

Date: _____

Referred by: _____

Pfalzgraf Beinhauer & Menzies, LLP

ATTORNEYS AT LAW
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Buffalo, NY 14225
(716) 204-1055
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Estate and Long Term Care Planning Questionnaire (For Single Persons)

PART A: PERSONAL INFORMATION

Full Name of Client: _____

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

E-mail for Primary Contact: _____

Street Address: _____

City/Town/Village: _____

U.S. Citizen: Yes No

Date of Birth: _____

Social Security #: _____

Single _____ Divorced _____ Widowed _____

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: _____

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>Monthly Income</i>
Net Salary or Wages (Take Home Pay)	\$
Social Security Benefits	\$
Retirement Benefits (Pension)	\$
Annuity Income	\$
VA Benefits	\$
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>Value</i>
Primary Residence	\$
	\$
Other Real Estate	\$
	\$
Automobile(s)	\$
	\$
Checking Account(s)	\$
	\$
Savings Account(s)	\$
	\$

Asset	Value
Money Market Account(s)	\$
	\$
Certificate(s) of Deposit	\$
	\$
Mutual Funds	\$
	\$
Stocks / Brokerage Accounts	\$
	\$
U.S. Savings Bonds	\$
	\$
Nonqualified Annuities	\$
	\$
Business Interest	\$
	\$

Retirement Accounts

IRA Account(s)	\$
	\$
401(K); 403(B)	\$
	\$
Qualified Annuities	\$
	\$
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

Insurance Policy	Cash Value	Death Benefit
Company: _____ Owner: _____ Beneficiary: _____	\$	\$
Company: _____ Owner: _____ Beneficiary: _____	\$	\$
Company: _____ Owner: _____ Beneficiary: _____	\$	\$
Company: _____ 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: DEBTS

<i>Liability</i>	<i>Value</i>
Mortgage(s):	\$
	\$
Credit Card(s):	\$
	\$
Car Loan:	\$

PART F: GIFTS

Please list any gifts made in excess of \$1,000 to any individual within the past 60 months:

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

PART G:

MISCELLANEOUS INFORMATION

If you are/contemplate entering a nursing home or assisted living, please list the following:

Diagnosis; Prognosis: _____

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

PART H:

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.