

## **Professional Will of John Franklin Berg**

**Name of clinical practice:**  
**Vocational Consulting, Inc.**

The purpose of this document is to provide instructions for the disposition of my clinical practice in the event of my death, or if I am otherwise rendered incapable of giving instructions regarding these matters. This document replaces any previous instructions I may have given regarding these matters.

### **I. Person(s) designated to assume responsibility**

In the event of my death or incapacity (as determined in section I.A) I designate the following person(s) to handle each of the tasks below. For each task, I have named a person to be primarily responsible ("Primary"), and one or more persons to assume the task if the primary person is unable or unwilling to carry out the task ("Secondary"), as well as contact information for each person.

#### **A. Determining incapacity**

For purposes of this document, incapacity refers to my being permanently unable to continue working in the practice and unable to participate meaningfully in discussions of how to close it. The following person(s) is/are designated as empowered to determine my incapacity, and to initiate the closing of the practice in that case or in the event of my death:

**Primary: Dr. Eric Gil, MD Family Physician, Mercer Island, WA**

Contact information:

**Dr. Eric A. Gil, M.D.**

**Minor & James Medical**

**3236 78th Ave. S.E., Suite 200**

**Mercer Island, Washington 98040**

**206-275-5060 Fax 206-275-5061**

**Secondary: Betty Jean Berg, Spouse**

Contact information:

**Betty J. Berg**

**7222 East Mercer Way**

**Mercer Island, WA 98040**

**206-852-6558**

**B. Professional Will Executor (PWE)**

The PWE will assume overall responsibility for carrying out the provisions of this document, including contacting and coordinating the activities of the persons named as responsible for particular tasks.

Primary: **Betty J. Berg**

Contact information:

See previous contact information on B.B.

Secondary: **David Harrison, Accountant**

Contact information:

**ABACUS ACCOUNTING CORPORATION**

**David Harrison, Accountant**

**6920 - 220th Street SW, Suite# 200**

**Mt. Lake Terrace, WA 98043**

**206-533-8585 Fax #425-775-9438**

**C. Contacts with clients**

This includes notifying clients (as described in section II.B) as well as responding to client communications via telephone, mail or electronic communication.

Primary: **Scott Whitmer**

Contact information:

**Whitmer and Associates**

**Attn: Scott Whitmer**

**205 North 4th Ave.**

**Yakima, Washington 98902-2637**

**509-248-3266 Fax # 509-248-3604**

Secondary: **Kurt Olson, Attorney**

Contact information:

**Kurt Olson, Esq.**

**Fahlman & Olson, P.S.**

**Attn: Kurt Olson, Esq.**

**1524 Alaskan Way, Suite 200**

**Seattle, Washington 98101-1514**

**206-583-0155 or fax 206-343-5759**

webpage: [www.faolaw.com](http://www.faolaw.com)

**D. Custody of records**

This includes keeping physical custody of records and responding to requests for records according to legal and ethical standards for maintenance of security and confidentiality, and eventual destruction of records according to the instructions in section II.C.

Primary: **Betty J. Berg**

Contact information:

See previous contact information

Secondary: **Scott Whitmer**

Contact information:

See previous contact information

**E. Financial tasks associated with closing the practice**

This includes such communication with employees, contractors and/or billing service regarding financial issues as is necessary to effect an orderly closure of the practice, with outstanding accounts receivable collected to the extent possible for the benefit of my heir(s), as well as ensuring that outstanding bills from the practice are paid and bank accounts disposed of in consultation with the executor(s) or representative of my estate.

Primary: **Betty J. Berg**

Contact information:

See previous contact information

Secondary: **David Harrison, Accountant**

Contact information:

See previous contact information

**II. Actions to be taken in case of my death or incapacity**

**A. Contacting person(s) to carry out designated tasks**

In the event of my death or incapacity, I direct the person listed in section I.A to contact the PWE, who will contact the others designated to perform particular tasks and coordinate their activities.

**B. Client notification**

I direct that clients be notified of my death or incapacity as follows (check all that apply):

<input checked="" type="checkbox"/>	Clients with appointments in my calendar from the date of my death or incapacity forward are to be notified by (check all that apply): <input checked="" type="checkbox"/> letter <input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> other means as follows:
<input checked="" type="checkbox"/>	Clients who have had appointments in the previous 3 months are to be notified by (check all that apply): <input checked="" type="checkbox"/> letter <input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> other means as follows:
<input checked="" type="checkbox"/>	Other instructions as follows: Letter is to instruct what generally occurred, and what steps are taken and contact information on follow up contained in each document. All letters copied and held in one file to memorialize activity.

**C. Disposition of clinical and other confidential records**

I direct that my clinical and other confidential records from my practice be moved to the physical custody of the person designated in section I.D, and that those records be maintained according to the legal and ethical standards applicable to my profession, including maintenance of security and confidentiality. I further direct that at the end of **7 years** following the closing of the practice, or longer if required by legal or ethical standards, that the records be destroyed in a secure manner so as to assure no breach of confidentiality.

**D. Compensation of executor(s) of these instructions**

I direct that the PWE be compensated as follows (specify flat amount, hourly rate, or other method), with such compensation to be paid as a business expense of the practice:

**Executor to be compensated at the hourly rate billed at time of event.**

I further direct that the PWE is empowered to compensate other designated persons as follows, with such compensation to be paid as a business expense of the practice:

**At the discretion of executor and accountant, compensation for other costs to be jointly decided as fair and reasonable.**

**III. Coordination with my personal Last Will and Testament**

In the event any provision of this document conflicts with my legally executed Last Will and Testament, the provision of my Last Will and Testament will take precedence. The PWE will work in consultation with the executor of my estate, and in case of conflicting opinions the executor of my estate will prevail. I ask that the executor of my estate recognize the importance of adhering to the legal and ethical standards of my profession, and defer as appropriate to the PWE in matters involving professional judgment.

**IV. Attestation**

I affirm that that I am the principal of the practice referred to in this document, that I am of sound mind, and that I give these instructions freely and without coercion from any party.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ [location].

Practitioner:

Witness:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

STATE/COMMONWEALTH OF \_\_\_\_\_

\_\_\_\_\_ COUNTY, SS:

At \_\_\_\_\_ (city/town), in said County this \_\_\_ day of \_\_\_\_\_, 20\_\_,

\_\_\_\_\_ personally appeared and he/she acknowledged the above Professional Will by him/her sealed and subscribed, to be his/her free act and deed.

Before me, \_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

## **Appendix A: Access information**

### **Office location, keys and building management contact**

My practice office(s) is/are located at:

3515 S.W. Alaska Street  
Seattle, Washington 98126

My building and office keys can be found as follows:

Building keys are with Betty J. Berg who jointly owns the commercial office building at: 3515 SW Alaska Street Seattle, WA 98126

Keys for locked storage are found in the same compartment.

My landlord [if any] or building management contact information is as follows:

John Berg has been landlord of 11 other professional renters at the same address of the commercial property. Betty J. Berg, Spouse is second in charge and knowledgeable of operations, rental contracts, collections, maintenance, etc.; her contacted information is found earlier in this professional will document

### **Clinical records location and keys**

My practice's clinical records (client files and other confidential practice information) are physically located at and can be accessed as follows:

Physical location is basement of commercial building in locked area for majority of older files closed but held for no greater than 7 years for IRS purposes (business records) and client files held no longer than 5 years unless directed by customer to destroy after services provided. 3515 SW Alaska Street Seattle WA 98126.

### **Electronically stored information**

Practice information stored electronically may be accessed as follows (include instructions as to how to obtain any necessary login and password information):

Electronic storage is found on my desk computer. Attached is duplicate drives for storage on G drive and F drives with client files, records, reports on Microsoft WORD and all invoices found on EXCEL with single page billing on each evaluatee in months and years past. Son, Thomas Berg, is the computer technician who installed all drive systems and built the comptuer from parts and all modifications. He is available and recommended for any technical computer advise. No special login numers are used.

## **Appointment calendar**

My appointment calendar can be accessed as follows (if stored electronically, include instructions as to how to obtain login and password information):

Appointment calendar is manual, hand written on a FRANKLIN PLANNER record found on my desk. I routinely staple any testimony to a date/time if contact is necessary. I also write in my hand name of evaluatee, dates, time, and customer contacts.

## **Telephone information**

My office telephone number(s) is/are (for each number, specify the company that supplies the service):

Office: 206-933-8870

FAX 206-937-6236

## **Email and website access**

My email address(es) and website(s) are (include information on how to obtain login and password information needed to check email and maintain websites):

johnberg@nwlink.com

Website: [www.vocationalconsultinginc.com](http://www.vocationalconsultinginc.com)

No login needed. ISOMEDIA is the internet carrier located in Redmond, Washington with tech support.

## **Employees, contractors and/or billing service contact(s)**

My practice employs or contracts with the following people or businesses (include contact information):

All billing was performed solely by John F. Berg and stored on EXCEL files in the harddrive Computer and second back up on the G drive/External to the computer at the office.

Printed copies of all invoices by ALPHEBETIC order, are found at the office desk, lower left side. All unpaid invoices have a FLAG taped to each invoice until PAID IN FULL.

All paid invoices shall show date paid, if in full and from what customer stamped or stapled copy of check to invoice.

## **Access to client billing records and procedures**

Information on client billing records, accounts, and procedures may be obtained as follows:

See previous post for action plans and locations



## **Access to financial and legal information regarding the practice**

Information on financial and legal aspects of the practice may be obtained as follows (include contact information for accountants, lawyers, and persons who have access to bank accounts):

Financial data is with ABACUS ACCOUNTING CORP. posted in previous sections, contact # etc. David Harrison.

Mr. Harrison has provided all accounting services on a monthly basis for Vocational Consulting, Inc. AND John and Betty Berg personal income tax preparation, business calculations for profit and loss, state, federal local taxes, worker compensation, defined benefit plan/401K, so he knows and has historical records for no less than 15-years of business and personal.

## **Appendix B: Disposition of copies of this document**

I have provided copies of this document to the following persons:

- 1) Scott Whitmer, Whitmer & Associates, Yakima, WA
- 2) David Harrison, ABACUS ACCOUNTING CORP., Mt. Lake Terrance.
- 3) Betty J. Berg, 7222 E. Mercer Way Mercer Island, WA 98040
- 4) Kurt Olson, J.D., CPA, Attorney (Who prepared Berg's personal will and trusts four revisions since marriage in 1986)  
FAHLMAN & OLSON, P.S.  
Harborscape Prof. Center Bldg.  
1524 Alaskan Way, Suite 200  
Seattle, Washington 98101-1514 (206) 583-0155