



# ZACHARIA BROWN

Estate Planning & Elder Law Attorneys

26811 South Bay Dr. Ste 260  
8470 Enterprise Circle Ste 300  
1021 Hillsboro Mile Ste 502

Bonita Springs, Florida 34134  
Lakewood Ranch, Florida 34202  
Hillsboro Beach, Florida 33062

Tel: (239) 345-4545

Pennsylvania Offices in McMurray, Wexford, McKeesport, Delmont

ver.23-11-1-f

## Estate Planning Questionnaire

This form is extremely important. Your accuracy and completeness in responding will help Zacharia Brown PC represent you. Please send this completed information packet, including each of the items requested, a few days prior to your initial consultation.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL DATA:

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

AKA: \_\_\_\_\_

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

Cell Phone #/Home#/Work#: \_\_\_\_\_

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

AKA: \_\_\_\_\_

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

Cell Phone #/Home#/Work#: \_\_\_\_\_

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

Spouse Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[www.ZacBrownLaw.com](http://www.ZacBrownLaw.com)

(239) 345-4545

**MARITAL INFORMATION:**

DATE MARRIED: \_\_\_/\_\_\_/\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

PRIOR MARRIAGE:    Yes        No    CHILDREN FROM PRIOR MARRIAGE:    Yes        No

**CHILDREN (if applicable):**

Please list each child's Legal Name, Address, Date of Birth, and Relationship (son/daughter).

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

Are all of your children in good health?    \_\_\_Yes    \_\_\_No. If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

Are any of your children blind?    \_\_\_Yes    \_\_\_No    Are any of your children disabled?    \_\_\_Yes    \_\_\_No

Have all of your children completed their education?    \_\_\_Yes    \_\_\_No

Are any of your children receiving SSI or other form of government entitlement?    \_\_\_Yes    \_\_\_No

Drug Addiction?    \_\_\_Yes    \_\_\_No                      Alcoholism?    \_\_\_Yes    \_\_\_No

Spendthrift?    \_\_\_Yes    \_\_\_No

**GRANDCHILDREN (if applicable):** Please list the Grandchild's name, address and age:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

\*Include additional grandchildren on separate sheet of paper

**DISPOSITIVE INTENTIONS:**

**1. SPOUSE AND CHILDREN:**

Do you wish to provide primarily for your spouse and secondarily for your children? \_\_\_\_ Yes \_\_\_\_ No

Do you wish to treat all of your children equally? \_\_\_\_ Yes \_\_\_\_ No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want to distribute to your children? \_\_\_\_\_

(e.g. 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate).

If one of your children should predecease you, would you want the share of your deceased child(ren) to pass to their surviving children? \_\_\_\_ Yes \_\_\_\_ No

**2. GRANDCHILDREN:** Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? \_\_\_\_ Yes \_\_\_\_ No

Do you wish to treat all of your grandchildren equally? \_\_\_\_ Yes \_\_\_\_ No

If not, why not? \_\_\_\_\_

What specific dollar amount/percentage do you want to leave your Grandchildren? \_\_\_\_\_

At what age do you want distribution to your Grandchildren? \_\_\_\_\_

(e.g. 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate).

**3. CHARITIES**

Do you want to leave a specific amount of money or other assets to any charity? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list Name of Charity, Address of Charity (including zip code) and Dollar Amount being given.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**4. OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than children, grandchildren or a charity?      Yes      No

If so, please list Name of Beneficiary, Address of Beneficiary (including zip code), Relationship, and Dollar Amount.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

**5. EXECUTOR:**

Whom do you want to serve as your Executor? List at least two names. The Second Alternate is optional.

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

**(Spouse)**

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

**6. TRUSTEE:**

Whom do you want to serve as your Trustee for any Trust created under your will for children, grandchildren, disabled children/individuals?

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

**(Spouse)**

First Choice: \_\_\_\_\_

(Spouse) Alternate: \_\_\_\_\_

**7. GUARDIAN:**

If you have minor or disabled child/children, whom do you want to act as Guardian if you and or your spouse have passed away?

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

**(Spouse)** If you have minor or disabled child/children, whom do you want to act as Guardian if you and your Spouse passed away?

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

**DURABLE HEALTH CARE POWER OF ATTORNEY/LIVING WILL:**

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you want your LIVING WILL to provide for withdrawal of artificial food and fluid if there is no reasonable hope of my recovery or my regaining a meaningful quality of life?      Yes      No

**(Spouse)**

Do you want your LIVING WILL to provide for withdrawal of artificial food and fluid if there is no reasonable hope of my recovery or my regaining a meaningful quality of life?    \_\_\_ Yes    \_\_\_ No

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DURABLE FINANCIAL POWER OF ATTORNEY:**

Name of Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Spouse)** Name of Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MISCELLANEOUS:**

**1. LEGAL ISSUES:**

Do you have any other legal issues which I should be aware of? If yes, please explain

\_\_\_\_\_

**(Spouse)** Do you have any other legal issues which I should be aware of?

If yes, please explain \_\_\_\_\_

What is the location of your important papers?

Do you have a Safe Deposit Box? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate the name and address of the location \_\_\_\_\_

**2. Dependents Other than Minor Children**

Please list names and relationships of persons who are dependent on you for support or who may affect your planning.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

**ASSETS:**

1. **Real Estate:** Please list the Owner, Location, Estimated Value, Mortgage Balance, Cost Basis.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_ Cost Basis: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_ Cost Basis: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_ Cost Basis: \_\_\_\_\_

2. **Cash, Bank Accounts and Certificates of Deposit:** Please list the Owner, Name of Financial Institution, and Amount for each item above for both client and spouse.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

3. **Stocks and Bonds** (Individually Held Brokerage Accounts, Mutual Funds, Annuities, & Savings Bonds): Please list the Owner, Description or Name of Financial Institution, or Amount for each item above for both client and spouse.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

4. **Life Insurance:** Please list the Owner, Company, Face Amount, Cash Value, Insured and Beneficiary for all policies held by client and spouse.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

5. **Retirement Benefits:** Please list the Owner, Description, Beneficiary, and the Principal Value of any Pension, 401(K) Plan or IRA Accounts:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

**6. Business Interest(s)** (i.e., Partnership, Corporate Interests, Family Limited Partnerships or Sole Proprietorships).

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

**ADDITIONAL COMMENTS:**

**Joint Spousal Representation.**

It is common for a husband and wife to employ the same lawyer or law firm to assist them in Estate Planning. It is important that you understand that, because the Attorney will be representing both husband and wife, each of them is considered a client of the Attorney. Accordingly, matters that one spouse might discuss with Attorney must be disclosed to the other spouse. Ethical considerations prohibit an Attorney from agreeing that either spouse may withhold information from the other. In this regard, Attorney will not give legal advice to either spouse or make any changes to the Plan without mutual knowledge and consent from both spouses. Of course, anything either spouse discusses with Attorney is privileged from disclosure to third parties except as otherwise indicated in this Engagement Letter. By completing and providing this form, you are indicating that you have read and understand the concerns of joint spousal representation.

**Certification**

The undersigned hereby represents to Zacharia Brown PC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the Information contained herein is inaccurate or incomplete, the recommendations made by Zacharia Brown PC may not be appropriate.

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

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