

ANNE M. ZAUN, ESQ.

**CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____ File Number _____

Home Phone No. _____ Business Phone No. _____

E-mail address _____ Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Husband) _____ **(Wife)** _____
Full Name _____ Full Name _____
(print name as shown on your checks) (print name as shown on your checks)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Birth Date _____

Social Security No. _____ Social Security No. _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Annual Income _____ Annual Income _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

C. **CHILDREN** (if applicable)

Child's Name	Address (including zip code)	Home Phone Number	Work Phone Number	Date of Birth

Does the Husband have any children by a previous marriage? Yes No

Does the Wife have any children by a previous marriage? Yes No

Are all of your children in good health? Yes No

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

Do any of your family members have any problems with:

Aids? Yes No
Drug Addiction? Yes No
Alcoholism? Yes No
Spendthrift? Yes No
Marital Difficulty? Yes No

Do you trust your children's spouses? Yes No

Are you concerned about potential litigation against you? Yes No

D. GRANDCHILDREN (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

E. 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 distribution to your children? _____
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

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? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____
(e.g. a typical plan provides for 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	Dollar Amount

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	Relationship	Dollar Amount

F. EXECUTOR

Whom do you want to serve as your Executor?

(Husband)

First Choice: ___ Spouse ___ Other_____

Second Choice_____

Third Choice_____

(Wife)

First Choice: ___ Spouse ___ Other_____

Second Choice_____

Third Choice_____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice_____

Second Choice_____

(Wife)

First Choice_____

Second Choice_____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice_____

Second Choice_____

I. LIVING WILL

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ___ Yes ___ No

Do you want to donate your eyes or organs? ___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting? ___ Yes ___ No

If yes, with whom?_____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ___ Yes ___ No

Do you want to donate your eyes or organs? ___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting? ___ Yes ___ No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What are the names and addresses of each of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

(Husband)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ___ Yes ___ No

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

Have you ever made gifts to any one person in excess of \$11,000 in any one calendar year?

Yes ___ No ___

Have you ever filed a Federal Gift Tax Return? ___ Yes ___ No

L. FINANCIAL SUMMARY

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
CHECKING (attach copies of statements)				
SAVINGS (attach copies of statements)				
MONEY MARKET (attach copies of statements)				
CERTIFICATE OF DEPOSIT (attach copies of statements)				
RESIDENCE (attach copy of deed)				
OTHER REAL ESTATE (attach copy of deeds)				
Street Address:				
Street Address:				
BROKERAGE ACCOUNT (attach copies of statements)				

MUTUAL FUNDS (attach copies of statements)				
STOCKS NOT HELD BY BROKER (attach copies of certificates)				
BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of statements)				
BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)				
NOTES & MORTGAGES RECEIVABLE (attach copies of Notes & Mortgages)				
BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)				
Name of Business:				
Name of Business:				

NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)				
TRADITIONAL IRA PLAN (attach copies of statements)				
ROTH IRA (attach copies of statements)				
ANNUITIES (attach copies of all contracts)				
LIFE INSURANCE (attach copies of the front page of all policies)				
INHERITANCE, ETC.				
AUTOMOBILES				
JEWELRY COLLECTIONS				
OTHER ASSET (attach copies of documentation pertaining to such assets)				
Description:				
Description:				
Description:				
TOTALS				

Are you a contributor to a 529 Plan? ___ Yes ___ No

If yes, please attach a statement of the 529 account.

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to Anne M. Zaun, Esq. that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
