

CLIENT INFORMATION FORM

ELDER LAW CENTER, P.C.

PERSONAL INFORMATION:

Name: _____ **DOB:** _____ **SSN:** _____
Address: _____ **Day Phone:** _____ **Eve. Phone:** _____
 _____ **Cell Phone:** _____
Email Address: _____ **County of Residence:** _____
Employer: _____ **Retirement date:** _____ **Veteran: Yes** **No**
 _____ **U.S. Citizen: Yes** **No**
 _____ **Date of Marriage:** _____
Spouse: _____ **DOB:** _____ **SSN:** _____
Employer: _____ **Retirement date:** _____ **Veteran: Yes** **No**
 _____ **U.S. Citizen: Yes** **No**

FAMILY INFORMATION: (attach additional sheet if necessary)

Child(ren) Information:

First Name	MI	Last Name	Age	Address	
				Telephone #	Spouse's Name
				# of Children	Ages of Children

First Name	MI	Last Name	Age	Address	
				Telephone #	Spouse's Name
				# of Children	Ages of Children

First Name	MI	Last Name	Age	Address	
				Telephone #	Spouse's Name
				# of Children	Ages of Children

First Name	MI	Last Name	Age	Address	
				Telephone #	Spouse's Name
				# of Children	Ages of Children

Do you or your spouse have children by a previous marriage? Yes No _____
 Do you or your spouse have children who have died leaving children? Yes No _____

ASSET INFORMATION: (attach additional sheet if necessary)

List Account Assets: (Checking, Savings, CDs, brokerage accounts, stocks, corporate or U.S. bonds, other)

Description/Account #	<u>Ownership and Value</u>			
	Husband	Wife	Joint	Joint w/ others; p.o.d.
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Other Account Assets which have Designated Beneficiaries: (IRAs, Vested Pension Plan, Annuities or other assets that would pass on your death to a particular beneficiary that you have designated)

Description/Account #	<u>Ownership and Value</u>			
	Husband	Wife	Joint	Joint w/ others; p.o.d.; or beneficiaries
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Life Insurance:

Owner of Policy: _____	Owner of Policy: _____
Whose Life: _____	Whose Life: _____
Company: _____	Company: _____
Policy #: _____	Policy #: _____
Face Value: \$ _____	Face Value: \$ _____
Cash Value: \$ _____	Cash Value: \$ _____
Yearly Cost: \$ _____	Yearly Cost: \$ _____
Beneficiary: _____	Beneficiary: _____
Owner of Policy: _____	Owner of Policy: _____
Whose Life: _____	Whose Life: _____
Company: _____	Company: _____
Policy #: _____	Policy #: _____
Face Value: \$ _____	Face Value: \$ _____
Cash Value: \$ _____	Cash Value: \$ _____
Yearly Cost: \$ _____	Yearly Cost: \$ _____
Beneficiary: _____	Beneficiary: _____

List Real Property: (Home(s), vacant lot, rental property)

Description of Property	Value	Mortgage	Purchase Price	Owner(s)
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

List Personal Property: (Include vehicles, and any items of particular value such as collections, antiques or jewelry)

Description of Property	Value	Owner(s)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

LIABILITIES: (mortgages, notes to banks, notes to others, loans on insurance, other)

Description	Balance Due	Monthly Payment	Maturity Date
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

INHERITANCE INFORMATION:

Have you or your spouse received an inheritance in the last 60 months? Yes No _____

Have you or your spouse disclaimed an inheritance in the last 60 months? Yes No _____

Do you or your spouse expect an inheritance? Yes No _____

GIFTING INFORMATION:

Have you given any gifts (monetary or otherwise) (in excess of \$500) within the last three years? Yes No
Five years? Yes No If so, how much and on what date: _____

Have you ever filed a gift tax return? Yes No _____

ADDITIONAL QUESTIONS REGARDING YOUR ESTATE:

Do you or your spouse have an interest in any business? Yes No _____

Have you or your spouse ever been Medicaid recipients? Yes No _____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property such as a disabled child(ren)? Yes No _____

Do you have a prepaid funeral plan? Yes No If so, is it a revocable or irrevocable plan? _____

Do you have burial plots? Yes No

Does someone prepare your taxes? Yes No Name and Address: _____

Do you consult someone about investment decisions? Yes No Name and Address: _____

Do you have an insurance agent? Yes No Name and Address: _____

INCOME INFORMATION:

Monthly Income:	Husband	Wife	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRAs, Annuities, etc. _____	\$ _____	\$ _____	\$ _____
Rents _____	\$ _____	\$ _____	\$ _____
Business Interest _____	\$ _____	\$ _____	\$ _____
Interest & Dividends _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse? _____

LEGAL INFORMATION:

Location of Important Papers:	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Healthcare Power of Attorney	_____	_____
Living Trust	_____	_____

Financial obligations arising from dissolution of marriage or support actions: _____

I am the legally appointed guardian of: _____

I have been appointed under a power of attorney from: _____

I am serving as executor or administrator of an estate: Yes No _____

I am involved in a lawsuit: Yes No _____

I am owed money by: _____

I have forgiven a debt owed to me by: _____

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington): Yes No _____

Other legal concerns: _____

ADDITIONAL INFORMATION WITH REGARD TO YOUR LONG-TERM CARE PLANNING:

MEDICAL/DISABILITY INFORMATION:

Are you or your spouse disabled? Yes No

Are you or your spouse at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes No

Doctor: _____ Spouse's Doctor: _____
Name and Address Name and Address

HEALTH INSURANCE:

Medicare	Husband Number: _____	Wife Number: _____
Insurance from Employer		Premium \$ _____
Medicare Supplement		Premium \$ _____
Prescription Medicare Part D		Premium \$ _____
Long-Term Care Ins. (nursing home)		Premium \$ _____
Other		Premium \$ _____

HELPERS:

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? (List in order of priority and attach additional sheet if necessary)

Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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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?

Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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IF YOU HAVE NOT PREVIOUSLY PROVIDED US WITH COPIES, PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR APPOINTMENT (DO NOT DROP OFF ORIGINAL DOCUMENTS):

- _____ 1. Will, Codicil, Trust Agreements
- _____ 2. Real Estate Deeds, Appraisals
- _____ 3. Income Tax Returns for the year
- _____ 4. Gift Tax Returns
- _____ 5. Most Recent Statement from all Life Insurance and Annuity Policies
- _____ 6. Long-Term Care Policies
- _____ 7. Most Recent Statement from all CDs, Savings Accounts, Checking Accounts, Brokerage Accounts for stocks, bonds & securities
- _____ 9. Divorce Decrees, Prenuptial Agreements, Adoption Papers
- _____ 10. Living Will, Health Care Declarations or Powers of Attorney, Durable (Property) Powers of Attorney
- _____ 11. Business Papers: partnership agreements, corporate minute books, buy/sell agreements, financial statements, business tax returns

CONTACT INFORMATION:

I became aware of the Elder Law Center through:

- _____ Attendance at a seminar. Location of Seminar: _____
- _____ Referred by a friend. Name: _____
- _____ Referred by a professional contact. Name: _____
- _____ Referred by an agency. Name: _____
- _____ Telephone Book _____ Newspaper
- _____ Other. Please describe: _____