



ZACHARIA BROWN

ELDER LAW ATTORNEYS

ELDER LAW PLANNING QUESTIONNAIRE - SINGLE

Primary Contact Information

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

PART A. PERSONAL INFORMATION

Name: _____ US Citizen _____
Address: _____ DOB or Age _____
SSN _____
Tel: _____
Relationship to Contact _____

Diagnosis: _____
Prognosis: _____
Course of treatment: _____

If 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

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

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.

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

Life Insurance

Company	Owner	Insured	Face Value	Cash Value	Death Benefit	Beneficiaries
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

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.

PART F. MONTHLY EXPENSES

Mortgage:	\$	_____
Rent	\$	_____
Taxes	\$	_____
Water	\$	_____
Sewer	\$	_____
Gas	\$	_____
Electric	\$	_____
Telephone	\$	_____
Homeowner's Insurance	\$	_____
Condominium Fees	\$	_____
TOTAL	\$	_____

PART G. MONTHLY NON-SHELTER LIVING EXPENSES

Food	\$	_____
Medical	\$	_____
Clothing	\$	_____
Transportation	\$	_____
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	\$	_____
Incontinent 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

	Yes / No
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 Signature

Date: _____

Signature _____