

# ELDER LAW CENTER, P.C.

## CLIENT INFORMATION FORM

### PERSONAL INFORMATION:

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ U.S. Citizen: Yes  No

Veteran: Yes  No  Dates of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Honorable Discharge: Yes  No

Marital Status:  Married  Single  Widow  Party to Civil Union

Date of Marriage/Civil Union: \_\_\_\_\_

Spouse Legal Name: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ U.S. Citizen: Yes  No

Veteran: Yes  No  Dates of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Honorable Discharge: Yes  No

**FAMILY INFORMATION:** (attach additional sheet if necessary)

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**Child(ren) Information:**

1. Legal Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home and cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home and cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home and cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

4. Legal Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home, cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

5. Legal Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home, cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Do you or your spouse have any other children born to or legally adopted by either of you that are not listed above? Yes  No

Do you or your spouse have children who have died leaving children? Yes  No

**ASSET INFORMATION:** (attach additional sheet if necessary)

**List Account Assets:** (Checking, Savings, CDs, brokerage accounts, stocks, corporate or U.S. bonds, other)

Description/Last four digits of account #	<u>Ownership and Value</u>			
	Husband	Wife	Joint	Joint w/ others; p.o.d.
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Other Account Assets which have Designated Beneficiaries:** (IRAs, Vested Pension Plan, Annuities or other assets that would pass on your death to a particular beneficiary that you have designated)

Description/Last four digits of account #	<u>Ownership and Value</u>			
	Husband	Wife	Joint	Joint w/ others; p.o.d.; or beneficiaries
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Life Insurance:**

<p><b>1. Owner of Policy:</b> _____</p> <p>Company: _____</p> <p>Face Value: \$ _____</p> <p>Yearly Cost: \$ _____</p>	<p>Whose Life: _____</p> <p>Policy #: _____</p> <p>Cash Value \$ _____</p> <p>Beneficiary: _____</p>
<p><b>2. Owner of Policy:</b> _____</p> <p>Company: _____</p> <p>Face Value: \$ _____</p> <p>Yearly Cost: \$ _____</p>	<p>Whose Life: _____</p> <p>Policy #: _____</p> <p>Cash Value \$ _____</p> <p>Beneficiary: _____</p>
<p><b>3. Owner of Policy:</b> _____</p> <p>Company: _____</p> <p>Face Value: \$ _____</p> <p>Yearly Cost: \$ _____</p>	<p>Whose Life: _____</p> <p>Policy #: _____</p> <p>Cash Value \$ _____</p> <p>Beneficiary: _____</p>
<p><b>4. Owner of Policy:</b> _____</p> <p>Company: _____</p> <p>Face Value: \$ _____</p> <p>Yearly Cost: \$ _____</p>	<p>Whose Life: _____</p> <p>Policy #: _____</p> <p>Cash Value \$ _____</p> <p>Beneficiary: _____</p>

**List Real Property:** *(Home(s), vacant lot, rental property)*

Description of Property	Value	Mortgage	Purchase Price	Owner(s)
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

**List Personal Property:** *(Include vehicles, and any items of particular value such as collections, antiques or jewelry)*

Description of Property	Value	Owner(s)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**LIABILITIES:** *(mortgages, notes to banks, notes to others, loans on insurance, other)*

Description	Balance Due	Monthly Payment	Maturity Date
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**INHERITANCE INFORMATION:**

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Have you or your spouse received an inheritance in the last 60 months? Yes  No

Have you or your spouse disclaimed an inheritance in the last 60 months? Yes  No

Do you or your spouse expect an inheritance? Yes  No

**GIFTING INFORMATION:**

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Have you given any gifts (monetary or otherwise) (in excess of \$500) within the last five years?

Yes  No

If so, how much and on what date: \_\_\_\_\_

Have you ever filed a gift tax return? Yes  No

**ADDITIONAL QUESTIONS REGARDING YOUR ESTATE:**

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Do you or your spouse have an interest in any business? Yes  No

Have you or your spouse ever been Medicaid recipients? Yes  No

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property such as a disabled or blind child(ren)? Yes  No

Do you have a prepaid funeral plan? Yes  No

If so, is it a revocable or irrevocable plan? \_\_\_\_\_

Do you have burial plots? Yes  No

Does someone prepare your taxes? Yes  No  Name and Address:

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Do you consult someone about investment decisions? Yes  No  Name and Address:

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Do you have an insurance agent? Yes  No  Name and Address:

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**INCOME INFORMATION:**

Monthly Income:	Husband	Wife	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRAs, Annuities, etc. _____	\$ _____	\$ _____	\$ _____
Rents _____	\$ _____	\$ _____	\$ _____
Business Interest _____	\$ _____	\$ _____	\$ _____
Interest & Dividends _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse? \_\_\_\_\_

**LEGAL INFORMATION:**

Location of Important Papers:	Date Made	Location of Original
Last Will and Testament:	_____	_____
Durable Power of Attorney:	_____	_____
Living Will/Healthcare Power of Attorney:	_____	_____
Living Trust:	_____	_____
Financial obligations arising from dissolution of marriage or support actions:	_____	
I am the legally appointed guardian of:	_____	
I have been appointed under a power of attorney from:	_____	
I am serving as executor or administrator of an estate:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I am involved in a lawsuit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I am owed money by:	_____	
I have forgiven a debt owed to me by:	_____	
I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington):	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**ADDITIONAL INFORMATION WITH REGARD TO YOUR LONG-TERM CARE PLANNING:**

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**MEDICAL/DISABILITY INFORMATION:**

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Are you or your spouse disabled or blind? Yes  No

Are you or your spouse at risk for becoming seriously ill, disabled or blind because of a medical condition or family history? Yes  No

Doctor (name and address): \_\_\_\_\_

Spouse's Doctor (name and address): \_\_\_\_\_

**HEALTH INSURANCE:**

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Medicare: Husband Number: \_\_\_\_\_ Wife Number: \_\_\_\_\_

Insurance from Employer \_\_\_\_\_ Premium \$

Medicare Supplement \_\_\_\_\_ Premium \$

Prescription Medicare Part D \_\_\_\_\_ Premium \$

Long-Term Care Ins. (nursing home) \_\_\_\_\_ Premium \$

Other \_\_\_\_\_ Premium \$

**HELPERS:**

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If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care? (List in order of priority and attach additional sheet if necessary)

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions and carry out other transactions for you?

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

**IF YOU HAVE NOT PREVIOUSLY PROVIDED US WITH COPIES, PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR APPOINTMENT (DO NOT DROP OFF ORIGINAL DOCUMENTS):**

- \_\_\_\_\_ 1. Will, Codicil, Trust Agreements
- \_\_\_\_\_ 2. Real Estate Deeds, Appraisals
- \_\_\_\_\_ 3. Income Tax Returns for the year
- \_\_\_\_\_ 4. Gift Tax Returns
- \_\_\_\_\_ 5. Most Recent Statement from all Life Insurance and Annuity Policies
- \_\_\_\_\_ 6. Long-Term Care Policies
- \_\_\_\_\_ 7. Most Recent Statement from all CDs, Savings Accounts, Checking Accounts, Brokerage Accounts for stocks, bonds & securities
- \_\_\_\_\_ 9. Divorce Decrees, Prenuptial Agreements, Adoption Papers
- \_\_\_\_\_ 10. Living Will, Health Care Declarations or Powers of Attorney, Durable (Property) Powers of Attorney
- \_\_\_\_\_ 11. Business Papers: partnership agreements, corporate minute books, buy/sell agreements, financial statements, business tax returns

**CONTACT INFORMATION:**

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I became aware of the Elder Law Center through:

\_\_\_\_\_ Attendance at a seminar. Location of Seminar: \_\_\_\_\_

\_\_\_\_\_ Referred by a friend. Name: \_\_\_\_\_

\_\_\_\_\_ Referred by a professional contact. Name: \_\_\_\_\_

\_\_\_\_\_ Referred by an agency. Name: \_\_\_\_\_

\_\_\_\_\_ Telephone Book \_\_\_\_\_ Newspaper

\_\_\_\_\_ Other. Please describe: \_\_\_\_\_