

Zacharia Brown, PC

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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To ensure that we are able to properly advise you, it is important that you complete this form truthfully and provide as much information as you are able.

PART I: Your Personal Information.			
Name (as it appears on important legal documents)		Date of Birth (mm/dd/yyyy)	
Street Address	City	State	Zip Code
Primary Phone Number	Alternate Phone Number	Email Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Have you previously been married? <input type="checkbox"/> No <input type="checkbox"/> Yes	

PART II: Spousal Information (if applicable)			
Name (as it appears on important legal documents)		Date of Birth (mm/dd/yyyy)	
Street Address (if different)	City	State	Zip Code
Primary Phone Number	Alternate Phone Number	Email Address	
Have you previously been married? <input type="checkbox"/> No <input type="checkbox"/> Yes			

PART III: Special Considerations	
Do you wish to leave everything to your spouse and then to your children equally? (If no, describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are any beneficiaries under the age of 25? (If yes, list their names)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are any beneficiaries blind or disabled? (If yes, list their names)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are any beneficiaries on disability (SSDI), supplemental security income (SSI) or Medicaid/Medical Assistance? (If yes, list their names)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do any beneficiaries have problems with alcoholism, drug addiction, debt/bankruptcy, marital issues? (If yes, describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have more than one piece of real estate? (If yes, provide addresses)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe any other issues or special concerns:	

PART IV: Choice of Fiduciaries			
	Primary	First Alternate/Successor	Second Alternate/Successor
Executor of Will			
Guardian of Minor Children <i>(if applicable)</i>			
Agent Under Financial Power of Attorney			
Agent Under Health Care Power of Attorney/Living			
Trustee <i>(if applicable)</i>			

PART V: Spouse's Choice of Fiduciaries <i>(if applicable)</i>			
	Primary	First Alternate/Successor	Second Alternate/Successor
Executor of Will			
Guardian of Minor Children <i>(if applicable)</i>			
Agent Under Financial Power of Attorney			
Agent Under Health Care Power of Attorney/Living			
Trustee <i>(if applicable)</i>			

PART VI: Children <i>(attach an additional sheet if necessary)</i>			<input type="checkbox"/> None
Name of Child <i>(as it appears on important legal documents)</i>	Which spouse is this a child of? <i>(If both, write "Both")</i>	Age	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		How many children does this child have?	

Name of Child <i>(as it appears on important legal documents)</i>	Which spouse is this a child of? <i>(If both, write "Both")</i>	Age	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		How many children does this child have?	

Name of Child <i>(as it appears on important legal documents)</i>	Which spouse is this a child of? <i>(If both, write "Both")</i>	Age	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		How many children does this child have?	

Name of Child <i>(as it appears on important legal documents)</i>	Which spouse is this a child of? <i>(If both, write "Both")</i>	Age	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		How many children does this child have?	

