



ANDERSON ELDER LAW

206 Old State Rd, Media, PA 19063 T: 610-566-4700 F: 610-566-4702

ESTATE PLANNING QUESTIONNAIRE (MARRIED)

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this information to the appointment.

Date: _____ File Number: _____

A. CLIENT DATA

HUSBAND

WIFE

Full Name: _____ Full Name: _____

(print name as shown on your checks)

(print name as shown on your checks)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax No: _____

Birth Date: _____ Birth Date: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Social Security No.: _____ Social Security No.: _____

U.S. Citizen? Yes No U.S. Citizen? Yes No

Veteran? Yes No Veteran? Yes No

Annual Income: _____ Annual Income: _____

B. REFERRAL

Who referred you to our office?

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Referral is: Attorney Financial Planner Previous Client of Anderson Elder Law

Doctor Social Worker Other: _____

Have you visited our Website at www.AndersonElderLaw.com? Yes No

Do you have any ideas for improving our Website? If so, please discuss.



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C. CHILDREN (if applicable, include adult and minor children)

Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock



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Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Are all your children in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Are any of your children receiving SSI
or other form of government entitlement? Yes No

If yes, how much is the child's monthly payment? \$ _____

Is the child receiving Medicaid or Medicare Medicaid Medicare

Do any of your family members have any problems with:

Serious physical or mental illness? Yes No

Drug Addiction? Yes No

Alcoholism? Yes No

Debt problems/ bankruptcy? Yes No

Marital Difficulty? Yes No

Do any of your children live with you in your home? Yes No

If yes, name of child(ren): _____

Does a sibling live with you in your home? Yes No

If yes, name of sibling: _____

Are you a contributor to a 529 Plan? Yes No

If yes, please attach a statement of the 529 account.



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D. GRANDCHILDREN (if applicable)

Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock



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Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Grandchild: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlock

Relationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Are all your grandchildren in good health? Yes No

Are any of your grandchildren blind? Yes No

Are any of your grandchildren disabled? Yes No

Are any of your grandchildren receiving SSI or other form of government entitlement? Yes No

If yes, how much is the grandchild's monthly payment? \$ _____

Is the grandchild receiving Medicaid or Medicare Medicaid Medicare

Do any of your grandchildren live with you in your home? Yes No

If yes, name of grandchild(ren): _____

Does a sibling live with you in your home? Yes No

If yes, name of sibling: _____

Are you a contributor to a 529 Plan? Yes No

If yes, please attach a statement of the 529 account.



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E. DISPOSITIVE INTENTIONS

1. Spouse and children

Do you wish to provide primarily for your spouse and secondarily for your children? Yes No

Do you wish to treat all of your children equally? Yes No

If not, why not? _____

2. Grandchildren

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes No

Do you wish to treat all of your grandchildren equally? Yes No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distributions to your grandchildren? _____

(e.g., a typical plan provides for one-third (1/3) at age 25, one-third (1/3) at age 30, and one-third (1/3) at age 35, or immediate.)

3. OTHER BENEFICIARIES

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren, or a charity? Yes No

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount



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F. EXECUTOR

Whom do you want to serve as your Executor?

Husband: First Choice: Spouse Other _____

Second Choice: _____

Third Choice: _____

Wife: First Choice: Spouse Other _____

Second Choice: _____

Third Choice: _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

Husband: First Choice _____

Second Choice: _____

Wife: First Choice _____

Second Choice: _____

H. GUARDIAN

If you have a **minor** or **disabled** child/children, whom do you want to act as Guardian? Yes No

I. LIVING WILL

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your body to science? Any organs? Yes No

Do you want your Health Care Agent to consult with anyone else prior to acting? Yes No

If yes, with whom? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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Name of Proposed Alternate Health Care Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PRIMARY CARE PHYSICIAN

Full Name of Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____

J. FINANCIAL POWER OF ATTORNEY (also called Durable Power of Attorney)

Husband: Name of Proposed Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Proposed Alternate Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Wife: Name of Proposed Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Proposed Alternate Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____



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K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain: _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the location: _____

Have you ever made gifts to any one person in excess of \$13,000
in any one calendar year? Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

Do you have Long Term Care insurance: Yes No

If yes, please provide a copy of the policy.

L. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative

Date



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M. FINANCIAL SUMMARY

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Real Estate (residence; attach copy of deed)	\$	\$	\$	\$
Real Estate (other; attach copies of all deeds)	\$	\$	\$	\$
Bank Accounts (attach copies of statements)	\$	\$	\$	\$
Savings Certificates (CDs; attach copies of statements)	\$	\$	\$	\$
Stocks - Non Mutual Funds (Not Held by Broker; attach copies of all certificates)	\$	\$	\$	\$
Stocks - Non Mutual Funds (Held by Broker; attach copies of brokerage statements)	\$	\$	\$	\$
Bonds - Non Mutual Funds (Not Held by Broker; attach copies of all bonds)	\$	\$	\$	\$
Bonds - Non Mutual Funds (Held by Broker; attach copies of brokerage statements)	\$	\$	\$	\$
Mutual Funds (attach copies of statements)	\$	\$	\$	\$
Note and Mortgage Receivables (attach copies of Notes and Mortgages)	\$	\$	\$	\$



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FINANCIAL SUMMARY – Cont’d.

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Business Interests (attach copies of stock certificates, partnership agreements, and/or other documentation)	\$	\$	\$	\$
Inheritance, etc.	\$	\$	\$	\$
Automobiles	\$	\$	\$	\$
Jewelry and Collections	\$	\$	\$	\$
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)	\$	\$	\$	\$
IRAs (attach copies of statements)	\$	\$	\$	\$
Life Insurance (attach copies of all policies)	\$	\$	\$	\$
Annuities (attach copies of all policies)	\$	\$	\$	\$
Other Assets (attach copies of documentation pertaining to such assets)	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$