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ELDER LAW PLANNING QUESTIONNAIRE ~ MARRIED

CONTACT INFORMATION

Name: _____
Address: _____
Telephone (____) _____ Email _____
Relation to Clients _____

CLIENT 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: _____

Medical Condition: _____

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: _____

Type: ___ Nursing Home ___ Assisted Living ___ Personal Care ___ Home Care ___ None yet

Health Insurance Plan: _____ Long Term Care Insurance? _____

PART B. CHILDREN

| CHILDREN'S NAMES | ADDRESS | TELEPHONE | AGE |
|-------------------------|----------------|------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 | \$ _____ | \$ _____ | \$ _____ |
| Retirement Benefits (401k – IRA) | \$ _____ | \$ _____ | \$ _____ |
| Pension* | \$ _____ | \$ _____ | \$ _____ |
| Interest | \$ _____ | \$ _____ | \$ _____ |
| Dividends | \$ _____ | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | \$ _____ |
| TOTAL INCOME | \$ _____ | \$ _____ | \$ _____ |

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 | \$ _____ |
| Monthly Total | \$ _____ |

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 | \$ _____ |
| Monthly Total | \$ _____ |

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: _____