

The Law Office of  
**Brown & Brown, P.C.**

*Estate, Trust, Tax and  
Long Term Care Planning*



## **Brown & Brown, P.C. – Initial Consultation Questionnaire**

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

The information you provide will be used in formulating advice we give you at the initial consultation. Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.

**No information provided to our office will be disseminated and/or revealed to any third party without your consent. Our privacy policy appears on the last page of this document.**

*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?* \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**You would like to discuss the following with us (please check by all that apply):**

- ☐ Estate Planning (Setting up a will, trust and/or powers of attorney)
- ☐ Administration of a decedent's estate (Probate)
- ☐ Long-term care planning for a nursing home or assisted living (Applying for Medicaid)
- ☐ Planning for a parent or other relative
- ☐ Conservatorship/Guardianship
- ☐ Other \_\_\_\_\_

### **PART I - FAMILY INFORMATION**

**Your Full Name:** \_\_\_\_\_

Preferred legal name for documents: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County of residence: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Physical Address if different from Above: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address (if applicable): \_\_\_\_\_

Cell number (if applicable) \_\_\_\_\_ Fax number (if applicable) \_\_\_\_\_

U.S. Citizen? ☐ YES ☐ NO Date of birth: \_\_\_\_\_ ☐ Male ☐ Female

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)\_\_\_\_\_

**A. Family Status** (Please check all that apply)

**I am:**

- |   |   |
|---|---|
| <input type="checkbox"/> Married                | <input type="checkbox"/> Single – never married |
| <input type="checkbox"/> Married by Common law  | <input type="checkbox"/> Divorced               |
| <input type="checkbox"/> Party to a Civil Union | <input type="checkbox"/> Engaged                |
| <input type="checkbox"/> Cohabiting             | <input type="checkbox"/> Widowed                |

**I have:**

- |   |
|---|
| <input type="checkbox"/> Minor Children   |
| <input type="checkbox"/> Adult Children   |
| <input type="checkbox"/> Step Children    |
| <input type="checkbox"/> Adopted Children |

*If any box above is checked, please complete Spouse/partner information below:*

**Spouse/Partner's** full name:\_\_\_\_\_

Preferred legal name for documents:\_\_\_\_\_

Current Street Address:\_\_\_\_\_ County of residence: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone number:\_\_\_\_\_ E-mail address (if applicable):\_\_\_\_\_

Cell number (if applicable)\_\_\_\_\_ Fax number (if applicable):\_\_\_\_\_

U.S. Citizen? ☐ YES ☐ NO Date of birth: \_\_\_\_\_ ☐ Male ☐ Female

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):\_\_\_\_\_

If you are married, co-habiting or a partner to a civil union, during your marriage, cohabitation or union, have the two of you ever lived in:

- |                                     |                                     |                                     |                                    |                                 |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Arizona    | <input type="checkbox"/> California | <input type="checkbox"/> Idaho      | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas      | <input type="checkbox"/> Washington | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> N/A    |

Have you or your spouse/partner ever signed:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-nuptial Agreement  | <input type="checkbox"/> Designated Beneficiary Agreement |
| <input type="checkbox"/> Post-nuptial Agreement | <input type="checkbox"/> Domestic Partnership Agreement   |
| <input type="checkbox"/> N/A                    |   |

**B. Children (If Any):**

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: \_\_\_\_\_ ☐ Male ☐ Female  
Phone No.: \_\_\_\_\_ E-mail Address (if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_
2. Full Name: \_\_\_\_\_  
Preferred legal name for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ ☐ Male ☐ Female  
Phone No.: \_\_\_\_\_ E-mail Address (if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_
3. Full Name: \_\_\_\_\_  
Preferred legal name for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ ☐ Male ☐ Female  
Phone No.: \_\_\_\_\_ E-mail Address (if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_

**If you have additional children, please add their information on a separate sheet of paper or on the back of this page.**

**C. Other intended heirs:**

(Other relatives, step-children, children of a deceased child, charity or others)

1. Full Name: \_\_\_\_\_  
Preferred legal name for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ E-mail Address(if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
Preferred legal name for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ E-mail Address(if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_

3. Full Name: \_\_\_\_\_  
Preferred legal name for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ E-mail Address(if applicable): \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_  
Notes: \_\_\_\_\_

**If you have other intended heirs you wish to include, please add their information on a separate sheet of paper or on the back of this page.**

**If you have any additional information you would like to add, please use the space below:**

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1250 E. Sherwood Drive, Grand Junction, Colorado 81501  
1825 East Main Street, Suite C, Montrose, CO 81401

Baird B. Brown ❖  
Clara Brown Shaffer  
Shauna C. Clemmer

Telephone: (970) 243-8250  
Fax: (970) 241-1144  
[www.brownbrownpc.com](http://www.brownbrownpc.com)

## Privacy Notice

Attorneys, like other professionals who advise on personal financial matters, are now required by a new federal law, the Gramm-Leach-Bliley 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.