



# 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, LLC

Doctor  Social Worker  Other: \_\_\_\_\_

Have you visited our Website at [www.AndersonElderLaw.com](http://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. 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)	\$	\$	\$	\$



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## FINANCIAL SUMMARY – Cont’d.

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
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)	\$	\$	\$	\$
Inheritance, etc.	\$	\$	\$	\$
Automobiles	\$	\$	\$	\$
Jewelry and Collections	\$	\$	\$	\$
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)	\$	\$	\$	\$
IRAs (attach copies of statements)	\$	\$	\$	\$



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## FINANCIAL SUMMARY – Cont’d.

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Life Insurance (attach copies of all policies)	\$	\$	\$	\$
Annuities (attach copies of all policies)	\$	\$	\$	\$
Other Assets (attach copies of documentation pertaining to such assets)	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$

## M. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law, LLC 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