

**Zacharia & Brown**  
Elder Law Attorneys

4500 Walnut Street  
McKeesport, PA 15132  
Tel: (412) 751-5670

2706 South Park Road  
Bethel Park, PA 15102  
Tel: (412) 751-5670

---

**ELDER LAW PLANNING QUESTIONNAIRE MARRIED**

Primary Contact Information

Name: \_\_\_\_\_ Initial Contact Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Meeting Date \_\_\_\_\_  
\_\_\_\_\_ Referred by: \_\_\_\_\_  
Tel: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**PART A. PERSONAL INFORMATION**

**HUSBAND**

Name: \_\_\_\_\_ US Citizen \_\_\_\_\_  
Address: \_\_\_\_\_ DOB or Age \_\_\_\_\_  
\_\_\_\_\_ SSN \_\_\_\_\_  
Tel: \_\_\_\_\_

**WIFE**

Name: \_\_\_\_\_ US Citizen \_\_\_\_\_  
Address: \_\_\_\_\_ DOB or Age \_\_\_\_\_  
\_\_\_\_\_ SSN \_\_\_\_\_  
Tel: \_\_\_\_\_

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:

Name of Nursing Home: \_\_\_\_\_ Date entered: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Type: \_\_\_ Nursing Home \_\_\_ Assisted Living \_\_\_ Personal Care \_\_\_ Continuing Care \_\_\_ None yet

Health Insurance Plan: \_\_\_\_\_ Medicare Supplement Type: \_\_\_\_\_  
Long Term Care Insurance? \_\_\_\_\_

**PART B. CHILDREN**

<b>CHILDREN'S NAMES</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>AGE</b>

Is any child disabled? \_\_\_\_\_ Does any child live at home? \_\_\_\_\_ Provide Care? \_\_\_\_\_

**PART C. MONTHLY INCOME**

	<b>Husband's Monthly Income</b>	<b>Wife's Monthly Income</b>	<b>Total Combined Monthly Income</b>
Gross Salary or Wages	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Retirement Benefits (401k – IRA)	\$ _____	\$ _____	\$ _____
Pension*	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Do you have a Prepaid Funeral Account? \_\_\_\_\_ Funeral Home \_\_\_\_\_

Amount for husband \$ \_\_\_\_\_ Amount for Wife \$ \_\_\_\_\_

Do You have Burial Plots? \_\_\_\_\_ Where: \_\_\_\_\_

**PART D. ASSETS**

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

**Real Estate**

Home?	Address	City	State	Assessed Value	Names on Deed
Y / N	_____	_____	_____	\$ _____	_____
Y / N	_____	_____	_____	\$ _____	_____
Y / N	_____	_____	_____	\$ _____	_____

**Financial Assets**

No.	Type	Where Held	Value	Value Date	Name(s) on Account
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____

Types:  
 Checking - Savings - Money Market - Certificate of Deposit - Savings Bonds - Other Bonds - Mutual Funds - Stocks - Annuities  
 IRA - 401(k) - Boats - Trailers - Automobiles - Income Producing Property - PrePaid Funeral - Prepaid Burial - Burial Plots

**PART E. LIFE INSURANCE**

COMPANY	TYPE*	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

\* Term, Whole Life, etc.

**PART F. MONTHLY EXPENSES**

Mortgage:	\$ _____
Rent	\$ _____
Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Gas	\$ _____
Electric	\$ _____
Telephone	\$ _____
Homeowner's Insurance	\$ _____
Condominium Fees	\$ _____
Food	\$ _____
Medical	\$ _____
Clothing	\$ _____
Automobile(Gas, etc.)	\$ _____
Home Maintenance	\$ _____
Life Insurance Premiums	\$ _____
Health Insurance Premiums	\$ _____
Cable TV	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
<b>Monthly Total</b>	\$ _____

**PART H. MONTHLY COST OF NURSING HOME, IF APPLICABLE**

Cost per Month	\$ _____
Prescription costs per month	\$ _____
Health Insurance per month	\$ _____
Incontinent per month	\$ _____
Other per month	\$ _____
Other per month	\$ _____
<b>Monthly Total</b>	\$ _____

**PART I. 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 J. ESTATE PLAN**

Please provide copies of these documents

		Husband	Wife	When Done
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?	_____	_____	_____

**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.

Questionnaire Signatures

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_