ANNE M. ZAUN, ESQ.

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE
(SINGLE)

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

Full Name____
(print name as shown on your checks)

Street Address____

City ______________________________________State ______________ Zip ___________

Birth Date ________________________ Social Security No. _____________________________

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

If widowed, please list date of death of spouse____

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

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
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. **CHILDREN**

If you have children, do you wish to treat all of your children equally? ___ Yes ___ No

If not, why not?____

After your 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**

If you have grandchildren, do you wish 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 distributions to your grandchildren?____
(e.g., a typical plan provides for 1/3 at age 25, 1/3 at age 30, 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 yes, please list:

Name of Beneficiary	**Address of Beneficiary**	**Relationship**	**Dollar Amount**

F. EXECUTOR

Whom do you wish to serve as your Executor?

First Choice____

Second Choice____

G. TRUSTEE

Whom do you want to serve as your Trustee?

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

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 name and address of your primary care physician?

Full Name of Physician____

Street Address____

City____ State__________ Zip____________

J. POWER OF ATTORNEY

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	ASSET TOTAL	LIABILITY TOTAL
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:

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