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ELDER LAW AND ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON

This form is extremely important. Your accuracy and completeness in responding will help Zacharia Brown PC represent you. **Please bring this completed questionnaire to your initial consultation or submit to our office in advance of your appointment.**

CLIENT

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

PRIMARY CONTACT

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Age: _____

Relation:

Comments / Notes

LONG TERM CARE SERVICES

Is the person 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:	_____	

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

<u>DEBTS</u>			
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 \$ _____

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

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

If yes to any of the above, please explain:

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: _____

B. BANK ACCOUNTS

Bank	Type	Account No	Owner(s)	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

C. INVESTMENT ACCOUNTS (Exclude IRAs, Enter these in 'D')

Company	Type	Account No	Owner(s)	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

D. INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

Company	Type	Account No	Owner(s)	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total				\$ _____

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

Company	Policy	Owner(s)	Face Value	Cash Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Total	\$ _____

F. VEHICLES (Include Cars, Trucks and Boats)

Make	Model	Year	Owner(s)	Amount Owed	Current Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
				Total	\$ _____

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

_____	\$ _____
_____	\$ _____
Total	\$ _____

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

Given to	Date	Reason	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			Total
			\$ _____

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

J. ESTATE PLAN

Last Will & Testament	Yes	No
Power of Attorney	Yes	No
Health Care Proxy	Yes	No
Living Will	Yes	No
Trust	Yes	No
Long Term Care Ins.	Yes	No

Long Term Care Insurance Company

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