

McAndrews Law Offices, P.C.



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Attorneys At Law

**ELDER LAW QUESTIONNAIRE**

**PERSONAL DATA (PERSON IN NEED)** Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: Yes\_\_No\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: Yes\_\_No\_\_

Date of Marriage: \_\_\_\_\_ Have you/your spouse been married before? \_\_\_\_\_

If yes, are there any children from this previous marriage? \_\_\_\_\_

**CHILDREN:**

\_\_\_\_\_  
First Name MI Last Name Age Address Telephone Disability (Y/N)

\_\_\_\_\_  
Spouse's Name Names and Ages of Grandchildren

\_\_\_\_\_  
First Name MI Last Name Age Address Telephone Disability (Y/N)

\_\_\_\_\_  
Spouse's Name Names and Ages of Grandchildren

\_\_\_\_\_  
First Name MI Last Name Age Address Telephone Disability (Y/N)

\_\_\_\_\_  
Spouse's Name Names and Ages of Grandchildren

**MEDICAL/DISABILITY**

Is anyone in your family disabled or may require help or protection in managing money or other property?

yes\_\_\_\_ no\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Your Doctor: \_\_\_\_\_ Spouse's Doctor: \_\_\_\_\_  
Name Address Name Address

Have you or your spouse recently entered a hospital or skilled nursing facility? yes\_\_\_\_ no\_\_\_\_

Person in facility: \_\_\_\_\_ Date of admission: \_\_\_\_\_

Name of facility: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Funding source (private pay, Medical Assistance, etc.): \_\_\_\_\_

**HEALTH INSURANCE**

	<b>YOU</b>	<b>SPOUSE</b>
Medicare	_____	_____
	Number	Number
Insurance from Employer	_____	_____
Medicare Supplement	_____	_____
Long-Term Care Insurance	_____	_____
Medical Assistance	_____	_____
Other	_____	_____

**GIFTING**

During the last 60 months, have either you or your spouse made any large gifts (\$500.00 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? Yes[ ] No [ ].

If yes, please list each action and explain when and why the transfer was made:

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

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**FINANCIAL****LIQUID ASSETS:**

Checking or Savings accounts, CDs, Brokerage Accounts, Corporate or U.S. Bonds, Other

Description & Location of Property	Value	Account No.	In Whose Name?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REAL ESTATE:**

Address	Purchase Date	Purchase Price	Current Value	How Titled	Principal Residence Y/N
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**LIFE INSURANCE:**

Whose Life Insured?	Owner	Death Benefit	Cash Value	Term/Whole	Beneficiary
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PROPERTY WITH DESIGNATED BENEFICIARIES:**

Do you have IRAs, 401Ks, vested pension plan, annuities, or other assets that would pass on your death to a particular beneficiary that you have designated?

Description	Value	Designated Beneficiary
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or your spouse the beneficiary of any trust? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL PROPERTY** (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.):

Description of Property	Value	In whose name?
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_____	_____	_____
_____	_____	_____

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

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

**MONTHLY INCOME**

	You	Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc.	_____	_____	_____
Rents	_____	_____	_____
Business Interest	_____	_____	_____
Other _____	_____	_____	_____

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

**MONTHLY EXPENSES (Average)**

**HOUSING**

Rent/Mortgage	_____
Property Taxes	_____
Condo/HOA fees	_____
Insurance	_____
Telephone	_____
Cable TV	_____
Electric/Gas	_____
Water/Sewer	_____
Maint/Repairs	_____

**MEDICAL (not reimbursed by insurance)**

Insurance	_____
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**AUTOMOBILE**

Loan Payments	_____
Insurance	_____
Gas/Oil	_____
Maint/Repairs	_____

**ENTERTAINMENT/OTHER**

Vacation	_____
Eating Out	_____
Clubs	_____
Credit Card/Debit	_____
Other	_____

Doctor/Dentist \_\_\_\_\_  
Prescriptions \_\_\_\_\_  
Home Health Care \_\_\_\_\_

**ESSENTIALS**  
Clothing \_\_\_\_\_  
Food \_\_\_\_\_  
Other \_\_\_\_\_

**LEGAL**

	Date Made	Location of
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Advance Medical Directive	_____	_____
Living Trust/Other	_____	_____

I am the legally appointed guardian of: \_\_\_\_\_

I have been appointed under a power of attorney from: \_\_\_\_\_

Do you and spouse have a prepaid funeral or burial account? \_\_\_\_\_

Does a child, sibling, or other family member reside with you? If yes, who and for how long? \_\_\_\_\_  
\_\_\_\_\_

Other legal concerns: \_\_\_\_\_  
\_\_\_\_\_

Please bring copies of the following documents with you to your meeting with the attorney:

1. Will, codicils, Trust Agreements
2. Real estate deeds, appraisals
3. Admission agreements to hospitals and nursing homes
4. Divorce decrees, prenuptial agreements, post-nuptial agreements, adoption papers
5. Guardianship documents
6. Living will, health care declaration or power of attorney, durable powers of attorney
7. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers, and advisors

Upon receipt of the completed Questionnaire, McAndrews Law Offices, P.C. will contact you to schedule an initial consultation. Please note that the fee for this initial consultation is \$750.00, and we ask that payment of this fee be made in advance of our meeting. Please contact our office if you have any questions.