



Pfalzgraf Beinbauer & Menzies LLP
Counsel for Generations

David R. Pfalzgraf, *Of Counsel*
Charles W. Beinbauer, *Partner*
Laurie L. Menzies, *Partner*
Jamie M. Smith, *Associate*
Kenneth R. Kraus, *Associate*
Frank R. Vavonese, *Associate*

Elder Law Planning Questionnaire

PART A: PERSONAL INFORMATION

Client:

Full Name:

Spouse:

Address:

Home Phone: _____

Cell Phone: _____

U.S. Citizen: Yes No

U.S. Citizen: Yes No

Date of Birth: _____

Social Security #: _____

General Health Information:

List Date(s) and Location of
Hospitalization(s) During the Past
Year: _____

Medicare: Yes No

Medicare: Yes No

Veteran: Yes No

Veteran: Yes No

Major Medical or Other Health Insurance: _____

Long-Term Care Insurance:

CHILDREN:

Name	Complete Address	Telephone Number	Age	Social Security #

Please indicate if any of the above children are of a previous marriage: _____

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

If YES, list names: _____

PART B: MISCELLANEOUS INFORMATION

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

Facility _____ Date of hospitalization: _____

List monthly charges and source of payment at the present time: _____

PART C: MONTHLY INCOME

<i>INCOME DESCRIPTION</i>	<i>HUSBAND'S MONTHLY INCOME</i>	<i>WIFE'S MONTHLY INCOME</i>	<i>JOINT MONTHLY INCOME</i>
Net Salary or Wages (Take Home Pay)			
Social Security Benefits			
Retirement Benefits			
Interest			
Dividends			
Pension			
Other			
TOTAL MONTHLY INCOME			

PART D: ASSETS

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

<i>ASSET</i>	<i>HUSBAND</i>	<i>WIFE</i>	<i>JOINT</i>	<i>LIABILITY</i>
Primary Residence				
Other Real Estate				
Automobile(s)				
Checking Account(s)				
Savings Account(s)				
Money Market Account(s)				
Certificate(s) of Deposit				
Mutual Funds				
Stocks				
Bonds				
Annuities				

Cash Surrender Value of Life Insurance				
IRA Account(s)				
Life Insurance				
TOTAL				

Is there a safe deposit box? YES NO If yes, Location: _____

Box Number _____ Joint Tenant or Deputy: _____

It is important to know the cash surrender value of your life insurance policy. To obtain the cash surrender value of the policies, please call your insurance agent, or call the insurance company directly. (Please include the cash surrender value of the life insurance listed in **Part D of this form**.)

PART E: GIFTS

Please list any gifts made by either spouse in excess of \$1,000 to an individual other than you spouse within the past 36 months:

RECIPIENT	DATE	AMOUNT

The information on the previous eight (8) pages is true and accurate to the best of my knowledge.

Signature

PART F:

Please furnish our office with copies of the following documents, if applicable:

1. Deed to Home and current County Tax Bill;
2. Deed to other Real Property and County Tax Bill;
3. Copy of Last Will and Testament;
4. Copy of Power of Attorney;
5. Copy of Health Care Proxy.