

Date: _____

Referred by: _____

Pfalzgraf Beinhauer & Menzies, LLP

ATTORNEYS AT LAW
455 Cayuga Road, Suite 600
Buffalo, NY 14225
(716) 204-1055
Fax (716) 204-1080

Estate and Long Term Care Planning Questionnaire (For Married Persons)

PART A: PERSONAL INFORMATION

Client:

Full Name: _____

Phone (Home): _____ (Work): _____ (Cell): _____

E-mail for Primary Contact: _____

Street Address: _____

City/Town/Village: _____

U.S. Citizen: Yes No

Date of Birth: _____

Social Security #: _____

Medicare: Yes No

Veteran: Yes No

Major Medical or Other Health Insurance: Yes No Company _____

Long-Term Care Insurance: Yes No Company _____

General Health Information: _____

Dates and Reasons for hospitalization in the last year: _____

Spouse:

Full Name: _____

Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

E-mail Address: _____

U.S. Citizen: Yes No

Date of Birth: _____

Social Security #: _____

Medicare: Yes No

Veteran: Yes No

Major Medical or Other Health Insurance: Yes No Company: _____

Long-Term Care Insurance: Yes No Company: _____

General Health Information: _____

List Date(s) and Location of Hospitalization(s) During the Past Year: _____

CHILDREN:

Name	Mailing Address	Telephone # E-mail Address	Date of Birth	Social Security #

Are any of your children blind or disabled?

Yes No

Do any of your children live with you in your home?

Yes No Name: _____

GRANDCHILDREN:

Name	Mailing Address	Telephone # E-mail Address	Date of Birth	Social Security #

PART B: MONTHLY INCOME

<i>Income Description</i>	<i>Husband's Monthly Income</i>	<i>Wife's Monthly Income</i>
Net Salary or Wages (Take Home Pay)		
Social Security Benefits		
Retirement Benefits (Pension)		
Interest/ Dividends		
IRA- RMD		
Other		
Total Monthly Income		

If there is a pension, please list the name of the company or governmental entity paying the pension:

Name of Company or Entity: _____

PART C: ASSETS

Please insert the approximate value of each asset/liability in the appropriate space:

<i>Asset</i>	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Liability</i>
Primary Residence				
Other Real Estate				
Automobile(s)				
Business Interest				
Checking Account(s)				

Asset	Husband	Wife	Joint	Liability
Savings Account(s)				
Money Market Account(s)				
Certificate(s) of Deposit				
Mutual Funds				
Stocks				
Bonds				
Nonqualified Annuities				
Cash Surrender Value Total of Life Insurance (List Specific Values in Part D)				
IRA Account(s)				
401(K); 403(B)				
Qualified Annuities				
401(K); 403(B)				
Total				

Is there a safe deposit box? YES NO If yes, Location: _____

Box Number: _____ Joint Tenant or Deputy: _____

Address of any real property other than personal residence:

Street: _____ City: _____ State: _____

What is your cost basis for your personal residence? _____

Do you expect to inherit any property in the near future from any person? YES NO

If YES, List Particulars: _____

PART D: LIFE INSURANCE

(1) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(2) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(3) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(4) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

It is important to know the cash surrender value of your life insurance policy. To obtain the cash surrender value of the policies, please call your insurance agent, or call the insurance company directly.

PART E: GIFTS

Please list any gifts made by either spouse in excess of \$1,000 to any individual other than your spouse within the past 60 months:

<i>Recipient</i>	<i>Date</i>	<i>Amount</i>

PART F:

MISCELLANEOUS INFORMATION

If either spouse is in or contemplates entering a nursing home or assisted living, please list the following:

Name of Spouse: _____

Diagnosis; Prognosis: _____

Name of nursing home/ assisted living and daily rate: _____

PART G:

Please furnish our office with copies of the following documents, if applicable:

1. Deed to Home, Survey and current County Tax Bill;
2. Deed to other Real Property, Survey and County Tax Bill;
3. Copy of Last Will and Testament;
4. Copy of Power of Attorney;
5. Copy of Health Care Proxy;
6. Copy of Long Term Care Insurance Policy; and
7. Copy of any Trust Agreements.