



ZACHARIA BROWN

Estate Planning & Elder Law Attorneys

111 W. McMurray Road
4500 Walnut Street
7500 Brooktree Road, Suite 303
6530 Route 22, Suite 310

McMurray, PA 15317
McKeesport, PA 15132
Wexford, PA 15090
Delmont, PA 15626

Tel:(724) 942-6200
Tel: (412) 751-5670
Tel:(724) 942-6200
Tel: (412) 751-5670

Florida Offices in Bonita Springs, Lakewood Ranch and Pompano Beach

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.PittsburghElderLaw.com

724.942.6200

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

www.PittsburghElderLaw.com

724.942.6200