Zacharia Brown, PC

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

111 W McMurray Rd McMurray, PA 15317 phone: 724-942-6200 fax number: 724-942-6202

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			Ctata	7in Codo		
Street Address		City			State	Zip Code		
Primary Phone Number	Alternate Phone Number			Email Addre	SS			
Marital Status			Have	l you previousl	y hoon marrio	.43		
l		٦		· · ·		u:		
☐Single ☐Married ☐Divorced	∟Separated L	J Widow	ed L	No □Ye	S			
PART II: Spousal Information (if appl	licable)							
Name (as it appears on important legal documents)	/		Date of Birth	(mm/dd/yyyy)				
			· ·					
20 10 10 10 10 10 10		T				T		
Street Address (If different)		City			State	Zip Code		
Primary Phone Number	Alternate Phone Number	•		Email Addre	SS	•		
Have you previously been married?								
∐No ∐Yes								
PART III: Special Considerations								
Do you wish to leave everything to your spouse and then to your children equally? (If no, describe)								
						□No □Yes		
And anything of the single condensation and a first of the single condensation of the single condensat						<u> Пио птез</u>		
Are any beneficiaries under the age of 25? (If yes, list their names)								
						∐No ∐Yes		
Are any beneficiaries blind or disabled? (If yes, list their names)								
						□No □Yes		
Are any beneficiaries on disability (SSDI), supplementa	al security income (SSI) or Mo	edicaid/Med	ical Assistance?	(If ves. list the	ir names)			
Are any beneficiaries on disability (SSDI), supplemental security income (SSI) or Medicaid/Medical Assistance? (If yes, list their names)								
						□No □Yes		
Do any beneficiaries have problems with alcoholism, drug addiction, debt/bankruptcy, marital issues? (If yes, describe)								
						∐No ∐Yes		
Do you have more than one piece of real estate? (If ye	es, provide addresses)							
						□No □Yes		
Please describe any other issues or special concerns:								
Please describe any other issues or special concerns:								

PART IV: Choice of Fiduciari	es								
	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 (if applicable)									
PART V: Spouse's Choice of Fiduciaries (if applicable)									
			Second						
	Primary	First Alternate/Successor	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 (if applicable)									
PART VI: Children (attach an additional sheet if necessary) None Name of Child (as it appears on important legal documents) Which spouse is this a child of? (If both, write "Both") Age									
			,						
Marital Status ☐ Single ☐ Married ☐ I	Divorced □Separated □	How many childrer Widowed	n does this child have?						
Name of Child (as it appears on importan	nt legal documents)	Which spouse is this a child of? (If both,	write "Both") Age						
, ,,	,	,	,						
Marital Status ☐ Single ☐ Married ☐ I	Divorced □Separated □	How many children	n does this child have?						
Name of Child (as it appears on importan	t legal documents)	Which spouse is this a child of? (If both,	write "Both") Age						
Marital Status Single Married Divorced Separated Widowed How many children does this child have?									
Name of Child (as it appears on importan	t legal documents)	Which spouse is this a child of? (If both,	write "Both") Age						
Marital Status ☐ Single ☐ Married ☐ I	Divorced □Separated □	How many childrer Widowed	n does this child have?						

Name of Child (as it appears on important legal documents)		Which spouse is this a child of? (If both, write "Both")			Age			
Marital Status			How many children does thi	is child have?				
☐Single ☐Married ☐Divorce	ed □Separated □	□Widowed						
Name of Child (as it appears on important legal documents) Which spouse is this a child of? (If both, write "Both") Age								
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Marital Status	7\\\\':-	How many children does this child have?						
☐ Single ☐ Married ☐ Divorce	ed Liseparated L	Widowed						
Name of Child (as it appears on important legal documents) Which			Vhich spouse is this a child of? (If both, write "Both")					
Marital Status		How many children does this child have?						
☐Single ☐Married ☐Divorce	ed □Separated □	Widowed						
PART VII: Assets								
Type (ie checking, savings, CD, stocks, bonds, investment, IRA, 401(k), real estate, life								
insurance, etc.)	Owner(s	5)	Is there a beneficiary?	Approximate T	otal Value			
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					
			□No □Yes					