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ELDER LAW/DISABILITY QUESTIONNAIRE

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

Name: _____ DOB: ____/___/___

Address: _____ Phone: _____Email:_____

_____ County of Residence: _____

Employer: _____ Retirement date: _____Veteran: Yes__No__

Referred By: _____

Spouse: _____ DOB: ____/___/___

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

	YOU	**SPOUSE**
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:

_____
_____
_____
_____
_____

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?**

REAL ESTATE:

Address	**Purchase Date**	**Purchase Price**	**Current Value**	**How Titled**	**Principal ResidenceY/N**

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**

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**

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?

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 _____
Doctor/Dentist _____
Prescriptions _____
Home Health Care _____

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

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

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	_____	_____

Is there a legally appointed guardian and if so who: _____

Is there an Agent under a power of attorney and if so who: _____

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.