

NOTE: Please PRINT legibly and make sure ALL information is correct. Thank you.

Questionnaire
(Single Individual)

(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

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) _____

Children:

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

1. Full name _____

Preferred legal name for documents: _____

Address _____

Date of birth _____

Phone No. _____ E-mail Address (if applicable): _____

2. Full name _____
Preferred legal name for documents: _____
Address _____

Date of birth _____
Phone No. _____ E-mail Address (if applicable): _____

3. Full name _____
Preferred legal name for documents: _____
Address _____

Date of birth _____
Phone No. _____ E-mail Address (if applicable): _____

4. Full name _____
Preferred legal name for documents: _____
Address _____

Date of birth _____
Phone No. _____ E-mail Address (if applicable): _____

5. Full name _____
Preferred legal name for documents: _____
Address _____

Date of birth _____
Phone No. _____ E-mail Address (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 _____

Date of birth _____
Phone No. _____ E-mail Address (if applicable): _____

2. Full name _____
Preferred legal name for documents: _____
Address _____

Date of birth _____
Phone No. _____ E-mail Address (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 |
|-------------|---------------------------------------|-----------------------------------|-----------------------|
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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) |
|-------------|--------------------------|--------------------------|
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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 |
|-------------|----------------|---------------------|
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| | | |

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 |
|-------------|----------------|---------------------|
| | | |
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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) |
|------------------------------|-----------------|----------------------|---|--|
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Total Value \$ _____

Real Property (land and buildings)

| Address/ Description | Owner(s) | Fair Mkt Value | Mortgage | Net Value | How is Property Titled? (e.g. Joint Tenants or Tenants In Common) |
|---------------------------------|-----------------|---------------------------|-----------------|------------------|--|
|---------------------------------|-----------------|---------------------------|-----------------|------------------|--|

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|--|--|--|--|--|--|
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Tangible Personal Property – other than vehicles. Please give a general description (e.g. household goods, artwork, jewelry, etc.)

Fair Market

| Description | Owner(s) | Value | Encumbrance | Net Value |
|--------------------|-----------------|--------------|--------------------|------------------|
|--------------------|-----------------|--------------|--------------------|------------------|

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Vehicles

| Description | Owner(s) | Fair Market Value | Encumbrance | Net Value |
|--------------------|-----------------|------------------------------|--------------------|------------------|
|--------------------|-----------------|------------------------------|--------------------|------------------|

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|--|--|--|--|--|
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Burial Plans

| <u>Mortuary Name and Address</u> | <u>General nature of plan</u> |
|---|--------------------------------------|
| | |
| | |

Insurance

Medical Insurance

| <u>Name of Insured</u> | <u>Type of Plan</u> (e.g. Medicare Supplement or General Medical Coverage) |
|-------------------------------|--|
| | |
| | |

Life Insurance (Please answer for each policy)

| <u>Company Name</u> | <u>Name of Insured</u> | <u>Policy Owner</u> | <u>Current Beneficiary</u> | <u>Death Benefit</u> | <u>Cash Value</u> | <u>Location of Policy</u> |
|----------------------------|-------------------------------|----------------------------|-----------------------------------|-----------------------------|--------------------------|----------------------------------|
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Disability Insurance

| <u>Company Name</u> | <u>Name of Insured</u> | <u>Policy Owner</u> | <u>Current Beneficiary</u> |
|----------------------------|-------------------------------|----------------------------|-----------------------------------|
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Long Term Care Insurance

| Company Name | Name of Insured | Policy Owner | Length of Coverage | Daily Benefit |
|--------------|-----------------|--------------|--------------------|---------------|
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Other Assets

| Description | Owner(s) | Fair Market Value | Encumbrance | Net Value |
|-------------|----------|-------------------|-------------|-----------|
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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**

| <u>Earned Income</u> | <u>Average Amount Per Month</u> |
|-----------------------------|--|
| Social Security | _____ |
| Retirement | _____ |
| Other | _____ |

Unearned Income

| <u>Source</u> | <u>Average Amount Per Month</u> |
|---------------|---------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Average 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