

McAndrews, Mehalick, Connolly,
Hulse and Ryan P.C.



30 Cassatt Avenue
Berwyn, Pa 19312
Phone: 610-648-9300
Fax: 610-648-0433
www.McAndrewsLaw.com

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 Residence Y/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 _____

LEGAL

Last Will and Testament Date Made _____ Location of _____

AUTOMOBILE

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

ENTERTAINMENT/OTHER

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

ESSENTIALS

Clothing _____
Food _____
Other _____

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.