

# BERLINER COHEN, LLP — ESTATE PLANNING FACT FINDER

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## PART I — YOUR FAMILY FACTS

Legal name

\_\_\_\_\_

Legal name of spouse/registered domestic partner

\_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

SSN \_\_\_\_\_

US Citizen?  Yes  No

US Citizen?  Yes  No

Countries of other/additional Citizenships: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Referred by \_\_\_\_\_

2844 Park Ave.  
Merced, CA 95348  
209.385.0700

Ten Almaden Blvd.  
Eleventh Floor  
San Jose, CA 95113  
408.286.5800

1601 I Street, Suite 150  
Modesto, CA 95354  
209.576.0111

# ESTATE PLANNING FACT FINDER

## Children

(Please attach additional page if needed)

1. Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Child of current marriage?  Yes  No  
Address: (if different than yours)  
\_\_\_\_\_  
\_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children of child:  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Child of current marriage?  Yes  No  
Address: (if different than yours)  
\_\_\_\_\_  
\_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children of child:  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Child of current marriage?  Yes  No  
Address: (if different than yours)  
\_\_\_\_\_  
\_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children of child:  
\_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Child of current marriage?  Yes  No  
Address: (if different than yours)  
\_\_\_\_\_  
\_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children of child:  
\_\_\_\_\_  
\_\_\_\_\_

Any adopted children?  Yes  No

Any children with special needs?  Yes  No

## Predeceased Children

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Children of predeceased child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Children of predeceased child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ESTATE PLANNING FACT FINDER

### Status of Current Plans

- |  |   |
|--|---|
| 1. Any current estate planning documents? <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Advance Health Care Directive |   |
| 2. Do you have separate property? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Does your spouse have separate property? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Do you have an expectation of inheritance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>From whom? _____<br>Approximate size of inheritance: _____   | Does your spouse have an expectation of inheritance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>From whom? _____<br>Approximate size of inheritance: _____                         |
| 4. Do you expect to own assets outside the US? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Does your spouse expect to own assets outside the US? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 5. Are you currently a beneficiary of a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is your spouse currently a beneficiary of a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Have you made gifts to your children/grandchildren/other person (other than spouse) which exceeded \$10,000 per person in any year? <input type="checkbox"/> Yes <input type="checkbox"/> No                  | Has your spouse made gifts to your children/grandchildren/other person (other than spouse) which exceeded \$10,000 per person in any year? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever filed a gift tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Has your spouse ever filed a gift tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. Any prenuptial and/or marital agreements between spouses? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach if available)   |   |

### Previous Marriage

- |   |  |
|---|--|
| Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was your spouse previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce        | Terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce               |
| Date of death/divorce: _____  | Date of death/divorce: _____   |
| Other information: _____<br>_____<br>_____  | Other information: _____<br>_____<br>_____   |

# ESTATE PLANNING FACT FINDER

## Other Persons Dependent on You

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Special needs?  Yes  No

Special needs?  Yes  No

## Professional Advisor Contact Information

Accountant/CPA

Financial Advisor

Life Insurance Agent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

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

# ESTATE PLANNING FACT FINDER

## PART II — ASSET INFORMATION

### Real Estate

Address	APN	Original price	Current value	Current mortgage	How title held
1.					
2.					
3.					
4.					
5.					

### Business Interests (Corporate, LLC, Partnership, and Sole Proprietorship)

Name of business*	Type of entity	Percent owned	Current value	How title held
1.				
2.				
3.				
4.				
5.				

\*Please attach copies of partnership agreements, operating agreements, or stock certificates.

# ESTATE PLANNING FACT FINDER

**Cash Accounts**  
(Savings, Checking, Money Market, CD's)

Name of Institution	Account number	Current value	Type of account	How title held
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Retirement Plans**

Participant	Administrator	Type of plan	Primary beneficiary(ies)	Secondary beneficiary(ies)	Current value
1.					
2.					
3.					
4.					
5.					

## ESTATE PLANNING FACT FINDER

### Brokerage Accounts

Name of Institution	Account number	Current value	Type of account	How title held
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

### Stock/Bonds/Treasuries Not in Brokerage Accounts

Stock/Bonds/Treasuries	Number of shares	Certificate number*	Current value	How title held
1.				
2.				
3.				
4.				
5.				

\*Attach copies of certificates if available.

### Stock Options

Name of company	Type of option	Current option price	Market price per share
1.	<input type="checkbox"/> ISO <input type="checkbox"/> Other deferred <input type="checkbox"/> Non-qualified		
2.	<input type="checkbox"/> ISO <input type="checkbox"/> Other deferred <input type="checkbox"/> Non-qualified		
3.	<input type="checkbox"/> ISO <input type="checkbox"/> Other deferred <input type="checkbox"/> Non-qualified		

# ESTATE PLANNING FACT FINDER

## Foreign Accounts

Name of Institution	Account	Current value*	Location	Type	How title held
1.					
2.					
3.					
4.					
5.					

\*If over \$10,000, please attach copies of F-BARS or bank account reports.

## Pension Plans

Participant	Employer	Beneficiary(ies)	Death benefit (yes or no)	Estimated monthly payment
1.				
2.				
3.				

## Annuities

Name of company/contract number	Annuitized	Owner	Annuitant	Beneficiary(ies)	Cash value	Death benefit
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No					



# ESTATE PLANNING FACT FINDER

## Life Insurance

Name of company/ policy number	Owner of policy	Insured	Primary / secondary beneficiary(ies)	Type	Cash value / death benefit
1.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
2.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
3.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
4.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	

## Loans Made by You

Name of borrower*	Secured (yes or no)	Current outstanding balance
1.		
2.		
3.		
4.		
5.		

\*Attach copies of promissory notes if any.

## Major Tangible Personal Property (E.G., Art, Jewelry, Automobiles of High Value, Collections, etc.)

Asset description	Current value
1.	
2.	
3.	
4.	

## ESTATE PLANNING FACT FINDER

**Other Assets**  
(Including foreign assets not covered above)

1.
2.
3.
4.

**Safe Deposit Box**

Do You have a Safe Deposit Box?      Yes      No

Bank / Branch: \_\_\_\_\_

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

Who has key(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I/We declare that the above listed information is complete and accurate.**

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

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

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

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

**Please note:**

Berliner Cohen will use the last vesting deed for purposes of funding real estate into your trust unless you instruct otherwise.

## ESTATE PLANNING FACT FINDER

### PART III — TERMS OF WILL/TRUST/POWERS OF ATTORNEY

A typical estate plan consists of a Revocable Trust, a Will, a Durable Power of Attorney for finances, and an Advance Health Care Directive.

**Revocable Trust** — A revocable trust is often the most important part of an estate plan. In California, married couples typically create a joint (combined) revocable trust for their assets. The trust will set forth a clear and complete plan for the management of your assets upon your incapacity or death and avoid the need for probate. You are the settlor (the person who creates the trust), the trustee (the person who administers the trust), and the beneficiary (the person who receives the benefits of the trust assets). You also designate both who will serve as trustee if you are unable to serve and how the trust assets will be distributed after your death (for example, to your spouse in trust for life, then to your children in equal shares). Because legal title to the assets is held by the trustee, and not by you individually, the assets in the trust will not be subject to probate upon your death.

**Will** — A revocable trust is designed to avoid probate. However, any assets which are held by you as an individual may be subject to probate upon your death. The Will provides that those assets will be transferred (or “poured-over”) to the trust upon your death. The Will nominates an executor of your estate and guardians of your minor children.

**Durable Power of Attorney for Finances** — The Durable Power of Attorney for finances appoints an agent to act on your behalf for your financial affairs, such as paying your bills, accessing your bank accounts and filing your income taxes.

**Advance Health Care Directive** — The Advance Health Care Directive appoints an agent to make health care decisions on your behalf. Health care decision making powers includes authorizing or withholding life support, depending on your preferences.

The following section of this questionnaire will gather information about how you would like to structure your estate plan. The attorney will fully explain each of these documents and answer any questions you may have during your meeting.

## ESTATE PLANNING FACT FINDER

### Trustees/Executors/Guardians

**A. Trustee:**

Who would you like to act as Successor Trustee of your Trust upon your death or incapacity? (The Trustee's job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s).)

Spouse?  Yes  No

Successor Trustee (1): \_\_\_\_\_

Successor Trustee (2): \_\_\_\_\_

Successor Trustee (3): \_\_\_\_\_

**B. Executor:**

Who would you like to serve as Executor of your Last Will and Testament upon your death?

Same as Trustee?  Yes  No

Spouse?  Yes  No

Alternate Executor (1): \_\_\_\_\_

Alternate Executor (2): \_\_\_\_\_

Alternate Executor (3): \_\_\_\_\_

**C. Guardian:**

Who would you like to serve as Guardian of your minor child(ren) under the age of 18? Please list Guardians and alternates in order of preference. (If you have no minor children, go to Distribution of Assets section on next page.)

Surviving parent?  Yes  No

Alternate Guardian (1): \_\_\_\_\_

Alternate Guardian (2): \_\_\_\_\_

Alternate Guardian (3): \_\_\_\_\_

## Distribution of Assets

**Distribution of Specific Bequests:**

If you wish to leave a special gift such as a specific sum of cash, particular stock or account, real property, or high-value collectible to a certain person, please indicate below. (Please attach additional page if needed)

Item: \_\_\_\_\_ To whom: \_\_\_\_\_

Item: \_\_\_\_\_ To whom: \_\_\_\_\_

Item: \_\_\_\_\_ To whom: \_\_\_\_\_

Item: \_\_\_\_\_ To whom: \_\_\_\_\_

**Distribution of Remaining Estate:**

How would you like the remaining portion of your estate to be distributed? (Please attach additional page if needed)

**Children and Issue**

To children equally **or**  To children in the following percentages:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

How would you like your children to receive the estate?  Outright **or**  In trust

*If you would like the estate to be held in trust, please indicate for how long:*

For life **or**  Until age(s): (For example, 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35): \_\_\_\_\_  
 \_\_\_\_\_

**Other Beneficiaries (if any)**

To whom: \_\_\_\_\_ Percentage: \_\_\_\_\_  Outright **or**  In trust until age(s): \_\_\_\_\_

To whom: \_\_\_\_\_ Percentage: \_\_\_\_\_  Outright **or**  In trust until age(s): \_\_\_\_\_

To whom: \_\_\_\_\_ Percentage: \_\_\_\_\_  Outright **or**  In trust until age(s): \_\_\_\_\_

To whom: \_\_\_\_\_ Percentage: \_\_\_\_\_  Outright **or**  In trust until age(s): \_\_\_\_\_

*If all your children, grandchildren and/or other named beneficiaries predecease you, who should inherit your estate (e.g., charities, other family members, etc.)?*

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

# ESTATE PLANNING FACT FINDER

## Powers of Attorney for Finance and Health

### A. Durable Power of Attorney for Finance

Who would each of you like to serve as your agent(s) under a Durable Power of Attorney *for financial transactions*? The person(s) you designate to act as your Attorney-in-Fact will have the power to sign your name, as your Attorney-in-Fact, for all your financial transactions.

You

Spouse

Same as Trustee?  Yes  No

Same as Trustee?  Yes  No

*(If no, please complete the following)*

*(If no, please complete the following)*

Attorney-in-Fact: \_\_\_\_\_

Attorney-in-Fact: \_\_\_\_\_

Successor Attorney-in-Fact (1): \_\_\_\_\_

Successor Attorney-in-Fact (1): \_\_\_\_\_

Successor Attorney-in-Fact (2): \_\_\_\_\_

Successor Attorney-in-Fact (2): \_\_\_\_\_

Successor Attorney-in-Fact (3): \_\_\_\_\_

Successor Attorney-in-Fact (3): \_\_\_\_\_

### B. Conservator of Your Estate

Your Durable Power of Attorney for financial transactions allows you to nominate the person a court would appoint to act as the conservator of your estate in the event formal conservatorship proceedings are necessary. Who should serve as Conservator of your estate? The person you designate will have the power to handle your financial transactions — like paying your bills and collecting your income for you.

You

Spouse

Same as Attorney-in-Fact for finances?  Yes  No

Same as Attorney-in-Fact for finances?  Yes  No

*(If no, please complete the following)*

*(If no, please complete the following)*

Conservator: \_\_\_\_\_

Conservator: \_\_\_\_\_

Successor Conservator (1): \_\_\_\_\_

Successor Conservator (1): \_\_\_\_\_

Successor Conservator (2): \_\_\_\_\_

Successor Conservator (2): \_\_\_\_\_

Successor Conservator (3): \_\_\_\_\_

Successor Conservator (3): \_\_\_\_\_

# ESTATE PLANNING FACT FINDER

**C. Conservator of Your Person**

Your Durable Power of Attorney for financial purposes allows you to nominate a person to act as the conservator of your person. Who should serve as Conservator of your person? The person you designate will be responsible for your care and protection, including managing your food, clothing and shelter needs, and looking after your general well-being.

You

Spouse

Spouse?  Yes  No *(If no, please complete the following)*

Spouse?  Yes  No *(If no, please complete the following)*

Conservator: \_\_\_\_\_

Conservator: \_\_\_\_\_

Successor Conservator (1): \_\_\_\_\_

Successor Conservator (1): \_\_\_\_\_

Successor Conservator (2): \_\_\_\_\_

Successor Conservator (2): \_\_\_\_\_

Successor Conservator (3): \_\_\_\_\_

Successor Conservator (3): \_\_\_\_\_

**D. Advance Health Care Directive**

Who would you like to serve as your agent to make health care decisions under a Durable Power of Attorney *for health care purposes*?

You

Spouse

Same as Conservator of Person?  Yes  No  
*(If no, please complete the following)*

Same as Conservator of Person?  Yes  No  
*(If no, please complete the following)*

Spouse?  Yes  No

Spouse?  Yes  No

Successor Health Care Agent (1): \_\_\_\_\_

Successor Health Care Agent (1): \_\_\_\_\_

Successor Health Care Agent (2): \_\_\_\_\_

Successor Health Care Agent (2): \_\_\_\_\_

Successor Health Care Agent (3): \_\_\_\_\_

Successor Health Care Agent (3): \_\_\_\_\_

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