**ESTATE/ELDER LAW PLANNING QUESTIONNAIRE**

Please complete the following questionnaire **to the best of your abilities**. This information is most helpful to us so that we may properly plan for you. This information will be held in the strictest confidence and we will review it during our meeting. The client is the person implementing the planning.

**A. PERONSAL INFORMATION**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any significant illnesses? If so, please list them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. GENERAL INFORMATION**

Who is this consultation for? (check all that apply)

\_\_\_\_ Self \_\_\_\_ Spouse \_\_\_\_ Other (parent, child, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is this consultation regarding? (check all that apply)

\_\_\_\_ Estate Planning \_\_\_\_ Medicaid \_\_\_\_ Guardianship

\_\_\_\_ Probate \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. MARITAL INFORMATION**

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Marriage:

Have either of you been married previously?

Does your spouse have any significant illnesses? If so, please list them. \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. CHILDREN AND GRANDCHILDREN**

Children on present marriage (living and deceased). Put a “D” next to predeceased children(s) names. Please indicate whether any deceased children left any surviving children (grandchildren).

**Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Date of Birth** | **Spouse** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Grandchildren**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Date of Birth** | **Spouse** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Is anyone in your family disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. OTHER INTERESTED PARTY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. HEALTH CARE INFORMATION**

Do you have Medicare? \_\_\_\_ Yes \_\_\_\_ No

Supplemental Medicare Insurance? \_\_\_\_ Yes \_\_\_\_ No

Long Term Care Insurance? \_\_\_\_ Yes \_\_\_\_ No

Do you receive Medicaid Benefits? \_\_\_\_ Yes \_\_\_\_ No

Do you receive Veterans Benefits? \_\_\_\_ Yes \_\_\_\_ No

**G. DOCUMENTS**

Do you have a Will? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Power of Attorney? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Health Care Proxy? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a living Will? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Living Trust? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you have any of the above documents, please bring them to our meeting.

**H. GIFTS YOU HAVE MADE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donor** | **Donee** | **Date Given** | **Return Filed** | **Value** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**I. INCOME** (monthly amounts)

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Client** | **Spouse** | **Total** |
| **Social Security** |  |  |  |
| **Interest** |  |  |  |
| **Dividends** |  |  |  |
| **Pension Benefits** |  |  |  |
| **IRA/401K** |  |  |  |
| **Rental Income** |  |  |  |
| **Other Taxable** |  |  |  |
| **Other Non-Taxable** |  |  |  |

**J. ASSETS AND LIABILITIES** (Fill in current fair market value)

**1. Real Estate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner** | **Address** | **Estimated Value** | **Mortgage Balance** | **Mortgage Balance** | **Purchase Price** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Do you receive a veteran’s exemption on your residence? \_\_\_\_ Yes \_\_\_\_ No

Do you receive a senior citizen’s exemption on your residence? \_\_\_\_ Yes \_\_\_\_ No

How much do you pay each year in real estate taxes? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Cash, Bank Accounts and Death Certificates of Deposit**

|  |  |  |
| --- | --- | --- |
| **Owner** | **Description** | **Amount** |
|  | Cash | $ |
|  |  | $ |
|  | Checking | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Savings | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Certificates of Deposit/Maturity Date | $ |
|  |  | $ |
|  |  | $ |

**3. Stocks and Bonds**

|  |  |  |
| --- | --- | --- |
| **Owner** | **Description** | **Amount** |
|  | Individually held | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Brokerage Accounts | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Mutual Funds | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Savings Bonds | $ |
|  |  | $ |
|  |  | $ |

**4. Life Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner** | **Company** | **Face Amount** | **Cash** | **Insured** | **Beneficiary** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5. Retirement Benefits**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner** | **Type** | **Beneficiary** | **Amount** |
|  | Pension |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  | Keogh |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  | IRA |  | $ |
|  |  |  | $ |
|  |  |  | $ |

\*Attach additional pages if you need more space.