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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)

Income Type	Client	Client 2 / Spouse	Total
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

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

2. Cash, Bank Accounts and Certificates of Deposit

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

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

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

4. Life Insurance

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

5. Retirement Benefits

Owner	Type	Beneficiary	Approximate Balance
	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.