Elder Law Questionnaire

A. PERSONAL INFORMATION
Date of Birth: Social Security Number:

Name of client:
Spouse:
Address:

Telephone: Home: _________ Business:
Military Service: _________ Citizenship:
Status of Health: (client)
(spouse)

Client's Objectives: _______________ _______________ _______________
Contact Person: Relationship: _________
Address: ____
Telephone: Home: _________ Business: ____________________
Fax:______________________________

NOTE: Also, please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed(s) to residence and other real property (with recent real estate tax bills), (d) last two years tax returns, (e) life and health insurance policies and (f) any other documents or information you deem relevant.
Office Use Only Matter No.: __________________ Date:___________________________

B. MARITAL INFORMATION
Date and Place of Marriage:
Has either of you been married previously?
If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

____

C. CHILDREN AND GRANDCHILDREN
Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name	Address	Birthdate	Spouse
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________

Husband: Children of a prior marriage to _______________ _______________ _______________
Wife: Children of a prior marriage to _______________ _______________ _______________
Grandchildren: ________________ _____________________ _________________

Name	Address	Birthdate	Spouse
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________
__________________	________________________	______________	__________________

Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support.

D. GENERAL INFORMATION
Client/ Spouse
Yes/No

* Do you receive Social Security? _________________
If so, where is your check deposited? _________________
Is the check directly deposited by Social Security? _________________
* Are you self-employed? _________________
* Have you been appointed to a fiduciary status (executor, trustee, attorney-in-fact, etc.) under any legal documents _________________
If so, please describe said documents ._________________
* Are you involved in a law suit? _________________
If so, please explain _________________
* Do any family members require special attention? (Explain; use back page, if necessary). Think, for example, about their health and general financial status, including needs and prospects.
* Is anyone in your family disabled? _________________
* Is anyone at risk because of medical condition or family history for becoming seriously ill or disabled?_________________
* If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (in priority order)? _________________
* If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions and carry out other transactions for you? _________________

E. HEALTH CARE INFORMATION
Do you have
* Medicare? Part A _________ Part B _________ Part C_________________
* Supplemental Medicare Insurance ____
* Are you enrolled in a Medicare HMO? _________________

Long Term Care Insurance ____

* Do you receive Medicaid Benefits? _________________
* Do you receive Veterans Benefits? ._________________

F. DOCUMENTS
Client/ Spouse
Yes/No

Do you have a will? ______________
Date of will? ______________
Date of last review? ______________
Do you have a Durable Power of Attorney? ______________
Do you have a Health Care Proxy? ______________
Do you have a Living Will? ______________
Do you have a Living Trust? ______________

G. GIFTS YOU HAVE MADE
Include gifts made between 1932 and 1981 in excess of $3,000 per year per donee. Include gifts made since 1981 in excess of $10,000 per year per donee.

Donor	Donee	Date	Given Return filed?	Value
____________	____________	________	______________	________
____________	____________	________	______________	________
____________	____________	________	______________	________
____________	____________	________	______________	________

H. PROFESSIONAL ADVISORS:
Tax Preparer:
Name:______________________________________
Address:____________________________________
Telephone:__________________________________
Fax:_______________________________________
Investment Advisor:
Name:______________________________________
Address:____________________________________
Telephone:__________________________________
Fax:_______________________________________
Insurance Agent:
Name:______________________________________
Address:____________________________________
Telephone:__________________________________
Fax:_______________________________________
Other Advisors:
Name:______________________________________
Address:____________________________________
Telephone:__________________________________
Fax:_______________________________________

Other Comments:____

____

I. INCOME AND EXPENSES
Please list your estimated income and expenses this year from the following sources.
INCOME:

Monthly Amounts/Income	**Client**	**Spouse**	**Total**
Social Security			
Interest			
Dividends			
Pension Benefits			
IRA Benefits			
Rental Income			
Capital Gains (Losses)			
Other Taxable Income			
Other Non-Taxable Income			
Total Income			

HOUSING
NON-HOUSING HEALTH CARE COSTS:

Monthly Amounts/Expenses	**Client**	**Spouse**	**Total**
Home Care			
Insurance Premiums			
Prescription drugs			
Nursing Home			
Other			
MISCELLANEOUS			
Total Expenses			

J. ASSETS AND LIABILITIES (Fill in current fair market value of your assets)
ASSETS:
1. Real Estate
Owner:____

Location:____

Estimated Mortgage Cost:____

Value Balance Basis

(a) ______________________
(b) ______________________

Do you receive a veteran's exemption on your residence? _________
Do you receive a senior citizen's exemption on your residence? _________
How much do you pay each year in real estate taxes? _________
Do you believe your property is over assessed? _______________

Owner:____

Leases Annual Rent:____

(a) ___________________
(b) ___________________

2. Cash, Bank Accounts, and Certificates of Deposit
Owner Description Amount

(a) Cash
$___________________

(b) Checking Accounts
$______________________
$______________________

(c) Savings Accounts
$______________________
$______________________
$______________________
$______________________
Maturity

(d) Certificates of Deposit Date
$______________________
$______________________
$______________________
$______________________

3. Stocks and Bonds
Owner Description Amount

(a) Individually Held
$______________________
$______________________
$______________________
$______________________

(b) Brokerage Accounts
$________________________
$________________________
$________________________
$________________________

(c) Mutual Funds
$________________________
$________________________
$________________________
$________________________

(d) Savings Bonds
$________________________
$________________________
$________________________
$________________________

4. Life Insurance
Owner Company Face Amount Cash Value Insured Bene.
$________________________
$________________________
$________________________
$________________________

5. Retirement Benefits
Owner Beneficiary Value

(a) Pension
$________________________
$________________________
(b) Keogh
$________________________
$________________________
(c) IRA Accounts
$________________________
$________________________

6. Mortgages, Notes and Annuities
Owner Description Beneficiary Value
$________________________
$________________________

7. Tangible Personal Property
(a) Home Furnishings
Owner Location Value
$______________________
$______________________
$______________________
$______________________

(b) Automobiles
Owner
$______________________
$______________________

(c) Jewels and/or Furs
Owner Location
$______________________
$______________________

(d) Other (Collections etc.)
Owner
$______________________
$______________________

(e) Safe Deposit Boxes? Yes _________ No _________

Owner Location of Box Contents Location of key Estimated Value

$
$

8. Business Interest(s)
________________ ________________ ________________
9. Miscellaneous
________________ ________________ ________________ ________________ ________________

K. LIABILITIES: (Debt owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)
Description Name of Debtor Amount When Due

Notes and accounts payable by you
Loans on insurance policies
Unsecured promissory notes
General obligations
Other

Home Mortgage
Other Mortgages

Total Liabilities

L. SUMMARY OF ASSETS AND LIABILITIES
ASSETS: Client's Name Joint Name Spouse's Name Total

1. Real Estate _________________
2. Cash (Average Balance)
   A. Checking accounts_________________
   B. Savings accounts_________________
   C. Certificates of Deposit_________________
   D. Savings Bonds_________________
3. Stocks & Bonds
   A. Individually_________________
   B. Brokerage_________________
   C. Mutual Funds_________________
4. Life Insurance _________________
5. Retirement Benefits
   A. Pension_________________
   B. Keogh_________________
   C. IRA Accounts_________________
6. Mortgages, Notes & Annuities ______________________
7. Personal Property ______________________
8. Miscellaneous ______________________

Total Assets: ______________________

LIABILITIES:
1. Debts ______________________
2. Mortgage Payables ______________________

Total Liabilities ______________________

NET WORTH ______________________