



THE LAW OFFICES OF SCHELLART JOYCE
"Protect your Legacy"



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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. All information provided is strictly confidential.

Please try to get this form to our Titusville office at least one week prior to your scheduled appointment. To ensure the highest quality and accuracy of your Asset Protection Plan, please bring with you to your meeting your most recent power of attorney. LOOK FORWARD TO SEEING YOU!

SECTION 1. NAMES and CONTACT INFORMATION

Client (if single) or Husband				Wife or Partner (if applicable)			
<u>Name</u> First, Initial, Last		Maiden:		<u>Name</u> First, Initial, Last		Maiden:	
<u>Address</u>				<u>Address</u>			
<u>City, County</u>				<u>City, County</u>			
<u>State, Zip</u>				<u>State, Zip</u>			
<u>Telephone</u> Home, Cell				<u>Telephone</u> Home, Cell			
<u>Email</u>				<u>Email</u>			
<u>Date of Birth</u>		<u>Age</u>		<u>Date of Birth</u>		<u>Age</u>	
<u>Citizen?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Veteran?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Citizen?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Veteran?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever resided in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:				Have you ever resided in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			
Name of Facility:				Name of Facility:			
Admission Date:				Admission Date:			

2. CHILDREN (if no children, then other close relatives who are beneficiaries of your Will)

CHILD 1 <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both	CHILD 2 <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both
If not child <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece	If not child <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece
Name	Name
Address	Address
City	City
State	State
Phone	Phone
Zip	Zip
Email	Email
If not child <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece	If not child <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece

Name				Name			
Address				Address			
City		State		City		State	
Phone		Zip		Phone		Zip	
Email				Email			
CHILD 5	<input type="checkbox"/> of Client	<input type="checkbox"/> of Co-Client	<input type="checkbox"/> of Both	CHILD 6	<input type="checkbox"/> of Client	<input type="checkbox"/> of Co-Client	<input type="checkbox"/> of Both
If not child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	If not child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece
Name				Name			
Address				Address			
City		State		City		State	
Phone		Zip		Phone		Zip	
Email				Email			

SECTION 3. HEALTH INFORMATION

Health Issues. Please describe any specific health-related problems.

Client (if single) or Husband: _____


Wife or Partner: _____

SECTION 4. FINANCIAL INFORMATION

Please fill out to the best of your ability. We will do our best to provide you with an understanding of asset protection with the information you are able to provide. Of course, if you hire us, we will need your specific information and will work with you to locate everything that you need.

MONTHLY INCOME

Client (if single) or Husband		Wife/Partner	
Social Security Retirement		Social Security Retirement	
Gross (Monthly)	\$	Gross (Monthly)	\$
Medicare Deduction:	\$	Medicare Deduction:	\$
Net (Monthly)	\$	Net (Monthly)	\$
Employment		Employment	
Gross (Monthly)	\$	Gross (Monthly)	\$
Net (Monthly)	\$	Net (Monthly)	\$
Pension		Pension	
Gross (Monthly)	\$	Gross (Monthly)	\$
Net (Monthly)	\$	Net (Monthly)	\$

Annuity Income		Annuity Income	
Insurance Co.		Insurance Co.	
Monthly payment	\$	Monthly payment	\$
	Only list "annuitized" annuities here – that is, those from which you are receiving equal monthly payments <i>but cannot withdraw the principal.</i>		
Veterans Administration		Veterans Administration	
Amount:	\$	Amount:	\$


Long-Term Care Insurance

Owner's name		Owner's name	
Company		Company	
Daily Benefit	\$	Daily Benefit	\$
Coverage	<input type="checkbox"/> Home Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> All Three	Coverage	<input type="checkbox"/> Home Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> All Three
Term	Number of Years: _____ <input type="checkbox"/> Life	Term	Number of Years: _____ <input type="checkbox"/> Life

Whole Or Universal Life Insurance

Owner:	Beneficiary:	Owner:	Beneficiary:
Company:	Policy #	Company:	Policy #
Face value:	Death Benefit:	Face value:	Death Benefit:
Net cash value:		Net cash value:	

BANK ACCOUNTS AND OTHER FINANCIAL ASSETS

	<i>If the asset is an IRA, 401(k) or other RETIREMENT account list separately</i>
TOTAL:	<input type="checkbox"/> 0 - \$25,000
	<input type="checkbox"/> \$25,001 - \$50,000
	<input type="checkbox"/> \$50,001 - \$100,000
	<input type="checkbox"/> \$100,001 - \$250,000
	<input type="checkbox"/> \$250,001 - \$500,000
	<input type="checkbox"/> \$500,001 - \$750,000
	<input type="checkbox"/> Over \$750,000

RETIREMENT ACCOUNTS

Client:	Current value of all accounts: \$
Beneficiary:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child or Children <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
Roth or Traditional:	
Spouse:	Current value of all accounts: \$
Beneficiary:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child or Children <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
Roth or Traditional:	

REAL ESTATE

Residence Address:		City/Township:	State:
County:	Current Value? \$	Purchase price \$	
Year acquired:	Mortgage balance: \$	Mortgage Bank:	
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust <input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____			

Other Real Estate

Address:		City/Township:	State:
County:	Current Value? \$	Purchase price \$	
Year acquired:	Mortgage balance: \$	Mortgage Bank:	
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust <input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____			
Address:		City/Township:	State:
County:	Current Value? \$	Purchase price \$	
Year acquired:	Mortgage balance: \$	Mortgage Bank:	
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust <input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____			

5. 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 (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$
To (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$
To (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$

6. OTHER INFORMATION

Have?	Client (if single) or Husband	Date	Have?	Spouse or Partner	Date
<input type="checkbox"/>	Last Will and Testament		<input type="checkbox"/>	Last Will and Testament	
<input type="checkbox"/>	Financial Power of Attorney		<input type="checkbox"/>	Financial Power of Attorney	
<input type="checkbox"/>	Healthcare Power of Attorney		<input type="checkbox"/>	Healthcare Power of Attorney	
<input type="checkbox"/>	Living Will		<input type="checkbox"/>	Living Will	
<input type="checkbox"/>	Trust		<input type="checkbox"/>	Trust	
<input type="checkbox"/>	Premarital Agreement		<input type="checkbox"/>	Premarital Agreement	

Do you have pre-paid funeral/cremation arrangements? Yes No

If Yes, complete the following:

Funeral Home: _____

Total Amount \$ _____

Reason for coming to see us?

Referred By: _____

Who will be attending the meeting _____

Name of person who completed the form:

Date: _____