

ZACHARIA & BROWN

Attorneys and Counselors at Law

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**ELDER LAW PLANNING QUESTIONNAIRE
INITIAL CONSULTATION MEETING**

Office - Versailles Bethel Park

Attorney: Carl B. Zacharia
Christine B. Murphy
Mark Z. Zacharia
Colleen D. Bratkovich

Primary Contact Information

Name: _____ Appt. Time: _____
Address: _____ Meeting Date: _____
_____ Referred by: _____
_____ Radio _____
Tel: (H) _____ TV _____
(W) _____ Attended Seminar _____
(C) _____ Nursing Home _____
Fax: _____ Financial Advisor _____
Email: _____ Friend/Family _____

PART A. PERSONAL INFORMATION

HUSBAND

Name: _____ US Citizen _____
Address: _____ DOB _____ AGE _____
_____ SSN _____
Phone: _____ Veteran ____ No ____ Yes

WIFE

Name: _____ US Citizen _____
Address: _____ DOB _____ AGE _____
_____ SSN _____
Phone: _____ Veteran ____ No ____ Yes

If either spouse is in a nursing home or contemplates entering a nursing home, please list the following:
Name of Ill spouse: _____
Diagnosis: _____
Prognosis: _____

PART B. CHILDREN

CHILDREN'S NAMES	ADDRESS w/ ZIP CODE	TELEPHONE	BIRTHDATE

Is any child disabled? _____ Does any child live at home? _____ Provide Care? _____

PART C. MONTHLY INCOME

	Husband's Monthly Income	Wife's Monthly Income	Total Combined Monthly Income
Gross Salary or Wages	\$ _____	\$ _____	\$ _____
Social Security Benefits (including Medicare Part B premiums)	\$ _____	\$ _____	\$ _____
Retirement Benefits (401k – IRA)	\$ _____	\$ _____	\$ _____
Pension*	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL 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 \$ _____ \$ _____ \$ _____
 Provided by: _____

PART D. ASSETS

Please insert the approximate value of each asset and liability in the appropriate space.

ASSETS	HUSBAND	WIFE	JOINT*	TOTAL
Income Producing Property				
Automobile				
Irrevocable Burial Reserve and Burial Space				
Pre-Paid Funeral				
Burial Plot				
Checking Accounts				
Savings Accounts				
Money Market Accounts				
Certificates of Deposit				
U.S. Savings Bonds				
Other Bonds				
Stocks				
Mutual Funds				
Annuities **				
IRA or KEOGH**				
Other				
Life Insurance (Cash Value**)				
Boats, Trailers				
Business Interests				
Other Real Estate				
TOTAL				

* Please prepare a list showing the names in which the Joint Assets are Held
 ** Please prepare a list showing the beneficiaries for IRA;s/KEOGHs or Life Insurance

Personal Residence

Street: _____ City: _____ State: _____ Zip: _____
 Lot/Block No. _____ (Can be obtained from the tax bill) Value:\$ _____

Do you have real estate **OTHER** than your Personal Residence? _____ If so,
 Street: _____ City: _____ State: _____ Zip _____
 Lot/Block No. _____ Value: \$ _____

Please bring ALL DEEDS with you (if you can easily find them)

Bank(s) you deal with:

Name	Contact	Branch	Type	Joint?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Firm(s) you deal with:

Name	Contact	Branch	Account No
_____	_____	_____	_____
_____	_____	_____	_____

PART E. LIFE INSURANCE

COMPANY	TYPE*	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

* Term, Whole Life, etc.

IT IS VERY IMPORTANT TO KNOW THE CASH VALUE OF YOUR LIFE INSURANCE POLICY. TO OBTAIN THE CASH VLAUE 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 D.)

PART F. GIFTS

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

Recipient: _____ Date Made: _____ Amount: \$ _____
 Recipient: _____ Date Made: _____ Amount: \$ _____
 Recipient: _____ Date Made: _____ Amount: \$ _____

PART G. ESTATE PLAN

Check all that apply

	Husband	Wife
1. Is there a Will?	_____	_____
2. Is there a Trust?	_____	_____
3. Is there Power of Attorney?	_____	_____
4. Is there a Health Care Power of Attorney?	_____	_____
5. Is there a Living Will?	_____	_____

*** Please BRING all documents with you***

MISCELLANEOUS

1. Name of Accountant: _____ Tel: _____
 2. Name of Financial Advisor: _____ Tel: _____

Information provided by you is **very important**. It is needed to assist in making appropriate recommendations to you. Thus, it needs to be as complete and accurate as possible.