

****CONFIDENTIAL LEGAL PLANNING INFORMATION****
FOR USE BY THE LAW OFFICE OF ABRAMS BERGER, P.A.
2699 Stirling Road, Suite A-301
Ft. Lauderdale, Florida 33312
Broward: (954) 921-4489 Dade (305) 949-2424
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This form is extremely important. Your accuracy and completeness in responding will help me to best represent you. Please take the time to complete all sections of the document. ***Please list all names as they would properly appear on legal documents.***

PERSONAL DATA

Please Print

Name _____

Address _____

Telephone _____

Business Telephone _____ Cell Phone _____

Birthdate _____ Age _____

Employer _____

U.S. Citizen Yes _____ No _____

Soc. Sec. # _____

Driver License # _____

State DL issued _____

Resided in FL since 19 _____

Type of residence:

_____ Rent home/apartment

_____ Own home/condominium

Were you referred to my office? If so, by whom? _____

If not, what made you choose my office? _____

Purpose of visit? _____

Name of person who completed form: _____

PERSONAL INFORMATION

Please bring copies of any of the following to our appointment.

Last Will and Testament	(State) _____	(Date) _____
Durable Power of Attorney	(State) _____	(Date) _____
Living Will	(State) _____	(Date) _____
Health Care Surrogate	(State) _____	(Date) _____
Living Trust	(State) _____	(Date) _____
Premarital Agreement	(State) _____	(Date) _____

1. Have you filed tax returns with the IRS for the last three years? _____

2. Who prepares your taxes? _____
Address: _____

3. Who is your financial advisor? _____
Address: _____

4. Who is your home insurance agent? _____
Address: _____

Who is your car insurance agent? _____
Address: _____

Who is your health insurance agent? _____
Address: _____

6. Do you have a safe deposit box? _____ If yes: What is the box number? _____
Where is it located? _____
What names are on the card? _____

7. Do you expect to receive an inheritance? _____ If yes, please explain. _____

8. Do you have special medical conditions that I should be aware of? _____ If yes, please explain.

9. Who is your family physician? _____
Address: _____

10. Do you have any other legal issues which I should be aware of (prior divorces, child support, alimony)? _____ If yes, please explain. _____

11. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? _____ If yes, please explain. _____

Does anyone to whom you are leaving part of your estate receive disability payments? ___ If yes, please explain. _____

12. Are you married? _____ If yes, when and where was your marriage _____
Name of Spouse _____

13. CHILDREN OF: _____

Please list proper names as they would appear on legal documents. List children who predeceased you, if any, and their children.

1. Name/Age: _____

Soc Sec #: _____

Residence: _____

Phone #: _____

2. Name/Age: _____

Soc Sec #: _____

Residence: _____

Phone #: _____

3. Name/Age: _____

Soc Sec #: _____

Residence: _____

Phone #: _____

4. Name/Age: _____
Soc Sec #: _____
Residence: _____

Phone #: _____

14.

BENEFICIARY DATA

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

1. Name/Age: _____
Relationship: _____
Residence: _____

Phone #: _____

2. Name/Age: _____
Relationship: _____
Residence: _____

Phone #: _____

3. Name/Age: _____
Relationship: _____
Residence: _____

Phone #: _____

4. Name/Age: _____
Relationship: _____
Residence: _____

Phone #: _____

IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE PRIOR TO YOUR APPOINTMENT AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER.

Charity Name: _____
Address: _____

Telephone: _____

Charity Name: _____
Address: _____

Telephone: _____

15.

HEALTH ISSUES

If you were unable to make medical decisions for yourself, whom would you want your doctor to consult with? (List in order of priority)

1. Name: _____
Relationship: _____
Telephone #: _____

Joint or
 Successor

2. Name: _____
Relationship: _____
Telephone #: _____

3. Name: _____
Relationship: _____
Telephone #: _____

16. If you were terminally ill or in a comatose state do you want to have your life prolonged artificially?: YES NO YES NO
17. If you were terminally ill or in a comatose state do you want a feeding tube put in? YES NO YES NO
18. If you were terminally ill do you want to be resuscitated (given CPR)? YES NO YES NO

19. Do you wish to be an organ/tissue donor?
YES NO

YES NO

If you were unable to carry out your financial business, who would you want to do so? (List in order of priority; include your spouse)

1. Name: _____
Relationship: _____
Telephone #: _____

Joint or

2. Name: _____
Relationship: _____
Telephone #: _____

Successor

3. Name: _____
Relationship: _____
Telephone #: _____

21. If you need a legal guardian, who would that be?

1. Name: _____
Relationship: _____
Telephone #: _____

Joint or

2. Name: _____
Relationship: _____
Telephone #: _____

Successor

22. Who will be the Personal Representative of your estate (in order of preference)?

1. Name: _____
Relationship: _____
Telephone #: _____

Joint or

2. Name: _____
Relationship: _____
Telephone #: _____

Successor

23. Do you want specific tangible personal property (furniture, jewelry, clothing, automobile, etc. to be distributed to specific individuals? YES NO

If yes, list the items and who should receive them: _____

24. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____ I give \$ _____ to _____

(IF MORE SPACE IS NEEDED, PLEASE USE BACK OF PAGE)

Who shall receive the balance of your estate? (Give percentages if more than one)

If your estate would be paid to a trustee for the benefit of children, at what ages would you want the principal to be distributed to them, and in what amounts (i.e., at age 21, 10%, or at age 25, 1/4)

(If not sure, leave blank and we will discuss in more detail when we meet)

What additional terms would you like to see in your trust for the children? _____

26. Who would be the trustee of the trust set up for your children?

1. Name: _____

Relationship: _____

Joint or

Telephone #: _____

2. Name: _____

Relationship: _____

Successor

Telephone #: _____

27. Who would be the guardian for your minor children?

1. Name: _____

Relationship: _____

2. Name: _____

Telephone #: _____

Joint or

Relationship: _____

Successor

Telephone #: _____

28. If you were ill and unable to manage your own affairs, could Attorney Terry Abrams Berger discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, physician)? _____

If yes, write the names of all persons to whom Attorney Berger is authorized to disclose any information you have given.

29. **FINANCIAL**

Do you now or have you ever given yearly gifts of \$10,000 or more to other individuals? If yes, do you file gift tax returns? _____ If yes, complete the following:

1. Name: _____ 3. Name: _____

Date of Gift: _____
Item & Value: _____

Date of Gift: _____
Item & Value: _____

2. Name: _____
Date of Gift: _____
Item & Value: _____

4. Name: _____
Date of Gift: _____
Item & Value: _____

ASSETS

30.

LIFE INSURANCE

(CONTACT THE CARRIER FOR INFORMATION IF NECESSARY)

Company Name: _____
Address: _____
Policy #: _____
Owner: _____
Beneficiary: _____
Face Value: \$ _____
Cash Surrender Value: \$ _____
Loan Amount: \$ _____

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Address: _____
Policy #: _____
Owner: _____
Beneficiary: _____
Face Value: \$ _____
Cash Surrender Value: \$ _____
Loan Amount: \$ _____

Company Name: _____
Address: _____
Policy #: _____
Owner: _____
Beneficiary: _____
Face Value: \$ _____
Cash Surrender Value: \$ _____
Loan Amount: \$ _____

TOTAL FACE VALUES: \$ _____

31. **PERSONAL PROPERTY:**

(Autos, Mobile Homes, R.V.'s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?

TOTAL VALUE PERSONAL PROPERTY: \$ _____

35. **REAL ESTATE:**

RESIDENCE: (Description of Property)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Description of Property)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Description of Property)

Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Mortgage Balance: _____
Mortgage Company: _____

TOTAL VALUE REAL ESTATE: \$ _____
LESS OUTSTANDING MORTGAGES: \$ _____
EQUITY IN REAL ESTATE: \$ _____

32. OTHER ASSETS: (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, IRAs, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE DESIGNATE AS SUCH.

Type of Asset: _____
Name & Address of Co.: _____ Account #: _____
Value: \$ _____
How is it titled?: _____
When does it come due & interest rate?: _____

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Type of Asset: _____
Name & Address of Co.: _____ Account #: _____
Value: \$ _____
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Type of Asset: _____

Name & Address of Co.: _____

Value: \$ _____ Account #: _____

How is it titled?: _____

When does it come due & interest rate?: _____

Type of Asset: _____

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Name & Address of Co.: _____

Value: \$ _____ Account #: _____

How is it titled?: _____

When does it come due & interest rate?: _____

Type of Asset: _____

Name & Address of Co.: _____

Value: \$ _____ Account #: _____

How is it titled?: _____

When does it come due & interest rate?: _____

TOTAL OTHER ASSETS: \$ _____

33. **TOTAL OF ALL ASSETS: \$ _____**

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

By: _____

Date: _____