



# Enea, Scanlan & Sirignano, LLP

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## ELDER LAW / ESTATE PLANNING QUESTIONNAIRE

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

### A. PERSONAL INFORMATION

#### Client 1:

Client Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Name (if any): \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

Telephone Numbers:

Preferred: \_\_\_\_\_

Alternate: \_\_\_\_\_

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

#### Client 2:

Client Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Name (if any): \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

Telephone Numbers:

Preferred: \_\_\_\_\_

Alternate: \_\_\_\_\_

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

-----FOR OFFICE USE ONLY-----

Consultation Date: \_\_\_\_\_

Consultation Fee Paid: Credit Card or Check # \_\_\_\_\_

\_\_\_\_ Conflict Check Performed

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Marriage or Civil Union: \_\_\_\_\_

Please provide information regarding previous marriages or civil unions, if any:

\_\_\_\_\_

Please list any medical conditions and the approximate date of diagnosis:

\_\_\_\_\_

\_\_\_\_\_

**B. OTHER INTERESTED PARTY / DECEASED PARTY**

Name: \_\_\_\_\_ Date of Birth/Death: \_\_\_\_\_

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

Telephone Numbers: Preferred: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

**C. 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 / Estate Administration     Other:

\_\_\_\_\_

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

**D. CHILDREN AND GRANDCHILDREN**

Please list all children (living and deceased). Put a "D" next to any predeceased child's name. Please indicate whether any deceased child left any surviving children (grandchildren).

**Children**

Full Name	Address (if different from client's)	Date of Birth	Spouse's Name (if married)

**Grandchildren**

Full Name	Address	Date of Birth	Spouse's Name (if married)

Do any of your children and/or grandchildren have special needs or other issues (e.g., substance abuse, creditors, medical conditions, disabilities, divorce concerns, etc.):

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**E. HEALTH CARE INFORMATION**

- Do you have Medicare?  Yes  No
- Do you Long Term Care Insurance?  Yes  No
- Do you receive Medicaid Benefits?  Yes  No
- If yes:
  - Home Care Medicaid?  Yes  No
  - Nursing Home Medicaid?  Yes  No
- Do you receive Veterans Benefits?  Yes  No

**F. 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 Trust?  Yes  No Date: \_\_\_\_\_
- If yes, is it revocable or irrevocable? \_\_\_\_\_

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

**G. GIFTS YOU HAVE MADE**

(\$2,000 or more in the last 5 years, or more than \$10,000 during your lifetime)

Donor	Donee	Date Given	Was a Gift Tax Return Filed?	Value
				\$
				\$
				\$
				\$

**H. INCOME** (Please list monthly amounts)

<b>Income Type</b>	<b>Client</b>	<b>Client 2 / Spouse</b>	<b>Total</b>
Salary			
Annuities			
Social Security			
Interest			
Dividends			
Pension			
IRA/401K RMD			
Rental Income			
Other Taxable Income			
Other Non-Taxable Income			

**I. ASSETS AND LIABILITIES**

**1. Real Estate**

<b>Type of Real Estate (Real Property, Coop, Land, etc.)</b>	<b>Title / Owner</b>	<b>Address</b>	<b>Estimated Fair Market Value</b>	<b>Mortgage Balance</b>	<b>Purchase Price</b>

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

<b>Bank Name</b>	<b>Type of Account (Checking, Savings or Certificate of Deposit)</b>	<b>Owner</b>	<b>Approximate Balance</b>

**3. Stocks, Bonds, Brokerage Accounts, Annuities and Cryptocurrencies**

<b>Owner</b>	<b>Type of Account</b>	<b>Approximate Balance</b>
	Individually Held Stock	\$
		\$
		\$
		\$
	Brokerage Accounts	\$
		\$
		\$
		\$
	Mutual Funds	\$
		\$
		\$
		\$
	Savings Bonds	\$
		\$
		\$
	Annuities	\$
		\$
		\$
		\$
	Cryptocurrency	\$
		\$
		\$
		\$

**4. Life Insurance**

<b>Owner</b>	<b>Insured</b>	<b>Company</b>	<b>Face Amount</b>	<b>Type of Policy and Cash Value (if whole life)</b>	<b>Beneficiary</b>

**5. Retirement Benefits**

<b>Owner</b>	<b>Type</b>	<b>Beneficiary</b>	<b>Approximate Balance</b>
	Pension		\$
			\$
			\$
	Keogh		\$
			\$

			\$
	403B/401K/IRA		\$
			\$
			\$
			\$

**6. Business and Professional Interests:**

Please provide details for ownership interests in any partnership, joint venture, sole proprietorship, LLC, closely held corporation or other business entity.

Company or Entity Name	Type of Entity	Owner(s) and % of ownership	Company Value

**7. Tangible Personal Property of Significant Value**

Please provide information for other significant assets you own, either jointly or separately, including items such as boats, automobiles, jewelry, art collections, or any other personal property valued at \$50,000 or more, or any collection valued at \$50,000 or more.

Type of Property	Owner	Approximate Value

**J. Information Regarding Other Professionals:**

**Accountant / Financial Advisor**

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

Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\*Attach additional pages if you need more space.