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LONG TERM CARE PLANNING INFORMATION

CONFIDENTIAL PERSONAL INFORMATION

Date: _____

This questionnaire is intended to elicit preliminary information necessary to help me with estate and entitlement planning pertinent to your particular circumstance. The more complete and accurate your response, the better I will be able to serve you. Feel free to attach extra sheets if necessary.

Please bring to our first meeting copies of any wills, trusts, deeds, powers of attorney, and other legal papers you may have. Please feel free to contact me with any questions.

PERSONAL DATA

Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

County of Residence: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Employer: _____ Retirement Date: _____

Spouse Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____ Social Security Number: _____

Social Security Number: _____ Business Address: _____

Employer: _____ Retirement Date: _____

Date of Marriage: _____

Have you been married before? Yes _____ No _____

Has your spouse been married before? Yes _____ No _____

If currently in a health care facility:

Name of facility: _____

Address: _____

Type of facility: _____

Level of care: _____

Date of admission: _____

Funding source(s): _____

Your health status: _____

If you entered this facility from another health care facility, date of your admission to this initial facility:

If spouse is currently in a health care facility:

Name of facility: _____

Address: _____

Type of facility: _____

Level of care: _____

Date of admission: _____

Funding source(s): _____

Health status: _____

If spouse entered this facility from another health care facility, date of admission to this initial facility:

Have you or your spouse previously been in the hospital or nursing home for a combined stay of 30 days or more since September 30, 1989?

Yes _____ No _____

If yes, please explain giving dates and name of facility:

continued

I. FAMILY

Names of Children	Address	Telephone Number	Social Security #	Marital Status	Date of Birth

Do you or your spouse have children who have died leaving children.

Yes _____ No _____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property.

Yes _____ No _____

2. Names of grandchildren, indicate whether or not they are over 18, their marital status and state of residence:

3. Is anyone (other than your spouse) dependent upon you for support? If so, please identify the person, and provide some general information as to the reason for, and extent of, support provided.

Are any of your children or grandchildren, blind or disabled or receiving SSI benefits?

Yes _____ No _____

Have any of your children or brothers or sisters lived with you during the last two years?

Yes _____ No _____

continued

FAMILY RESIDENCE

Tax assessed value: _____
Mortgage balance: _____
Year of purchase: _____
Purchase price: _____
Title held in name of: _____

Property Tax Exemptions Claimed:

Homestead Yes _____ No _____
Widower's Exemption Yes _____ No _____
Veteran's Exemption Yes _____ No _____

If yes, is it a 100% service connected exemption Yes _____ No _____

FINANCIAL DATA

AUTOMOBILES

Year: _____
Make: _____
Value: _____
Loan balance: _____
Title held in name of: _____
Year: _____
Make: _____
Value: _____
Loan balance: _____
Title held in name of: _____

OTHER REAL ESTATE

Where: _____
Tax assessed value: _____

Mortgage balance: _____

Year of purchase: _____

Purchase price: _____

How held: _____

Title held in name of: _____

OTHER REAL ESTATE

Where: _____

Tax assessed value: _____

Mortgage balance: _____

Year of purchase: _____

Purchase price: _____

How held: _____

Title held in name of: _____

BANK CHECKING ACCOUNTS

Account No.	Bank	Title	Value	Beneficiary

BANK SAVINGS OR MONEY MARKET ACCOUNTS

Account No.	Bank	Title	Value	Beneficiary

BANK CERTIFICATES OF DEPOSIT

Account No.	Bank	Title	Value	Beneficiary

MUTUAL FUNDS

Account No.	Bank	Title	Value	Beneficiary

STOCKS AND BONDS

Name of Stock/Bond	Date of Purchase	Cost of Purchase	Value Today	Title Held	Beneficiary (if any)

IRA's, KEOGHS, 401(k) PLANS, ANNUITIES, ETC.

Plan Type	Owner of Plan	Value of Plan	Beneficiary Designated

4. Business interests (such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc.)

Describe: _____

Prepaid funeral? _____

Burial account? _____

Burial insurance? _____

Plot? _____

Headstone? _____

Other assets other than life insurance?

5. List life insurance on you or your spouse, specifying for each policy whether it is a whole life or term policy, the owner beneficiary, on whose life the policy is written, the face amount of the policy, and its cash surrender value (less outstanding loans) if any:

LIFE INSURANCE

Kind: Life or Term	Owner	Beneficiary	Face Amount	Cash Value	Company	Policy No.

6. Do either you or your spouse expect to inherit significant property or have a power of appointment under anyone else's will or trust? If yes, please explain:

7. List your own and your spouse's debts, if any, other than any mortgage.

TO WHOM THE DEBT IS OWED	AMOUNT DUE

8. Are either you or your spouse the beneficiary of any trust?

Yes _____ No _____

If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

9. Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or non-marketable?

Yes _____ No _____

If yes, please explain briefly:

10. During the last 60 months, have either you or your spouse made any gifts, placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? If yes, please list each action and explain when and why the transfer was made:

11. Please provide the following information regarding the monthly income of you and your spouse:

SOURCE	YOU	SPOUSE
Work Earnings		
Social Sec. Retirement		
Social Sec. Disability		
Supplemental Soc. Sec.		
Veterans' Benefits		
Private Pension		
Annuity		
Public Employment Pension		

Railroad Retirement		
Support From Spouse		
Regular Support Others		
Unemployment Compensation		
Worker's Comp.		
Regular Income Trust		
Rental Income		
Interest and Dividend		
Other		

Which sources of income have a benefit for a surviving spouse?

12. If your spouse is in a medical facility, please answer the following as you may be entitled to support for living expenses:

How much do you pay each month for:

- \$ _____ rent
- \$ _____ mortgage (including P & I)
- \$ _____ property taxes
- \$ _____ homeowner's or tenant's insurance
- \$ _____ required maintenance charges

13. Does a child, parent, sibling, or other family member currently live in your home? If you answered yes, is any portion of your income or the income of your spouse directly or indirectly used to provide all or a portion of their support? Describe the circumstances, the reasons for the arrangement, and how it is being handled financially.

14. Please check the appropriate box and provide the following information regarding your health insurance.

- _____ Medicare for yourself (Number: _____)
- _____ Medicare for spouse (Number: _____)
- _____ Medicare supplement for self
- Company _____
- Number _____

_____ Medicare supplement for spouse

Company_____

Number:_____

_____ Medicaid for yourself (Number: _____)

_____ Medicaid for spouse (Number: _____)

_____ Other health insurance for self

Company_____

Number:_____

_____ Other health insurance for spouse

Company_____

Number:_____

15. Please summarize the work histories of you and your spouse, particularly with regard to relative length of employment and relative earnings:

16. Did either you or your spouse come to the marriage with significant amounts of property or later individually acquire significant property other than from work or investment earnings, such as by inheritance? Yes No

If yes, please explain briefly:

17. Have either you or your spouse, during the last 90 days, had substantial medical expense, such as nursing home or hospital bills, that have not been paid and are not expected to be paid by Medicare, Medigap insurance, long term care insurance, or other insurance?

Yes _____ No _____

If yes, please provide details and explain:

18. To the extent not already noted above, please describe any significant changes that you or your spouse anticipate occurring at any time over the course of the next five years with respect to your (a) personal, marital, or family situation (b) employment (c) financial situation as it relates to your level of income, debt, or assets.

19. Are you or your spouse a veteran?

Yes _____ No _____

If yes, please provide the following information:

	YOU	SPOUSE
Military Service		
Serial Number		
Dates of Service		
VA Claim Number		
Branch of Service		

Please describe any veterans' benefits you or your spouse is now receiving?

20. Estate Planning Documents (insert yes or no).

	YOU	SPOUSE
Will		
Living Will		
Trust		
Healthcare Surrogate		
Power of Attorney		
Do Not Resuscitate Order		
Pre-Nuptial Agreement		

I am the legally appointed guardian of _____

I am serving as a power of attorney for _____

I am serving as executor or administrator of an estate.

Yes _____ No _____

I am involved in a lawsuit or have reason to believe I will be involved in a lawsuit.

Yes _____ No _____

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington)

Yes _____ No _____

Other Legal Concerns _____

EXPRESS WAIVER OF CONFIDENTIALITY

All communications between client and Counsel NICOLA J. MELBY are confidential and will not be disclosed to anyone without the client's express written consent. However, the client (if the client is the party completing this questionnaire) may waive his or her right to confidentiality and authorize this firm to discuss your affairs and provide information and documentation to the persons or organizations designated below:

Family Members _____

ADVISORS _____

(Accountants, Brokers, Insurance Agents, etc) _____

CERTIFICATION

By submitting this form, you hereby request to McGuire Wood & Bissette, P.A., that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by this law firm may not be appropriate.

CLIENT IDENTIFICATION

Please note that our office most often regards the person for whom benefit is sought as our client. In certain circumstances, we may also represent spouses. If you are not the client, please provide your name, address, telephone number, and relationship to the client.

Name: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

Relationship to Client: _____

*Thank you for selecting McGuire, Wood & Bissette, PA for your family's legal needs.
We appreciate your letting us know how you came to select our firm.*

HOW DID YOU SELECT OUR FIRM?

_____ Advertisement

_____ Website

_____ Article

_____ Yellow Book

_____ Yellow Pages

_____ Attorney: Name/Address/Phone:

_____ Other Person: Name/Address/Phone:

_____ Client: Name/Address/Phone:

Notes/Comments: _____
