

ELDER LAW

**PLANNING QUESTIONNAIRE
(Married)**

Date _____

Home Phone _____

Business Phone _____

PART A: PERSONAL INFORMATION

CLIENT HUSBAND:

Full Name _____

Street Address _____

Birth Date _____

City _____ Zip _____

Social Security Number _____

U.S. Citizen? Yes _____ No _____

CLIENT WIFE:

Full Name _____

Street Address _____

Birth Date _____

City _____ Zip _____

Social Security Number _____

U.S. Citizen? Yes _____ No _____

CHILDREN:

Are any of your children blind? YES _____ NO _____

Are any of your children disabled? YES _____ NO _____

Do any of your children live with
You in your home? YES _____ NO _____

PART B: MISCELLANEOUS INFORMATION

Age of Husband _____

Age of Wife _____

If either spouse is in a nursing home or contemplates entering a nursing home, please list the following:

Name of ill spouse: _____

Diagnosis: _____

Prognosis: _____

Course of Treatment: _____

If either spouse has already entered a nursing home, please indicate the name of the nursing home and the date first entered on a continuous basis: _____

PART C: MONTHLY INCOME

Gross Salary or Wages \$ _____ \$ _____

Social Security Benefits
(include \$46.10 Medicare Part
B Deduction, if applicable) _____ _____

Retirement Benefits _____ _____

Interest _____ _____

Dividends _____ _____

Other _____ _____

Other _____ _____

TOTAL MONTHLY INCOME: \$ _____ \$ _____

If there is a pension, please list the gross pension amount and the name of the Company or Governmental entity paying the pension.

Gross Amount \$ _____ (include all deductions)

Name of Company or Governmental Agency _____

PART D: GIFTS

(Gifts made in excess of \$1,000/year to an individual other than your spouse within the past 36 months.)

Recipient: _____ Date: _____ Amount: \$ _____

Recipient: _____ Date: _____ Amount: \$ _____

Recipient: _____ Date: _____ Amount: \$ _____

PART E: ASSETS

(Please insert the approximate value of each asset/liability in the appropriate space)

ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
Personal Effects	\$	\$	\$	\$
Automobile				
Business Interest				
Checking Account				
Savings Account				
Money Market Account				
Savings Certificate				
Residence (Assessed Value)				
Additional Automobiles				
Other Real Estate				
Mutual Funds				
Stocks				
Bonds				
Annuities				
Cash Value-Life Insurance				
IRA				
Other				
Other				
TOTAL ASSETS/LIABILITIES	\$	\$	\$	\$

Address of any real property other than personal residence:

Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (can be obtained from Tax Bill)

Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (can be obtained from Tax Bill)

Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (can be obtained from Tax Bill)

What is your cost basis for your personal residence? \$ _____

PART F: LIFE INSURANCE

COMPANY (include address and policy number)	TYPE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

It is very important to know the cash value of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent or call the insurance company directly.

(Include the cash value of the life insurance on the Life Insurance line in Part E.)

PART G: MONTHLY HOUSING EXPENSES

(Please divide annual expenses by 12 and quarterly expenses by 3.)

Mortgage	\$ _____
Rent	\$ _____
Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Utilities (Heat & Electric - 1/12 of the last 12 months)	\$ _____
Homeowner's Insurance Premium	\$ _____
Condominium Fees	\$ _____
TOTAL MONTHLY HOUSING EXPENSES	\$ _____

PART H: MONTHLY COSTS OF NURSING HOME

Cost per Month	\$ _____
Prescription Costs per Month	\$ _____
Incontinent Costs per Month	\$ _____
Other Costs per Month	\$ _____
TOTAL MONTHLY COSTS OF NURSING HOME	\$ _____

PART I: MONTHLY NON-SHELTER LIVING EXPENSES

Food	\$ _____
Medical	\$ _____
Clothing	\$ _____
Transportation	\$ _____
Home Maintenance	\$ _____
Life Insurance Premiums	\$ _____
Health Insurance Premiums	\$ _____
Cable TV	\$ _____
Other	\$ _____
TOTAL MONTHLY NON-SHELTER LIVING EXPENSES	\$ _____

PART J: CHILDREN

CHILDREN'S NAMES	ADDRESS, CITY, ST, ZIP	TELEPHONE NUMBER	DATE OF BIRTH

PART K: REFERRAL

By whom were you referred to this office:

Name _____

Address _____