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**CONFIDENTIAL ASSET-PROTECTION Questionnaire**

This questionnaire is designed to help us gather the information necessary to work with you in your estate, disability, and asset-protection planning. Whether ***you are a new or an established client***, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Your accuracy and completeness in responding will help us best represent you. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant. All information provided is strictly confidential.

**PLEASE RETURN THIS FORM TO OUR TITUSVILLE OFFICE ONE WEEK PRIOR TO YOUR SCHEDULED APPOINTMENT**

**IF YOU HAVE A CURRENT FINANCIAL POWER OF ATTORNEY, PLEASE INCLUDE A COPY WHEN RETURNING THE QUESTIONNAIRE OR BRING IT TO YOUR APPOINTMENT.**

**APPOINTMENT DATE / TIME** \_\_\_\_\_ **RETURN QUESTIONNAIRE BY** \_\_\_\_\_

**CALLER CONTACT INFO:**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

WHAT IS YOUR REASON OR CONCERN FOR COMING IN TO SEE US? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

IF REFERRED, WHO REFERRED YOU ? \_\_\_\_\_

PERSONS ATTENDING THE MEETING: \_\_\_\_\_

\_\_\_\_\_



## SECTION 1: POTENTIAL CLIENT AND SPOUSE'S INFORMATION

CLIENT (if single) or HUSBAND	
1st NAME, MIDDLE INIITAL, LAST NAME	MAIDEN

SPOUSE OR PARTNER	
1st NAME, MIDDLE INIITAL, LAST NAME	MAIDEN

**PLEASE LIST EVEN IF THEY ARE PASSED AWAY**

ADDRESS: \_\_\_\_\_  
 CITY \_\_\_\_\_  
 COUNTY \_\_\_\_\_  
 STATE/ZIP \_\_\_\_\_  
 PHONE: HOME \_\_\_\_\_  
                   CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_

WAR TIME VET? YES \_\_\_\_\_ NO \_\_\_\_\_  
 SERVICE DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 CITY \_\_\_\_\_  
 COUNTY \_\_\_\_\_  
 STATE/ZIP \_\_\_\_\_  
 PHONE: HOME \_\_\_\_\_  
                   CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
**DATE OF DEATH** \_\_\_\_\_  
 WAR TIME VET? YES \_\_\_\_\_ NO \_\_\_\_\_  
 SERVICE DATES: \_\_\_\_\_

HAVE YOU EVER RESIDED IN A NURSING HOME?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES: FACILITY NAME \_\_\_\_\_  
 ADMISSION DATE \_\_\_\_\_  
 DISCHARGE DATE \_\_\_\_\_

KNOWN PROBLEMS WITH MEMORY OR  
 UNDERSTANDING? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES: PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ABLE TO SIGN NAME: ? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO SPEAK? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO RECOGNIZE FAMILY  
 & FRIENDS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 COGNIZANT OF PROPERTY &  
 POSESSIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO LEAVE CURRENT  
 RESIDENCE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER RESIDED IN A NURSING HOME?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES: FACILITY NAME \_\_\_\_\_  
 ADMISSION DATE \_\_\_\_\_  
 DISCHARGE DATE \_\_\_\_\_

KNOWN PROBLEMS WITH MEMORY OR  
 UNDERSTANDING? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES: PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ABLE TO SIGN NAME: ? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO SPEAK? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO RECOGNIZE FAMILY  
 & FRIENDS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 COGNIZANT OF PROPERTY &  
 POSESSIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ABLE TO LEAVE CURRENT  
 RESIDENCE? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*\*\* IF CURRENTLY MARRIED, WAS A RESOURCE ASSESSMENT (COMPLETE LIST OF YOUR ASSETS) DONE AT ADMISSION TO THE NURSING HOME? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, PLEASE BRING A COPY OF THIS LIST TO THE MEETING**



## SECTION 2: CHILDREN

(If no children, list other close relatives who are or will be beneficiaries of your will)

<b>CHILD #1</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

<b>CHILD #2</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

<b>CHILD #3</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

<b>CHILD #4</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

<b>CHILD #5</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

<b>CHILD #6</b>	M _____ F _____
OF CLIENT _____ OF CO-CLIENT _____ OF BOTH _____	
IF NOT CHILD: SIBLING _____ NEPHEW _____ NIECE _____	
NAME: _____	
ADDRESS _____	
CITY _____	
COUNTY _____	
STATE _____ ZIP _____	
PHONE: HOME _____	
CELL _____	
EMAIL: _____	
BIRTHDATE _____	

DO ALL CHILDREN GET ALONG? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE ANY OF THE CHILDREN RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID (ACCESS CARD), SOCIAL SECURITY DISABILITY (SSD), OR ANY OTHER FORM OF GOVERNMENT ASSISTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH ONE (S)? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

WHAT TYPE OF ASSISTANCE DO THEY RECEIVE ? (IF YOU KNOW):

SSI \_\_\_\_\_ MEDICAID (ACCESS CARD) \_\_\_\_\_ SOCIAL SECURITY DISABILITY (SSD) \_\_\_\_\_ OTHER \_\_\_\_\_

DO ANY OF YOUR CHILDREN OR OTHERS YOU WOULD NAME AS BENEFICIARIES IN YOUR WILL REQUIRE SPECIAL CONSIDERATION IN YOUR ESTATE PLAN FOR REASONS, SUCH AS? CREDITORS CLAIMS, INABILITY TO HANDLE FINANCES, MEDICAL REASONS, ETC? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH ONE (S)? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

**SECTION 3: HEALTH INFORMATION AND INSURANCE COVERAGE**

**PLEASE DESCRIBE ANY SPECIFIC HEALTH-RELATED PROBLEMS:**

CLIENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPOUSE OR PARTNER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE - MEDICARE SUPPLEMENT**

CLIENT		SPOUSE OR PARTNER
OWNERS NAME _____		OWNERS NAME _____
COMPANY _____		COMPANY _____
POLICY # _____		POLICY # _____
MONTHLY PREMIUM _____		MONTHLY PREMIUM _____

**HEALTH INSURANCE - PRIVATE HEALTH INSURANCE (BLUE CROSS, UPMC, etc)**

CLIENT		CLIENT
OWNERS NAME _____		OWNERS NAME _____
COMPANY _____		COMPANY _____
POLICY # _____		POLICY # _____
MONTHLY PREMIUM _____		MONTHLY PREMIUM _____

**LONG TERM CARE**

CLIENT		CLIENT
OWNERS NAME _____		OWNERS NAME _____
COMPANY _____		COMPANY _____
COVERAGE: PER DAY FOR: HOME \$ _____		COVERAGE: PER DAY FOR: HOME \$ _____
ASSS'TD LIVING \$ _____ NURSING HOME \$ _____		ASSS'TD LIVING \$ _____ NURSING HOME \$ _____
TERM: NUMBER OF YEARS _____ OR LIFE _____		TERM: NUMBER OF YEARS _____ OR LIFE _____



## SECTION 4: FINANCIAL INFORMATION

PLEASE FILL OUT THIS SECTION TO THE BEST OF YOUR ABILITY. APPROXIMATE BALANCES ARE OKAY AT THIS STAGE OF THE PROCESS. WE WILL DO OUR BEST TO PROVIDE YOU WITH AN UNDERSTANDING OF ASSET PROTECTION FROM THE INFORMATION YOU ARE ABLE TO PROVIDE. OF COURSE, IF YOU HIRE US, WE WILL NEED SPECIFIC INFORMATION AND WILL WORK WITH YOU TO LOCATE EVERYTHING YOU WILL NEED.

CLIENT (IF SINGLE) OR HUSBAND	
SOCIAL SECURITY RETIREMENT	
GROSS (MONTHLY)	\$ _____
MEDICARE DEDUCTION	\$ _____
NET (MONTHLY)	\$ _____
EMPLOYMENT	
GROSS (MONTHLY)	\$ _____
DEDUCTION TOTAL	\$ _____
NET (MONTHLY)	\$ _____
PENSION	
GROSS (MONTHLY)	\$ _____
DEDUCTION TOTAL	\$ _____
NET (MONTHLY)	\$ _____
ANNUITY INCOME	
INSURANCE COMPANY _____	
MONTHLY PAYMENT \$ _____	

SPOUSE OR PARTNER	
SOCIAL SECURITY RETIREMENT	
GROSS (MONTHLY)	\$ _____
MEDICARE DEDUCTION	\$ _____
NET (MONTHLY)	\$ _____
EMPLOYMENT	
GROSS (MONTHLY)	\$ _____
DEDUCTION TOTAL	\$ _____
NET (MONTHLY)	\$ _____
PENSION	
GROSS (MONTHLY)	\$ _____
DEDUCTION TOTAL	\$ _____
NET (MONTHLY)	\$ _____
ANNUITY INCOME	
INSURANCE COMPANY _____	
MONTHLY PAYMENT \$ _____	

**\*\*\*ONLY LIST "ANNUITIZED" ANNUITIES HERE - THAT IS THOSE FROM WHICH YOU ARE RECEIVING EQUAL MONTHLY PAYMENTS BUT CANNOT WITHDRAW THE PRINCIPAL. (ANNUITIES THAT YOU CASH IN, EVEN IF YOU WOULD HAVE TO PAY A PENALTY ARE AN ASSET LISTED UNER "TAX-DEFERRED ANNUITIES" BELOW**

OTHER INCOME
SOURCE _____
MONTHLY AMOUNT \$ _____

OTHER INCOME
SOURCE _____
MONTHLY AMOUNT \$ _____

VETERAN'S ADMINISTRATION
MONTHLY AMOUNT \$ _____

VETERAN'S ADMINISTRATION
MONTHLY AMOUNT \$ _____

IS YOUR MONTHLY INCOME GENERALLY ENOUGH TO COVER YOUR MONTHLY EXPENSES? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF NOT, WHAT IS THE AVERAGE MONTHLY SHORTFALL? \$ \_\_\_\_\_

## BANK ACCOUNTS AND OTHER FINANCIAL ASSETS

IF THE ASSET IS AN IRA, 401 (k) OR OTHER RETIREMENT ACCOUNT (FUNDED WITH PRE-TAX INCOME, LIST THOSE UNDER **"RETIREMENT ACCOUNTS"** BELOW.

### CHECKING ACCOUNTS

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

### SAVINGS ACCOUNTS

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_ APPROX. BALANCE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

### CD'S

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_  
MATURITY DATE \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_  
MATURITY DATE \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT# \_\_\_\_\_  
MATURITY DATE \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**MUTUAL FUNDS**

NAME OF FUND: \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

NAME OF FUND: \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

NAME OF FUND: \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**STOCKS**

NAME: \_\_\_\_\_ # OF SHARES \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

NAME: \_\_\_\_\_ # OF SHARES \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

NAME: \_\_\_\_\_ # OF SHARES \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ BANK OR BROKERAGE FIRM \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**SAVINGS BONDS**

TYPE: E \_\_\_\_\_ EE \_\_\_\_\_ H \_\_\_\_\_ OTHER \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
HELD AT HOME? YES \_\_\_\_\_ NO \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

TYPE: E \_\_\_\_\_ EE \_\_\_\_\_ H \_\_\_\_\_ OTHER \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
HELD AT HOME? YES \_\_\_\_\_ NO \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

TYPE: E \_\_\_\_\_ EE \_\_\_\_\_ H \_\_\_\_\_ OTHER \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_  
BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
HELD AT HOME? YES \_\_\_\_\_ NO \_\_\_\_\_  
HOW IS IT TITLED? YOUR NAME ONLY \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ TRUST \_\_\_\_\_  
JOINT W/CHILD OR CHILDREN \_\_\_\_\_ OTHER? \_\_\_\_\_ EXPLAIN \_\_\_\_\_



**TAX DEFERRED ANNUITY**

(Not a fixed monthly payment; money in annuity CAN be withdrawn - even if a penalty)

BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
 WHO IS ANNUITY OWNER? \_\_\_\_\_ ISSUE DATE \_\_\_\_\_  
 CURRENT VALUE \_\_\_\_\_ ORIGINAL CONTRIBUTION \_\_\_\_\_ ANNUITY# \_\_\_\_\_  
 BENEFICIARY: SPOUSE \_\_\_\_\_ CHILD OR CHILDREN \_\_\_\_\_ TRUST \_\_\_\_\_ OTHER \_\_\_\_\_

BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
 WHO IS ANNUITY OWNER? \_\_\_\_\_ ISSUE DATE \_\_\_\_\_  
 CURRENT VALUE \_\_\_\_\_ ORIGINAL CONTRIBUTION \_\_\_\_\_ ANNUITY# \_\_\_\_\_  
 BENEFICIARY: SPOUSE \_\_\_\_\_ CHILD OR CHILDREN \_\_\_\_\_ TRUST \_\_\_\_\_ OTHER \_\_\_\_\_

**RETIREMENT ACCOUNTS**

(IRA, 401(k), and other accounts funded with pre-tax income)

BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
 ACCT # \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_ ROTH? YES \_\_\_ NO \_\_\_  
 WHO IS OWNER \_\_\_\_\_ MINIMUM IRA DISTRIBUTION \$ \_\_\_\_\_  
 BENEFICIARY: SPOUSE \_\_\_\_\_ CHILD OR CHILDREN \_\_\_\_\_ TRUST \_\_\_\_\_ OTHER \_\_\_\_\_

BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
 ACCT # \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_ ROTH? YES \_\_\_ NO \_\_\_  
 WHO IS OWNER \_\_\_\_\_ MINIMUM IRA DISTRIBUTION \$ \_\_\_\_\_  
 BENEFICIARY: SPOUSE \_\_\_\_\_ CHILD OR CHILDREN \_\_\_\_\_ TRUST \_\_\_\_\_ OTHER \_\_\_\_\_

BANK OR BROKERAGE FIRM \_\_\_\_\_ CITY \_\_\_\_\_  
 ACCT # \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_ ROTH? YES \_\_\_ NO \_\_\_  
 WHO IS OWNER \_\_\_\_\_ MINIMUM IRA DISTRIBUTION \$ \_\_\_\_\_  
 BENEFICIARY: SPOUSE \_\_\_\_\_ CHILD OR CHILDREN \_\_\_\_\_ TRUST \_\_\_\_\_ OTHER \_\_\_\_\_

**LIFE INSURANCE (Listing of Face, Net & Death Amounts is Important)**

OWNERS' NAME \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 POLICY # \_\_\_\_\_  
 TYPE: TERM \_\_\_\_\_ WHOLE OR UNIVERSAL \_\_\_\_\_  
 BENEFICIARY \_\_\_\_\_  
 FACE VALUE \$ \_\_\_\_\_  
 NET CASH VALUE \$ \_\_\_\_\_  
 DEATH BENEFIT \$ \_\_\_\_\_

OWNERS' NAME \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 POLICY # \_\_\_\_\_  
 TYPE: TERM \_\_\_\_\_ WHOLE OR UNIVERSAL \_\_\_\_\_  
 BENEFICIARY \_\_\_\_\_  
 FACE VALUE \$ \_\_\_\_\_  
 NET CASH VALUE \$ \_\_\_\_\_  
 DEATH BENEFIT \$ \_\_\_\_\_

OWNERS' NAME \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 POLICY # \_\_\_\_\_  
 TYPE: TERM \_\_\_\_\_ WHOLE OR UNIVERSAL \_\_\_\_\_  
 BENEFICIARY \_\_\_\_\_  
 FACE VALUE \$ \_\_\_\_\_  
 NET CASH VALUE \$ \_\_\_\_\_  
 DEATH BENEFIT \$ \_\_\_\_\_

OWNERS' NAME \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 POLICY # \_\_\_\_\_  
 TYPE: TERM \_\_\_\_\_ WHOLE OR UNIVERSAL \_\_\_\_\_  
 BENEFICIARY \_\_\_\_\_  
 FACE VALUE \$ \_\_\_\_\_  
 NET CASH VALUE \$ \_\_\_\_\_  
 DEATH BENEFIT \$ \_\_\_\_\_





**REAL ESTATE**

**RESIDENCE:**

ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ YEAR ACQUIRED \_\_\_\_\_  
MORTGAGE BALANCE \$ \_\_\_\_\_ MORTGAGE BANK \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
TRUST \_\_\_\_\_ LIFE ESTATE \_\_\_\_\_ OTHER? EXPLAIN \_\_\_\_\_

**OTHER REAL ESTATE**

ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ YEAR ACQUIRED \_\_\_\_\_  
MORTGAGE BALANCE \$ \_\_\_\_\_ MORTGAGE BANK \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
TRUST \_\_\_\_\_ LIFE ESTATE \_\_\_\_\_ OTHER? EXPLAIN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ YEAR ACQUIRED \_\_\_\_\_  
MORTGAGE BALANCE \$ \_\_\_\_\_ MORTGAGE BANK \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
TRUST \_\_\_\_\_ LIFE ESTATE \_\_\_\_\_ OTHER? EXPLAIN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_  
CURRENT VALUE \$ \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ YEAR ACQUIRED \_\_\_\_\_  
MORTGAGE BALANCE \$ \_\_\_\_\_ MORTGAGE BANK \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
TRUST \_\_\_\_\_ LIFE ESTATE \_\_\_\_\_ OTHER? EXPLAIN \_\_\_\_\_

**MOTOR VEHICLES**

YEAR/MAKE/MODEL \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
DO YOU OWE A BALANCE ON THE VEHICLE? \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
OTHER \_\_\_\_\_

YEAR/MAKE/MODEL \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
DO YOU OWE A BALANCE ON THE VEHICLE? \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
OTHER \_\_\_\_\_

YEAR/MAKE/MODEL \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
DO YOU OWE A BALANCE ON THE VEHICLE? \_\_\_\_\_  
HOW TITLED: YOUR NAME \_\_\_\_\_ SPOUSE ONLY \_\_\_\_\_ JOINT W/SPOUSE \_\_\_\_\_ JOINT W/CHILDREN \_\_\_\_\_  
OTHER \_\_\_\_\_

**PRIOR GIFTING**

Have you made gifts or transfers greater than \$500 total in any one calendar month, within the last five years (60 months)? ***If yes, please complete the following*** (as best you can)

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

TO: \_\_\_\_\_  
 DATE OF GIFT \_\_\_\_\_  
 AMOUNT OF GIFT \$ \_\_\_\_\_

**OTHER INFORMATION**

HAVE	CLIENT	DATE
Y OR N	LAST WILL & TESTAMENT	
Y OR N	DURABLE POWER OF ATTY	_____
	AGENTS NAME _____	
Y OR N	HEALTHCARE POWER OF ATTY	

HAVE?	SPOUSE/PARTNER	DATE
Y OR N	LAST WILL & TESTAMENT	
Y OR N	DURABLE POWER OF ATTY	_____
	AGENTS NAME _____	
Y OR N	HEALTHCARE POWER OF ATTY	

DO YOU HAVE OTHER DEBT? \_\_\_\_\_

DO YOU HAVE A SAFE DEPOSIT BOX? YES \_\_\_\_ NO \_\_\_\_ IF YES, NAME OF BANK \_\_\_\_\_

DO YOU HAVE A PERSONAL SAFE AT HOME? YES \_\_\_\_ NO \_\_\_\_

HAVE YOU FILED FOR TAX RETURNS WITH THE IRS FOR THE PAST THREE YEARS? YES \_\_\_\_ NO \_\_\_\_

DO YOU HAVE A FINANCIAL ADVISOR? YES \_\_\_\_ NO \_\_\_\_ IF YES, PLEASE GIVE NAME, ADDRESS & PHONE # \_\_\_\_\_

DO YOU EXPECT TO RECEIVE AN INHERITANCE WITHIN THE NEXT YEAR? YES \_\_\_\_ NO \_\_\_\_

DO YOU HAVE HOME-OWNER'S INSURANCE? YES \_\_\_\_ NO \_\_\_\_

\*\*\* IF YES, WITH WHO \_\_\_\_\_

DO YOU HAVE PRE-PAID FUNERAL/CREMATION ARRANGEMENTS? YES \_\_\_\_ NO \_\_\_\_

\*\*\* IF YES, NAME OF FUNERAL HOME \_\_\_\_\_

\*\*\* TOTAL AMOUNT? \_\_\_\_\_

WHAT HOSPITAL DO YOU USE? \_\_\_\_\_

NAME OF PERSON COMPLETING Questionnaire

DATE \_\_\_\_\_



## VA INFORMATION

\*\*\*ONLY COMPLETE IF EITHER YOU OR YOUR SPOUSE IS OR WAS A VETERAN\*\*\*

VETERAN'S NAME \_\_\_\_\_ SERVICE # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ MILITARY BRANCH \_\_\_\_\_

DATE ENTERED \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_

IS THE VETERAN CURRENTLY RECEIVING ANY OF THE FOLLOWING PUBLIC BENEFITS?

SOCIAL SECURITY RETIREMENT \_\_\_\_\_ SOCIAL SECURITY DISABILITY (SSD) \_\_\_\_\_ SSI \_\_\_\_\_

MEDICARE PART A \_\_\_\_\_ MEDICARE PART B \_\_\_\_\_ MEDICARE PART D \_\_\_\_\_ OTHER \_\_\_\_\_

IS THE SPOUSE CURRENTLY RECEIVING ANY OF THE FOLLOWING PUBLIC BENEFITS?

SOCIAL SECURITY RETIREMENT \_\_\_\_\_ SOCIAL SECURITY DISABILITY (SSD) \_\_\_\_\_ SSI \_\_\_\_\_

MEDICARE PART A \_\_\_\_\_ MEDICARE PART B \_\_\_\_\_ MEDICARE PART D \_\_\_\_\_ OTHER \_\_\_\_\_

IF VETERAN IS MARRIED, COMPLETE THE INFORMATION (AND INCLUDE MARRIAGE CERTIFICATE)

DATE OF MARRIAGE \_\_\_\_\_ VETERAN'S PLACE OF MARRIAGE \_\_\_\_\_

IF MARRIED, WAS THE VETERAN OR SPOUSE PREVIOUSLY MARRIED? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IF SO, PLEASE INCLUDE PROOF OF DISSOLUTION OF ALL PREVIOUS MARRIAGES; i.e. DIVORCE PAPERS AND/OR DEATH CERTIFICATE OF PRIOR SPOUSE(S).

ARE THERE ANY DEPENDENT PARENT(S)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHO? \_\_\_\_\_

\*\*\*DOES THE VETERAN HAVE MILITARY DISCHARGE PAPERS: i.e. DD214? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IS THE VETERAN BLIND? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IS THE VETERAN HOME BOUND? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IS THE SPOUSE HOME BOUND? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*HAS THE VETERAN FILED FOR HEALTH BENEFITS THROUGH VA? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IS THE VETERAN RECEIVING MILITARY PAY? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*IS THE VETERAN RECEIVING SERVICE-CONNECTED COMPENSATION FROM THE VA YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* IF YES, HAS THE VETERAN FILED FOR COMBAT-RELATED COMPENSATION THROUGH DOD? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*DID THE VETERAN SERVE IN VIETNAM? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* IF YES, DOES THE VETERAN HAVE ANY OF THE FOLLOWING CONDITIONS?

DIABETES TYPE 1: YES \_\_\_\_\_ NO \_\_\_\_\_

HEART CONDITION: YES \_\_\_\_\_ NO \_\_\_\_\_

PARKINSON'S DISEASE: YES \_\_\_\_\_ NO \_\_\_\_\_

CANCER: YES \_\_\_\_\_ NO \_\_\_\_\_

AMYOTROPHIC LATERAL SCLEROSIS: YES \_\_\_\_\_ NO \_\_\_\_\_

