



Zacharia Brown & Bratkovich

Estate Planning • Elder Law

ZacBrownLaw.com
724.942.6200

McMurray Office: 108 W. McMurray Road, Canonsburg, PA 15317
Delmont/Murrysville Office: 6530 William Penn Hwy, Ste 310, Delmont, PA 15626

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 send this completed information packet, including each of the items requested, a few days prior to your initial consultation.

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

Is this the first marriage for both? Yes No

Spouse

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:

Zacharia Brown PC

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LONG TERM CARE SERVICES

Is Client 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 Spouse 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 Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	Male Female
		Both Client Spouse	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:

INCOME

Client's Income

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

Spouse'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	\$ _____
TOTAL \$ _____	

Explain: _____

Does the healthy spouse have any plans to move in the near future? 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. <u>BANK ACCOUNTS</u>				
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. Do you Currently have the following Estate Plan Documents?

	<u>Client</u>		<u>Spouse</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?

Joint Spousal Representation.

It is common for a husband and wife to employ the same lawyer or law firm to assist them in Estate Planning. It is important that you understand that, because the Attorney will be representing both husband and wife, each of them is considered a client of the Attorney. Accordingly, matters that one spouse might discuss with Attorney must be disclosed to the other spouse. Ethical considerations prohibit an Attorney from agreeing that either spouse may withhold information from the other. In this regard, Attorney will not give legal advice to either spouse or make any changes to the Plan without mutual knowledge and consent from both spouses. Of course, anything either spouse discusses with Attorney is privileged from disclosure to third parties except as otherwise indicated in this Engagement Letter. By completing and providing this form, you are indicating that you have read and understand the concerns of joint spousal representation.

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