Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:



ATTORNEYS AT LAW

455 Cayuga, Suite 600

Buffalo, NY 14225

(716) 204-1055

Fax (716) 204-1080

**Estate and Long Term Care Planning Questionnaire**

**(For Single Persons)**

***PART A: PERSONAL INFORMATION***

Full Name of Client: \_

Phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail for Primary Contact:

Would you like to subscribe to our firm’s e-mailing list? If yes, provide name and email address(es):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

City/Town/Village:

U.S. Citizen: Yes No

Date of Birth:

Social Security #:

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

 DOD of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_

 Was spouse a Veteran: Yes No

 Please provide death certificate for deceased spouse

Medicare: Yes No

Veteran: Yes No

Major Medical or Other Health Insurance: Yes No Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long-Term Care Insurance: Yes No Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates and Reasons for hospitalization in the last year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CHILDREN:***

| ***Name*** | ***Mailing Address*** | ***Telephone #E-mail Address*** | ***Dateof Birth*** | ***SocialSecurity #*** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are any of your children blind or disabled? Yes No

Do any of your children live with you in your home? Yes No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***GRANDCHILDREN:***

| ***Name*** | ***Mailing Address*** | ***Telephone #E-mail Address*** | ***Dateof Birth*** | ***SocialSecurity #*** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***PART B: MONTHLY INCOME***

| ***Income Description*** | ***Monthly Income*** |
| --- | --- |
| Net Salary or Wages (Take Home Pay) | $ |
| Social Security Benefits | $ |
| Retirement Benefits (Pension) | $ |
| Annuity Income | $ |
| VA Benefits | $ |
| Interest / Dividends | $ |
| IRA- RMD | $ |
| Other | $ |
| **Total Monthly Income** | $ |

If there is a pension, please list the name of the company or governmental entity paying the pension:

Name of Company or Entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PART C: ASSETS***

Please insert the approximate value of each asset/liability in the appropriate space:

| ***Asset*** | ***Value*** |
| --- | --- |
| Primary Residence | $ |
|  | $ |
| Other Real Estate | $ |
|  | $ |
| Automobile(s) | $ |
|  | $ |
| Checking Account(s) | $ |
|  | $ |
| Savings Account(s) | $ |
|  | $ |
| Money Market Account(s) | $ |
|  | $ |
| Certificate(s) of Deposit | $ |
|  | $ |
| Mutual Funds | $ |
|  | $ |
| Stocks / Brokerage Accounts | $ |
|  | $ |
| U.S. Savings Bonds | $ |
|  | $ |
| Nonqualified Annuities | $ |
|  | $ |
| Business Interest | $ |
|  | $ |
| **Retirement Accounts** |
| IRA Account(s) | $ |
|  | $ |
| 401(K); 403(B) | $ |
|  | $ |
| Qualified Annuities | $ |
|  | $ |
| **Total** | $ |

Is there a safe deposit box? [ ] YES  [ ] NO If yes, Location:

Box Number: Joint Tenant or Deputy:

Address of any real property other than personal residence:

Street: City: State:

What is your cost basis for your personal residence?

Do you expect to inherit any property in the near future from any person? [ ] YES [ ] NO

If YES, List Particulars:

***PART D: LIFE INSURANCE***

| ***Insurance Policy*** | ***Cash Value*** | ***Death Benefit*** |
| --- | --- | --- |
| **Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ |
| **Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ |
| **Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ |
| **Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ |

It is important to know the cash surrender value of your life insurance policy. To obtain the cash surrender value of the policies, please call your insurance agent, or call the insurance company directly.

***PART E: DEBTS***

| ***Liability*** | ***Value*** |
| --- | --- |
| Mortgage(s): | $ |
|  | $ |
| Credit Card(s): | $ |
|  | $ |
| Car Loan: | $ |

***PART F: GIFTS***

Please list any gifts made in excess of $1,000 to any individual within the past 60 months:

| ***Recipient*** | ***Date*** | ***Amount*** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***PART G:***

***MISCELLANEOUS INFORMATION***

If you are/contemplate entering a nursing home or assisted living, please list the following:

Diagnosis; Prognosis:

Name of nursing home / assisted living and daily rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PART H:***

Please furnish our office with copies of the following documents, if applicable:

1. Deed to Home, Survey and current County Tax Bill;
2. Deed to other Real Property, Survey and County Tax Bill;
3. Copy of Last Will and Testament;
4. Copy of Power of Attorney;
5. Copy of Health Care Proxy;
6. Copy of Long Term Care Insurance Policy;
7. Copy of any Trust Agreements; and
8. Death certificate for deceased spouse.