

**CONFIDENTIAL CONSULTATION WORKSHEET
(FOR MARRIED COUPLE)**

	Date	
First Spouse's Name:		
Date of Birth:	Social Security Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone:	Work Phone:	Cell Phone:
Employer (if employed):		
Best Contact E-Mail Address:		
Street Address:		
City, State and Zip Code:		
Is First Spouse a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> No Citizen of		
Second Spouse's Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth:	Social Security Number:	
Home Phone:	Work Phone:	Cell Phone:
Employer (if employed):		
Best Contact E-Mail Address:		
Street Address:		
City, State and Zip Code:		
Is Second Spouse a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> No Citizen of		

HOW DID YOU HEAR ABOUT BERGMAN ATTORNEYS PC?

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OUR CHILDREN

Child's Full Name	Sex	Date of Birth	Parent(s) of Child
			<input type="checkbox"/> Both <input type="checkbox"/> First Spouse only <input type="checkbox"/> Second Spouse only
			<input type="checkbox"/> Both <input type="checkbox"/> First Spouse only <input type="checkbox"/> Second Spouse only
			<input type="checkbox"/> Both <input type="checkbox"/> First Spouse only <input type="checkbox"/> Second Spouse only
			<input type="checkbox"/> Both <input type="checkbox"/> First Spouse only <input type="checkbox"/> Second Spouse only

If a child named above is the child of the First Spouse or Second Spouse only, please identify each child by name, the full name of the other parent of the child, and whether or not the other parent is still alive or is deceased:

Child Name	Other Parent Name	Is Other Parent Still Alive?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

“Special Needs” Child: If you have a child who has a disability and is already receiving government assistance or will likely receive government assistance in the future, please identify each child here, and the nature of each child’s disability. Also, if you have a child who has a drug, alcohol, gambling or other abuse problem, creditor problems, is otherwise unable to handle finances, or is in a bad marriage or relationship where you are concerned about the loss of that child’s inheritance, please identify each child here and the nature of the child’s disability:

Child		Nature of Disability	
Child		Nature of Disability	
Child		Nature of Disability	

WHY DID YOU REQUEST A CONSULTATION? (CHECK ALL THAT APPLY)

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I need my current estate plan reviewed

I wish to consider the following planning:

Living Trust plan for my family

Asset protection for my family's inheritance

Safeguarding Your Children Plan for my minor children to protect them from foster care

Wealth Preservation Trust (irrevocable life insurance trust) for my life insurance to pass it on to my heirs free from income tax and inheritance taxes

IRA Retirement Trust for my retirement plans to defer taxation and provide asset protection for the inheritance for my heirs

Supplemental Needs Trust for my disabled or "special needs" child or other heir

Special planning for child or other heir with a substance abuse, financial, or other problem

I need the following questions answered at my consultation:

APPROXIMATE CURRENT VALUE OF YOUR ASSETS

ASSET	CURRENT VALUE
California Real Estate* (Number of properties)	
Out-Of-State Real Estate* (Number of properties)	
Bank Accounts	
Stocks, bonds, mutual funds**	
Life insurance***	
Retirement Plans (IRA, etc.)	
Annuities	
Stock options and RSUs (vested and non-vested)	
Business Interests	
Money owed to you	
Furniture and Personal Effects	
Automobiles, Boats & RVs	
Anticipated Inheritance	
SUBTOTAL OF ESTATE VALUE	
SUBTRACT MONIES OWED BY YOU (credit card debt, mortgage, car loans, etc.)	
TOTAL ESTIMATED VALUE	

* Real estate includes timeshares where you have a deed and actually own a percentage of the property

** Does not include stocks, bonds, and mutual funds owned in a retirement plan such as an IRA, 401(k) or similar

*** Includes life insurance provided through your employer

YOUR PLANNING OBJECTIVES AND VALUES WORKSHEET

	DATE	
First Spouse's Name		
Second Spouse's Name		

- Married Domestic Partners Co Habitating Couple
 Unmarried Widowed Divorced

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

PRESERVING AND MAXIMIZING ASSETS

- Minimizing taxes during your lifetime (income taxes, capital gains taxes, and estate taxes on inheritances you expect to receive)
- Reducing the costs of estate administration after your death through Probate avoidance
- Avoiding or limiting Medicaid / Medi-Cal claims on your assets should you require long-term care (i.e. nursing home care)
- Ensuring that a "special needs" or disabled child or other heir of yours has assets that are protected from government seizure while retaining eligibility for needed services
- Ensuring that your family has enough life insurance to provide a comfortable lifestyle no matter what may happen in the future
- Ensuring that your assets are passed to your children or others that you choose, and not given away to outsiders such as their spouses, their creditors, or the government

PROTECTING YOURSELF (OR YOURSELF AND YOUR SPOUSE OR PARTNER)

- From malpractice or other creditor claims
- From Conservatorship proceedings (also known as the "Living Probate), if you or your spouse or partner become incapacitated
- From Probate delays and stress for you and/or your family upon your death (or the death of your spouse or partner)
- From hospital policies that require life-sustaining procedures be performed on you when you would rather not endure them
- From the costs of estate administration after your death through Probate avoidance

- From health care decisions being made by people other than those you trust the most

PROTECT YOUR CHILDREN, HEIRS, OR OTHER BENEFICIARIES

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From loss of an inheritance due to an alcohol, drug, gambling or other addiction or abuse problem
- From claims of divorced spouses to take half of your child's or beneficiary's inheritance
- From claims of surviving spouses of a deceased child or beneficiary taking some or all of the inheritance instead of your grandchildren or other heirs
- From malpractice claims, for children or other beneficiaries who are in professions such as law, medicine, dentistry, accounting, architecture or other professions
- From claims of other creditors (e.g. car accident plaintiffs)
- From the stress and delays of the average 9-24 month long process of Probate
- From the financial immaturity of a child or other beneficiary resulting in quick loss of an inheritance from you
- From sharing assets with relatives and other heirs you would rather disinherit
- From litigation claims by disinherited heirs
- If you are a parent with minor children:* From relatives who would be poor, abusive or even dangerous guardians for your minor children
- If you are a parent with minor children:* From acquaintances and relatives who should not be allowed to be alone with your minor children
- If you are a parent with minor children:* From forcing your children to be placed into foster care through Child Protective Services should you die or become incapacitated
- If you have one or more special needs children or other beneficiaries:* From neglect in the government care system

ACHIEVE YOUR DREAMS

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- If you are a parent:* By providing guidelines for how your children should be supported while any inherited assets are held in trust for them
- If you have one or more special needs children or other beneficiaries:* By providing written guidance and instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle

If you own a business: By providing for the orderly continuation and transfer of family business interests rather than a forced sale of a family business to settle estate administration costs and taxes

IMPORTANT FAMILY QUESTIONS

Do you have a will, trust, or other estate planning document? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes," please bring copies of these documents to your consultation.</i>
If married or in a domestic partnership, have you and your spouse or partner signed a pre- or post-marriage/partnership contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes" please bring copies of these documents to your consultation.</i>
Are you making payments pursuant to a divorce or property settlement order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes," please bring copies of these documents to your consultation.</i>
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes," please describe below</i>
Do you own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Do you own a long-term care (nursing home) insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Have you ever filed federal or state gift tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "YES," please bring copies of these documents to your consultation.</i>
Do you support any charitable organizations how that you wish to make provisions for at the time of your death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes," please explain below</i>
Are you or your spouse or partner currently the beneficiary of anyone else's trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "Yes," please explain below:</i>

If you are married or in a domestic partnership, do you own any property that is solely your separate property and not community property? (Note: Separate property is generally property acquired before a marriage, or property acquired during a marriage through inheritance or gift. Generally, all property acquired by a married couple or domestic partners during a marriage is treated as community property.)

Yes No Don't Know

If "Yes," please explain below:

FAMILY VALUES

Please indicate if any of the following are important to you and your family

- Cultural values such as art, music, travel, etc.
- Economic values such as financial responsibility, frugality, savings, etc.
- Educational values such as study, self-improvement, academic achievements, etc.
- Emotional values such as compassion, kindness, generosity
- Ethical values such as honesty, fairness, justice
- Material values such as possessions, social standing, rank and title
- Personal values such as modesty, loyalty, independence
- Philanthropic values such as volunteer work, donations (time and money).
- Physical values such as health, relaxation, exercise, appearance
- Public values such as citizenship, community involvement, public service
- Recreational values such as sports, leisure time, hobbies, vacations
- Relationship values such as family, friends, colleagues
- Spiritual values such as faith, belief in God, inner peace
- Work values such as effort, competence, professional recognition and success

Anything else you wish to tell us?