually** **Jointly**

A)

Name of HCD Relationship of HCD Phone Number of HCD

Street Address of HCD City State Zip Code

B)

Name of Co-HCD Relationship of Co-HCD Phone Number of Co-HCD

Street Address of Co-HCD City State Zip Code

C)

Name of Alternative HCD Relationship of Alternate HCD Phone Number of Alternate HCD

Street Address of Alternate HCD City State Zip Code

Unless you limit the powers of your health care agent(s), your agent(s) will be granted the following powers. Please indicate any of the following powers you DO NOT want automatically granted to your health care agent or in which you want to LIMIT:

- A) Make my health care decisions for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.
- B) Choose my health care providers.
- C) Choose where I live and receive care and support when those choices relate to my health care needs.
- D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If you desire to LIMIT any of the powers listed above in A – D, please indicate below how you would like the powers limited:



Client A Health Care Directive (Con't)

Finally, please answer the following questions:

- **Who would you like to be your doctor?**

- **Where would you like to receive your health care?**

- **Where would you like to die and other wishes you have about dying:**

- **What are your wishes about donating your body parts:**

- **What do you want to happen to your body when you are cremated or buried?**

- **Any other things?**



Health Care Directive choices for Client B:

Do you want two different individuals to be able to act on your behalf as your health care agent (“HCD”) at the same time? If so, please complete A, B & C. If not, please complete A & C.

If you want co-health care agents named to act on your behalf, do you want them to be able to act individually or jointly? **Individually** **Jointly**

A)

Name of HCD Relationship of HCD Phone Number of HCD

Street Address of HCD City State Zip Code

B)

Name of Co-HCD Relationship of Co-HCD Phone Number of Co-HCD

Street Address of Co-HCD City State Zip Code

C)

Name of Alternative HCD Relationship of Alternate HCD Phone Number of Alternate HCD

Street Address of Alternate HCD City State Zip Code

Unless you limit the powers of your health care agent(s), your agent(s) will be granted the following powers. Please indicate any of the following powers you DO NOT want automatically granted to your health care agent or in which you want to LIMIT:

- A) Make my health care decisions for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.
- B) Choose my health care providers.
- C) Choose where I live and receive care and support when those choices relate to my health care needs.
- D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If you desire to LIMIT any of the powers listed above in A – D, please indicate below how you would like the powers limited:



Client B Health Care Directive (Con't)

Finally, please answer the following questions:

- **Who would you like to be your doctor?**

- **Where would you like to receive your health care?**

- **Where would you like to die and other wishes you have about dying:**

- **What are your wishes about donating your body parts:**

- **What do you want to happen to your body when you are cremated or buried?**

- **Any other things?**