



ANDERSON ELDER LAW

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

ESTATE PLANNING QUESTIONNAIRE (SINGLE)

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

Full Name: _____

(print name as shown on your checks)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Business Phone Number: _____

E-mail address: _____ Cell Number: _____

Birth Date: _____ Social Security No.: _____

U.S. Citizen? Yes No

Are you a veteran? Yes No If yes, please provide information

If widowed, please list **name of spouse** and **date of death**: _____

Was your former spouse a Veteran? Yes No If yes, please provide information

If you or your former spouse is or was a Veteran, are you receiving Tricare? Yes No

B. REFERRAL

Who referred you to our office?

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

E-mail Address: _____ Cell No.: _____

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, as well as any who have predeceased you)

Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No. _____

E-mail Address: _____ Cell Phone No. _____

Date of Birth: _____ Social Security No. _____

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 If no, _____

Are any of your children blind? Yes No If yes, _____

Are any of your children disabled? Yes No If yes, _____

Are any of your children receiving SSI or other form of government entitlement? Yes No If yes, _____

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 Difficulties? 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: _____

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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- 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

E. DISPOSITIVE INTENTIONS

1. Children

If you have children, 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.)

F. EXECUTOR

Whom do you wish to serve as your Executor?

First Choice: _____

Second Choice: _____

Third Choice: _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

Third Choice: _____



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H. GUARDIAN

If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice: _____

Second Choice: _____

Third Choice: _____

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? _____

Name of Proposed Health Care Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

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: _____

Business Phone: _____



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J. FINANCIAL POWER OF ATTORNEY (ALSO CALLED GENERAL DURABLE POWER OF ATTORNEY)

Name of Proposed Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Proposed Alternate Financial Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

K. MISCELLANEOUS

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

If yes, please explain: _____

Where do you store 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 year? Yes No

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

Do you have Long Term Care Insurance? If yes, provide copy of the policy. Yes No

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

Date



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M. FINANCIAL SUMMARY

	<u>ASSETS</u>	<u>LIABILITIES</u>
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)	\$	\$
Business Interests (attach copies of stock certificates, partnership agreements, and/or other documentation)	\$	\$



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FINANCIAL SUMMARY – Cont'd.

	<u>ASSETS</u>	<u>LIABILITIES</u>
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	\$	\$