<u>NOTE: Please PRINT legibly and make sure ALL information is correct. Thank you.</u>

Questionnaire

(Married Couple)

(The estate information you provide will be used in formulating your estate and long-term care planning advice. Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.)

*Who referred you to The Law Office of Brown & Brown, P.C.? If not referred by someone in particular, how did you find out about our services?*____

____

PART I - FAMILY INFORMATION

Husband's full name:____

Preferred legal name for documents:____

Current Address:____

____

Phone number:____________________ E-mail address (if applicable):_______________________

Cell number (if applicable)__________________ Fax number (if applicable)___________________

U.S. Citizen? ______YES ______NO Social Security number _________________________

Date of birth __________________________

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses) ____

Physician's Name and address ____

Name of Care Facility (if applicable)____

Date of Admission to Care Facility (if applicable)____

Wife's full name:____

Preferred legal name for documents:____

Current Address:____

____

Phone number:____________________ E-mail address (if applicable):_______________________

Cell number (if applicable)__________________ Fax number (if applicable)___________________

U.S. Citizen? ______YES ______NO Social Security number _________________________

Date of birth __________________________

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses) ____

Wife's Information Continues on Next Page)

Wife's Information Continued)

Physician's Name and address ____

Name of Care Facility (if applicable)_____________________________________

Date of Admission to Care Facility (if applicable)____________________________

Children:
NOTE: If a child is deceased, please indicate so after the child's name.

1. Full name ____
Preferred legal name for documents:_______________________________
Address____
City______________County____________State_______Zip________
Date of birth ________________
Phone No. ____________ E-mail Address (if applicable):________________
Social Security number _____________ Date of Death (if applicable)__________

2. Full name ____
Preferred legal name for documents:_______________________________
Address____
City______________County____________State_______Zip________
Date of birth ________________
Phone No. ____________ E-mail Address (if applicable):________________
Social Security number _____________ Date of Death (if applicable)__________

3. Full name ____
Preferred legal name for documents:_______________________________
Address____
City______________County____________State_______Zip________
Date of birth ________________
Phone No. ____________ E-mail Address (if applicable):________________
Social Security number _____________ Date of Death (if applicable)__________

4. Full name ____
Preferred legal name for documents:_______________________________
Address____
City______________County____________State_______Zip________
Date of birth ________________
Phone No. ____________ E-mail Address (if applicable):________________
Social Security number _____________ Date of Death (if applicable)__________

5. Full name ____
Preferred legal name for documents:_______________________________
Address____
City______________County____________State_______Zip________
Date of birth ________________
Phone No. ____________ E-mail Address (if applicable):________________
Social Security number _____________ Date of Death (if applicable)__________

6. Full name ______________________________
Preferred legal name for documents:______________________________
Address______________________________
City____________County____________State__________Zip__________
Date of birth ______________
Phone No. ____________ E-mail Address (if applicable):______________
Social Security number ____________ Date of Death (if applicable)__________

7. Full name ______________________________
Preferred legal name for documents:______________________________
Address______________________________
City____________County____________State__________Zip__________
Date of birth ______________
Phone No. ____________ E-mail Address (if applicable):______________
Social Security number ____________ Date of Death (if applicable)__________

Other intended heirs:
(step-children and other intended heirs such as children of a deceased child, if any)

1. Full name ______________________________
Preferred legal name for documents:______________________________
Address______________________________
City____________County____________State__________Zip__________
Date of birth ______________
Phone No. ____________ E-mail Address (if applicable):______________
Social Security number ____________ Date of Death (if applicable)__________

2. Full name ______________________________
Preferred legal name for documents:______________________________
Address______________________________
City____________County____________State__________Zip__________
Date of birth ______________
Phone No. ____________ E-mail Address (if applicable):______________
Social Security number ____________ Date of Death (if applicable)__________

Miscellaneous Questions Regarding Family Information:

1. Have any of your children, step-children or intended heirs been diagnosed with a mental or physical illness? If so, please use this space to indicated heirs' name(s) and illness(es):

Name	Mental or Physical Illness	Temporary or Permanent	Date Diagnosed

2. Are any of your children, step-children or intended heirs recipients of any government aid, such as Medicaid, Medicare, Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)? If so, please use this space to indicated heirs' name(s) and source(s) of income:

NAME	BENEFITS RECEIVED	AMOUNT (IF KNOWN)

3. Who do you wish to make medical decisions for you if you become disabled and cannot make medical decisions for yourself?

NAME	ADDRESS	RELATIONSHIP

4. Who do you wish to make financial decisions for you if you become disabled and cannot make financial decisions for yourself?

NAME	ADDRESS	RELATIONSHIP

ITEMS TO BRING TO YOUR APPOINTMENT:

1. Existing estate planning documents, regardless of date of execution, including wills, trusts, powers of attorney and health care directives.
2. Insurance policies: Life, Disability, and Long Term Care.

PART II - FINANCIAL INFORMATION

(Your financial information will be used in formulating your estate and long-term care planning advice for you. Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.) If you have any questions as to how to list a particular asset or income item, please attach evidence of ownership documentation to this questionnaire.

A. **Assets**

Cash, Checking Accounts, Savings Accounts, Money Market Accounts, Stocks, Bonds, and Annuities

Financial Institution	Owner(s)	Account Value	Names on Account w/Withdrawal Privileges	Account Type (cash, checking, savings, stocks, bonds, annuity or money market)

Total Value **$** ___________________

Real Property (land and buildings)

Address/ Description	Owner(s)	Fair Market Value	Mortgage	Net Value	How is property Titled? (e.g. Joint Tenants/Tenants in Common)

Tangible Personal Property (other than vehicles) Please give general description (e.g. household goods, art work, jewelry, etc.)

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

Vehicles

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

Burial Plans

Mortuary Name and Address	General nature of plan

Insurance

Medical Insurance

Name of Insured	Type of Plan (e.g. Medicare supplement or General medical coverage)

Life Insurance (Please answer for each policy)

Company Name	Name of Insured	Policy Owner	Current Beneficiary	Death Benefit	Cash Value	Location of Policy

Disability Insurance

Company Name	Name of Insured	Policy Owner	Current Beneficiary

Long Term Care Insurance

Company Name	Name of Insured	Policy Owner	Length of Coverage	Daily Benefit

Other Assets

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

B. **Liabilities** (other than ordinary monthly expenses, mortgage on real estate and other encumbrances listed above)

Owed To	Amount	If Secured, List Collateral	Due Date

C. **Income**

Earned Income

Source	Average Amount Per Month – HUSBAND	Average Amount Per Month – WIFE
Social Security	______________________	______________________
Retirement	______________________	______________________
Other	______________________	______________________

Unearned Income (Per Month)

Source	Average Amount Per Month – HUSBAND	Average Amount Per Month – WIFE
______________________	______________________	______________________
______________________	______________________	______________________
______________________	______________________	______________________

Total Ave. Income Per Month $______________________ $______________________

D. **Transfers (gifts) of Assets Within Previous 60 Months**

Asset Transferred	Transfer Date	Value of Asset Transferred	To Whom

E. **Family Advisors**

	Name	Firm	Address	Telephone
Investment Consultant				
Accountant				
Insurance Agent				
Banker				
Business Partner				
Other				

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Privacy Notice

Attorneys, like other professionals who advise on personal financial matters, are now required by a new federal law, the Gramm-Leach-Bailey Act, to inform our clients of our policies regarding privacy of client information. By providing estate and tax planning services, financial and economic advisory services, and by preparing tax returns, we receive significant personal financial information from our clients. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have, and will in the future, always protect your right to privacy.

Information We Collect

Brown & Brown, P.C. collects nonpublic personal information about you from these sources:

- Information we receive from you, including information on forms that we ask you to complete; and
- Information provided to us by your other advisors, such as accountants, life insurance agents, and investment advisors.

Restricted Disclosure

Brown & Brown, P.C. reveals nonpublic personal information about you only if:

- You request or authorize the disclosure.
- The disclosure is made to help complete a transaction that you initiated.
- The disclosure is permitted or required by law.

Our Internal Policies and Security Procedures to Maintain Your Privacy

We restrict access to nonpublic personal information about you to those employees who need to know the information in order for us to provide legal services to you. We educate our employees about the importance of maintaining client confidentiality and require them to follow our firm policies and the Colorado Rules of Professional Conduct. We maintain physical and procedural safeguards to protect the privacy of information about you.

If you have any questions regarding our policy regarding the professional standards of confidentiality and/or the privacy of information you provide to us, please do not hesitate to contact us.

❖Fellow, American College of Trust & Estate Counsel
*Certified as an Elder Law Attorney by the National Elder Law Foundation