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McMurray, Pa    Wexford, Pa    McKeesport, Pa    Bradenton, Fl    Pompano Beach, Fl

## LONG-TERM CARE PLANNING QUESTIONNAIRE – MARRIED COUPLE

This form is extremely important. Your accuracy and completeness in responding will help Zacharia Brown PC represent you. Please bring this completed information packet, including each of the attached schedules, to your initial consultation.

### HUSBAND

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

US Citizen?    Yes            No

Veteran?        Yes            No

If yes, Branch and Dates of Service:

\_\_\_\_\_

Physical / Medical Condition

\_\_\_\_\_

Physician

\_\_\_\_\_

Is this the first marriage for both?    Yes            No

\_\_\_\_\_

### WIFE

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

US Citizen?    Yes            No

Veteran?        Yes            No

If yes, Branch and Dates of Service:

\_\_\_\_\_

Physical / Medical Condition

\_\_\_\_\_

Physician

\_\_\_\_\_

If no, explain:

\_\_\_\_\_

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**LONG TERM CARE SERVICES**

Is Husband receiving Long Term Care Services?	Yes	No
Name of Facility/Caregiver/Provider:	_____ Date Onset: _____	
Address:	_____	
City State Zip:	_____	
Business Phone:	_____	Administrator/Contact: _____
Date Entered:	_____	
Medicare Coverage End Date:	_____	
Facility paid through:	_____	

Is Wife receiving Long Term Care Services?	Yes	No
Name of Facility/Caregiver/Provider:	_____ Date Onset: _____	
Address:	_____	
City State Zip:	_____	
Business Phone:	_____	Administrator/Contact: _____
Date Entered:	_____	
Medicare Coverage End Date:	_____	
Facility paid through:	_____	

**CHILDREN**

NAME	ADDRESS	Child of	Sex
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female
		Both Husband Wife	Male Female

<b>Are all of your children in Good Health?</b>	<b>Yes</b>	<b>No</b>	<b>Alcohol Problems?</b>	<b>Yes</b>	<b>No</b>
<b>Are any of your children blind?</b>	<b>Yes</b>	<b>No</b>	<b>Drug Addiction?</b>	<b>Yes</b>	<b>No</b>
<b>Are any of your children disabled?</b>	<b>Yes</b>	<b>No</b>	<b>Debts / Bankruptcy</b>	<b>Yes</b>	<b>No</b>
<b>Are any of your children receiving SSI?</b>	<b>Yes</b>	<b>No</b>	<b>Gambling Problems?</b>	<b>Yes</b>	<b>No</b>
<b>Are any of your children on Medicaid?</b>	<b>Yes</b>	<b>No</b>	<b>Marital Problems?</b>	<b>Yes</b>	<b>No</b>

**If yes to any of the above, please explain:**

**INCOME**

**Husband's Income**

Social Security:	\$ _____	Part B Deduction: \$ _____
Pension	\$ _____	Medical Insurance Company: _____
Veterans	\$ _____	_____
_____	\$ _____	Monthly Premium \$ _____
_____	\$ _____	Part D Company: _____
_____	\$ _____	_____
		Monthly Premium \$: _____

**Wife's Income**

Social Security:	\$ _____	Part B Deduction: \$ _____
Pension	\$ _____	Medical Insurance Company: _____
Veterans	\$ _____	_____
_____	\$ _____	Monthly Premium \$ _____
_____	\$ _____	Part D Company: _____
_____	\$ _____	_____
		Monthly Premium \$: _____

**DEBTS**

Do you have a mortgage on your home?	Yes	No	Amount \$ _____
Do you owe money on any vehicles?	Yes	No	Amount \$ _____
Do you have any credit card debts?	Yes	No	Amount \$ _____
			Total \$ _____

**MONTHLY SHELTER EXPENSES**

Rent	\$ _____
Mortgage	\$ _____
City Taxes	\$ _____
County Taxes	\$ _____
School Taxes	\$ _____
Homeowners Ins.	\$ _____
Condo Fees	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Explain: \_\_\_\_\_

**Does the healthy spouse have any plans to move in the near future? Explain:**

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## ASSETS

### A. REAL ESTATE OWNED

Address \_\_\_\_\_

Market Value \$ \_\_\_\_\_

City St. Zip \_\_\_\_\_

Date Purchased \_\_\_\_\_

Mortgage Owed \$ \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_

Is this Home? \_\_\_\_\_

Who Resides There \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Comments: \_\_\_\_\_

Address \_\_\_\_\_

Market Value \$ \_\_\_\_\_

City St. Zip \_\_\_\_\_

Date Purchased \_\_\_\_\_

Mortgage Owed \$ \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_

Is this Home? \_\_\_\_\_

Who Resides There \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Comments: \_\_\_\_\_

Address \_\_\_\_\_

Market Value \$ \_\_\_\_\_

City St. Zip \_\_\_\_\_

Date Purchased \_\_\_\_\_

Mortgage Owed \$ \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_

Is this Home? \_\_\_\_\_

Who Resides There \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Comments: \_\_\_\_\_



**E. LIFE INSURANCE (Do not include Group or Term Life Policies)**

Company	Policy	Owner(s)	Face Value	Cash Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			<b>Total</b>	\$ _____

**F. VEHICLES (Include Cars, Trucks and Boats)**

Make	Model	Year	Owner(s)	Amount Owed	Current Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
				<b>Total</b>	\$ _____

**G. BUSINESS INTERESTS (Please Describe and Value and Business Interests You Own)**

_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

**H. GIFTING (Please List any and all Gifts you made in the past five (5) years)**

Given to	Date	Reason	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			<b>Total</b> \$ _____

**I. REFERRAL (Who Referred you to Zacharia Brown?)**



**J. ESTATE PLAN**

	<u>Husband</u>		<u>Wife</u>	
Last Will & Testament	Yes	No	Yes	No
Power of Attorney	Yes	No	Yes	No
Health Care Proxy	Yes	No	Yes	No
Living Will	Yes	No	Yes	No
Trust	Yes	No	Yes	No
Long Term Care Ins.	Yes	No	Yes	No
Long Term Care Insurance Company			Long Term Care Insurance Company	
_____			_____	
Monthly Benefit \$ _____			Monthly Benefit \$ _____	

**K. MISCELLANEOUS**

Do you have any other issues you think we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

The undersigned hereby represents to Zacharia Brown PC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Zacharia Brown PC may not be appropriate.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Client or Client Representative*

**TOTALS**

<b>Husband Income</b>	
<b>Husband Medical Ins</b>	
<b>Husband Net Income</b>	
<b>Wife Income</b>	
<b>Wife Medical Ins</b>	
<b>Wife Net Income</b>	
<b>Total Incomes</b>	
<b>Debt</b>	
<b>Shelter Costs</b>	
<b>Real Estate</b>	
<b>Bank Accounts</b>	
<b>Investment Accounts</b>	
<b>IRA Husband</b>	
<b>IRA Wife</b>	
<b>IRA Combined</b>	
<b>Life Insurance Husband</b>	
<b>Life Insurance Wife</b>	
<b>Combined Life Insurance</b>	
<b>Vehicles</b>	
<b>Business Interests</b>	
<b>Total Assets</b>	
<b>Total Gifts</b>	

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