Zacharia Brown & Bratkovich

Estate Planning • Elder Law

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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 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

_____

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 $:_____

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 $_____0

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**

Are any of your children blind? ☐ **Yes** ☐ **No**

Are any of your children disabled? ☐ **Yes** ☐ **No**

Are any of your children receiving SSI? ☐ **Yes** ☐ **No**

Are any of your children on Medicaid? ☐ **Yes** ☐ **No**

Alcohol Problems? ☐ **Yes** ☐ **No**

Drug Addiction? ☐ **Yes** ☐ **No**

Debts / Bankruptcy ☐ **Yes** ☐ **No**

Gambling Problems? ☐ **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	$ 0

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

Company	Type	Account No	Owner(s)	Current Balance
				$
				$
				$
				$
				$
				$
			TOTAL	$ 0

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	$0

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	$0

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

_____

J. Do you Currently have the following Estate Plan Documents?

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