

Date: _____

Estimate: _____

CLARK & BRADSHAW, P.C.

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FINANCIAL AND LONG TERM CARE PLANNING QUESTIONNAIRE

CLIENT:

Full Name: _____

Mailing Address: _____

Date of Birth: _____

US Citizen? Yes No

Social Security No.: _____

Home Telephone No.: _____

Office Telephone No.: _____

Home Fax No.: _____

Office Fax No.: _____

E-mail: _____

Cell No.: _____

Occupation: _____

Are you registered to vote in Virginia? Yes No

Do you hold a Virginia driver's license? Yes No

Do you own real estate in any state other than Virginia or in another country? Yes No

If YES, explain on a separate sheet of paper.

Location of safe deposit box: _____

Have you ever been married? Yes No

If YES, did the previous marriage end by divorce? Yes No

If YES, please provide a copy of the divorce decree and any settlement agreement.

CHILDREN

List ALL your children whether now living or deceased and indicate if any are adopted or are children from a prior marriage. (Attach an additional sheet if necessary):

Child's Name: _____ Age: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Married: Yes No Spouse's Name: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Married: Yes No Spouse's Name: _____

Child's Name: _____ Age: _____ Date of Birth: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Married: Yes No Spouse's Name: _____

Child's Name: _____ Age: _____ Date of Birth: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Married: Yes No Spouse's Name: _____

SPECIAL NEEDS

Do you have any significant health problems? Yes No
Do any of your children have any significant health problems? Yes No
If **YES** to either question, please explain on a separate sheet of paper.

MEDICAID APPLICATION INFORMATION

Have you ever applied for Medicaid? Yes No
If **YES**, please provide a copy of the denial or acceptance letter and Resource Assessment Statement.

GIFTS

Please list gifts made in excess of \$1,000 in any one month, to an individual or group of individuals, within the past 60 months:

Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____

Have you ever filed a Federal Gift Tax Return?

Yes No

If **YES**, to either question, please explain on a separate sheet of paper and provide copies of any documentation relating to those gifts including gift tax returns.

ASSETS

Cash & Checking	\$
Money Market Accounts	\$
Life Insurance Cash Value	\$
Other Liquid Assets	\$
Certificates of Deposit	\$
Loans Made (to children, for example)	\$
Bonds	\$
Stocks	\$
Mutual Funds	\$
IRAs	\$
Partnership/Proprietorship Interests	\$
Closely Held Business Stock	\$
401(k) or 403(b) Accounts	\$
Annuities	\$
Other Investments	\$
Residence (please provide tax bills)	\$
Other Real Estate (please provide tax bills)	\$
Automobiles	\$
Other Personal Property	\$

LIABILITIES

Home Mortgage	
2nd Mortgage	

Automobile Loan	
Credit & Charge Accounts	
Business Loans	
Other Loans Payable	

LIFE INSURANCE (bring policies to conference)

Insured	Type of Policy	Death Benefit	Owner	Primary Beneficiary	Secondary Beneficiary

MONTHLY INCOME

Salary	\$
Social Security Income (please provide copy of annual statement)	\$
Retirement Income (please provide copy of annual statement)	\$
Dividends and Income	\$
TOTAL MONTHLY INCOME	\$

MONTHLY EXPENSES

Rent/ Mortgage Payment	\$
Nursing Home or Assisted Living Facility Cost – please provide copy of documentation from facility	\$
Medicare Part B Premium	\$
Medicare Supplement Insurance Premium, if any.	\$
Monthly Prescription Costs – not covered by insurance	\$
Any other health insurance premiums	\$
Other medically related expenses	\$
TOTAL MONTHLY EXPENSES	\$

LIST YOUR ADVISORS

Accountant: _____

Financial Planner: _____

Attorney: _____

Life Insurance Agent: _____

Bank Trust Officer: _____

GENERAL QUESTIONS

If the answer to any of the following questions is **YES**, please explain fully on a separate sheet of paper.

- 1. Have you changed your name by a court? Yes No
- 2. Were you ever a member of the U.S. Armed Forces? Yes No
- 3. Do you anticipate receiving any inheritances? Yes No
- 4. Are you currently appointed guardian or conservator? Yes No
- 5. Are you currently appointed as agent under a power of attorney? Yes No
- 6. Are you currently appointed as agent under a power of appointment? Yes No
- 7. Do you currently serve as executor or administrator of an estate? Yes No
- 8. Are you currently involved in a lawsuit? Yes No
- 9. Do you have any trusts for yourself or other family members? Yes No

PRIOR WILLS AND DOCUMENTS

Please provide copies of the following documents:

Last Will and Testaments	Trusts	Powers of Attorney
Marital agreements	Living Wills	Advance medical directives
Deeds to real estate	Divorce decrees & Settlement agreements	

QUESTIONS OR CONSIDERATIONS

Please list an questions or considerations which you wish to discuss at our conference.

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