

**ELDER LAW  
PLANNING QUESTIONNAIRE**

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PART A  
PERSONAL INFORMATION**

**CLIENT HUSBAND:**

\_\_\_\_\_  
First Name Middle Name Last Name

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

U.S. Citizen:       Yes       No      Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**CLIENT WIFE:**

\_\_\_\_\_  
First Name Middle Name Last Name

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

U.S. Citizen:       Yes       No      Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**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**  
**MEDICAL INFORMATION**

**Husband**

Age of Husband: \_\_\_\_\_

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

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:

Nursing Home: \_\_\_\_\_ Date Entered: \_\_\_\_\_

**Wife**

Age of Wife: \_\_\_\_\_

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

Name of Spouse (in nursing home or to enter nursing home): \_\_\_\_\_

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:

Nursing Home: \_\_\_\_\_ Date Entered: \_\_\_\_\_

**PART C  
MONTHLY INCOME**

	<b>Husband's Monthly Income</b>	<b>Wife's Monthly Income</b>
Gross Salary or Wages		
Social Security Benefits (before deducting Medicare Part B Payment, if applicable)		
Pension		
Pension		
Interest		
Dividends		
Other		

**TOTAL INCOME:**

For each pension, please list the gross pension amount and the name of the company or governmental entity paying the pension, and itemize all deductions from your check:

Payee: \_\_\_\_\_  
 Gross Amount: \$ \_\_\_\_\_  
 Govt Agency or Employer: \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_

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 Gross Amount: \$ \_\_\_\_\_  
 Govt Agency or Employer: \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_

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Payee: \_\_\_\_\_  
 Gross Amount: \$ \_\_\_\_\_  
 Govt Agency or Employer: \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_

**For Each Pension Check, also identify the amount that will still be payable to the survivor after the death of the payee.**

**PART D  
GIFTS**

(Gifts made in excess of \$5,100 (total to all recipients) in any month other than to your spouse within the past 36 months.)

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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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:

<b>ASSET</b>	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>	<b>LIABILITIES</b>
Personal Effects				
Automobile				
Business Interest				
Checking Account				
Savings Account				
Money Market Account				
Savings Certificate				
Residence (assessed value)				
Additional Autos				
Other Real Estate				
Mutual Funds				
Stocks				
Bonds				
Annuities				
Cash Value - Life Ins. (include cash value)				
IRA				
Other				
Other				
Other				
TOTALS:				

What is the original cost basis for your personal residence? \_\_\_\_\_

The address of any real property other than personal residence:

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

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (This can be obtained from tax bill.)

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

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (This can be obtained from tax bill.)

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

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (This can be obtained from tax bill.)

**PART F  
LIFE INSURANCE**

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

**NOTE:** 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.)

**PART G**  
**MONTHL HOUSING EXPENSE**

**NOTE:** Please divide annual expenses by 12 and quarterly expenses by 3 and semiannual by 2.

\$ _____	Mortgage
\$ _____	Rent
\$ _____	Taxes for Real Estate
\$ _____	Water & Sewer
\$ _____	Utilities (heat and electric (1/12 <sup>th</sup> of last 12 months))
\$ _____	Homeowner's Insurance Premium
\$ _____	Condominium Fees
\$ _____	MONTHLY TOTAL

**PART H**  
**MONTHLY COST OF NURSING HOME**

\$ _____	Cost Per Month
\$ _____	Prescription Cost Per Month
\$ _____	Incontinent Cost Per Month
\$ _____	Other Per Month
\$ _____	MONTHLY TOTAL

**PART I**  
**MONTHLY NON-SHELTERED LIVING EXPENSES**

\$ _____	Food
\$ _____	Medical
\$ _____	Clothing
\$ _____	Transportation
\$ _____	Home Maintenance
\$ _____	Life Insurance Premiums
\$ _____	Health Insurance Premiums
\$ _____	Cable TV
\$ _____	Other
\$ _____	MONTHLY TOTAL

**PART J  
CHILDREN**

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

Address (with zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address (with zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address (with zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address (with zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address (with zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

Order of priority for Children to serve as your Agent:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have a current power of attorney for financial matters: \_\_\_\_\_

Do you have a current power of attorney for health care: \_\_\_\_\_

**Provide copy of current wills, powers of attorney, trusts, most recent bank statements, deeds, and last three years tax returns.**