

Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardianship | Developmental Disabilities | Veteran's Benefits

CONFIDENTIAL QUESTIONNAIRE

This information is extremely important. Please complete as much as possible.

Please use the last page to write additional information.

Date _____

Personal data of CLIENT 1: *(If CLIENT 1 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)*

Client 1 name: _____

Home address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Social Security #: _____

Date of birth: _____

Place of birth: _____

U.S. citizen: Yes _____ No _____

Resided in Florida since: _____

If deceased, date of death: _____

If deceased, place of death: _____

Date of marriage: _____

Place of marriage: _____

Personal data of CLIENT 2: *(If CLIENT 2 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)*

Client 2 name: _____

Home address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Social Security #: _____

Date of birth: _____

Place of birth: _____

U.S. citizen: Yes _____ No _____

Resided in Florida since: _____

If deceased, date of death: _____

If deceased, place of death: _____

Relationship to Client 1: _____

FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE

Please print all names as they would appear on legal documents.

1. Name: _____
Address: _____
Telephone Number: _____
Email Address: _____
Relationship: _____
Spouse's Name: _____

2. Name: _____
Address: _____
Telephone Number: _____
Email Address: _____
Relationship: _____
Spouse's Name: _____

3. Name: _____
Address: _____
Telephone Number: _____
Email Address: _____
Relationship: _____
Spouse's Name: _____

4. Name: _____
Address: _____
Telephone Number: _____
Email Address: _____
Relationship: _____
Spouse's Name: _____

5. Name: _____
Address: _____
Telephone Number: _____
Email Address: _____
Relationship: _____
Spouse's Name: _____

PERSONAL DATA

1. Please list any HEALTH PROBLEMS for:

CLIENT 1: _____

CLIENT 2: _____

2. If CLIENT 1 and/or CLIENT 2 were in the hospital and unable to make decisions, with whom should the doctor consult regarding HEALTH CARE AND LIVING ARRANGEMENTS? *List in order of priority.* _____

3. If CLIENT 1 and/or CLIENT 2 were unable to carry out FINANCIAL AND BUSINESS DECISIONS, who would pay the bills and make investment decisions? *List in order of propriety.* _____

4. Names of those who would inherit the estate of CLIENT 1 and/or CLIENT 2 and their share:

_____	_____
_____	_____
_____	_____
_____	_____

5. Are there any disabled extended family members (children, grandchildren, etc.)? _____
If yes, please complete section below. If no, skip and move to next section:

Disabled Individual Information:

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Relationship: _____

What is the individual's disability? _____

If the individual's condition has been medically diagnosed, what is the diagnosis? _____

What is the individual's current prognosis? _____

What governmental programs is the individual currently receiving? *For example, Social Security Disability, Medicare, Medicaid, Medicaid Waiver, Food Assistance, etc.)* _____

WHO REFERRED YOU TO OUR OFFICE?

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

FINANCIAL ADVISORS

STOCKBROKER

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

ACCOUNTANT or CPA

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

HEALTH AND MEDICAL INSURANCE

Does CLIENT 1 and/or CLIENT 2 have health or medical insurance? _____

If yes, please complete below. If no, skip to next section.

1. Name of insured: _____

2. Name of company: _____

3. Company address: _____

4. Policy #: _____

5. Premium amount \$ _____

LONG TERM CARE POLICIES

Does CLIENT 1 and/or CLIENT 2 have any long term care policies? _____

If yes, please list the following; if no, skip to the next section:

1. Name of insured: _____
2. Name of company: _____
3. Description of coverage: _____

VETERAN INFORMATION

Did either CLIENT 1 or CLIENT 2 serve in the military? _____

If yes, please complete section below. If no, skip and move to next section:

1. Please indicate which individual served in the military: CLIENT 1 ____ or CLIENT 2 ____
2. What branch? _____
3. Active service in which war? _____
4. Dates of service: _____
5. Does the veteran have military discharge papers? _____
(i.e. DD214 or separation papers)
If yes, are they originals? _____
6. What was the discharge status? _____
7. Have VA Benefits (*Aid and Attendance*) been applied for? _____

ASSETS

MOTOR VEHICLES

1. Does CLIENT 1 or CLIENT 2 own a vehicle? _____
If yes, what kind of vehicle (*automobile, van, recreational vehicle, trailer, truck, boat, or other*): _____
2. Make / Model / Year: _____
3. Value: _____
4. Owner's Name: _____
5. Does CLIENT 1 have a current driver's license? _____
6. Does CLIENT 2 have a current driver's license? _____

BANK OR BROKERAGE ACCOUNTS

1. Checking 1: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Direct deposits to this account? _____
Current balance (include date): _____
Interest bearing (if yes, include interest rate)? _____

2. Checking 2: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Direct deposits to this account? _____
Current balance (include date): _____
Interest bearing (if yes, include interest rate)? _____

3. Money Market: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Direct deposits to this account? _____
Current balance (include date): _____
Interest bearing (if yes, include interest rate)? _____

4. Savings: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Direct deposits to this account? _____
Current balance (include date): _____
Interest bearing (if yes, include interest rate)? _____

CERTIFICATES OF DEPOSIT

1. CD 1: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Face Amount \$ _____
Current balance (include date): _____
Maturity Date: _____
Interest Rate: _____
Interest paid by: Monthly check mailed to owner ___ Quarterly check mailed to owner ___
Reinvested in the CD ___ Credited to checking or savings account # _____

2. CD 2: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Face Amount \$ _____
Current balance (include date): _____
Maturity Date: _____
Interest Rate: _____
Interest paid by: Monthly check mailed to owner ___ Quarterly check mailed to owner ___
Reinvested in the CD ___ Credited to checking or savings account # _____

3. CD 3: Name of Bank or Firm: _____
Branch Address: _____
Name(s) on account: _____
Account Number: _____
Face Amount \$ _____
Current balance (include date): _____
Maturity Date: _____
Interest Rate: _____
Interest paid by: Monthly check mailed to owner ___ Quarterly check mailed to owner ___
Reinvested in the CD ___ Credited to checking or savings account # _____

COMMON OR PREFERRED STOCKS AND MUTUAL FUNDS

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ <i>(date)</i>	Date purchased	Purchase price

CORPORATE BONDS

Name(s) of owner	Company	# of bonds	Current price per bond	Total value on _____ <i>(date)</i>	Date purchased	Purchase price

U. S. SAVINGS BONDS

1. Number of U.S. Savings Bonds: Series E _____ Series EE _____ Series H _____
2. Total face value for all U.S. Savings Bonds \$ _____
3. Total estimated current cash value of all bonds: \$ _____

TAX-FREE MUNICIPALS

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

LIMITED PARTNERSHIPS, ETC.

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

G N M A 's

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

ANNUITIES

CLIENT 1

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

CLIENT 2

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

DEFERRED COMPENSATION /RETIREMENT ACCOUNTS

(IRA/SEP/401k/Profit sharing/Keogh)

CLIENT 1

Financial institution	Type (CD, stock, bonds etc.)	Value as of _____ <i>(date)</i>	Beneficiary	Date purchased	Purchase price	Payments

CLIENT 2

Financial institution	Type (CD, stock, bonds etc.)	Value as of _____ <i>(date)</i>	Beneficiary	Date purchased	Purchase price	Payments

BURIAL ASSETS

Cemetery plots owned by CLIENT 1 and/or CLIENT 2:

CLIENT 1

1. Address of burial plot: _____
2. Location of burial plot: _____
3. Description of burial plot: _____

CLIENT 2

1. Address of burial plot: _____
2. Location of burial plot: _____
3. Description of burial plot: _____

Burial contracts or pre-paid funeral agreements purchased by CLIENT 1 and/or CLIENT 2:

CLIENT 1

1. Name of purchaser: _____
2. Date of purchase: _____
3. Name of funeral home: _____
4. Address of funeral home: _____
5. Name of insurance company: _____
6. Contract is: revocable _____ irrevocable _____
7. Contract amount \$ _____

CLIENT 2

1. Name of purchaser: _____
2. Date of purchase: _____
3. Name of funeral home: _____
4. Address of funeral home: _____
5. Name of insurance company: _____
6. Contract is: revocable _____ irrevocable _____
7. Contract amount \$ _____

Does CLIENT 1 and/or CLIENT 2 have a SPECIAL BANK ACCOUNT set aside for burial assets?
If yes, please provide name and location of bank, account number, and current balance.

1. Name of bank: _____
2. Address of bank: _____
3. Account Number: _____
4. Current Balance \$ _____

REAL PROPERTY

HOMESTEAD (your residence)

1. Residence Address: _____

2. This residence is a house _____ a mobile home _____ a condominium _____
other (describe, if other): _____
3. Names exactly as they appear on the deed: _____

4. Is there a mortgage? If so, what is the mortgage balance? _____
5. What is the tax assessor's value for this home? _____
6. If you were going to sell your home, what price would you expect to receive for it? _____

7. Date of purchase: _____
8. Purchase price \$ _____

ALL OTHER REAL PROPERTY: *If more than one property is owned, please provide information for the additional property on the back of this page.*

1. Property Address: _____
2. This property is a house _____ a mobile home _____ a condominium _____
other (describe, if other): _____
3. Names exactly as they appear on the deed: _____
4. Is there a mortgage? If so, what is the mortgage balance? _____
5. What is the tax assessor's value for this home? _____
6. If you were going to sell your home, what price would you expect to receive for it? _____

7. Date of purchase: _____
8. Purchase price \$ _____
9. Do you receive rental income? If so, what is the monthly income amount? _____

LIFE INSURANCE

CLIENT 1

Company/Policy #	Insured/Owner-if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

CLIENT 2

Company/Policy #	Insured/Owner-if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

LOANS

(Mortgages and notes, money owed to you)

1. Does CLIENT 1 or CLIENT 2 own a mortgage and/or promissory note? _____
2. Names on the note or mortgage: _____
3. Principal balance remaining due \$ _____
4. Is the mortgage marketable (*can it be sold?*): _____
5. If marketable, what could you sell it for? _____

SAFETY DEPOSIT BOX

1. Name of bank where Safety Deposit Box is held: _____
2. Branch address: _____
3. Safety Deposit Box Number: _____
4. Who is authorized to enter the box? _____

MONTHLY INCOME SUMMARY

List all income amounts - gross and net where applicable - that CLIENT 1 and/or CLIENT 2 receives per month:

Source	CLIENT 1 Gross	CLIENT 1 Net	CLIENT 2 Gross	CLIENT 2 Net	Name & Address of Company
Social Security					
Private Pension					
Railroad Retire.					
Veteran's Benefits					
Civil Service					
Interest Income					
Dividend Income					
Alimony					
Rental Income					
Distributions from IRA/retirement					
Wage from Job					
Self-Employment Income					
TOTAL INCOME					

DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE

(copies are sufficient)

1. Current Will
2. Codicils to Will
3. Trust Agreement
4. Trust Amendments
5. Durable Power of Attorney
6. Health Care Surrogate
7. Living Will
8. Any other estate planning documents
9. Driver's License or other identification for CLIENT 1 and CLIENT 2

DOCUMENTS YOU MAY NEED TO PROVIDE LATER

It is a good idea to keep these documents handy.

1. Copy of long term care policy for CLIENT 1 and/or CLIENT 2. Please include benefit page.
2. Copies of most current statements from financial institutions: For all OPEN accounts: *(checking, savings, Certificate of Deposits, brokerage, etc.)*
3. Copies of stock certificates, bonds, CDs, U.S. government bonds, municipals, annuities, Individual Retirement Accounts (IRAs), or any other deferred compensation plans for CLIENT 1 and/or CLIENT 2.
4. Copy of any prepaid burial or cremation contract for CLIENT 1 and/or CLIENT 2 and copy of deed to cemetery plot owned by CLIENT 1 and/or CLIENT 2. Copy of any special burial bank account for CLIENT 1 and/or CLIENT 2.
5. Copy of deed to residence, current real estate tax bill, homeowner's insurance policy and premium statement. Copy of deed(s), tax bill, and proof of insurance for any other real property owned by CLIENT 1 and/or CLIENT 2.
6. Copy of life insurance policies for CLIENT 1 and/or CLIENT 2. Pages needed are the cover page, Declarations page which lists the information about the policy and the beneficiary information.
7. Copy of any mortgage and/or promissory note OWING to CLIENT 1 and/or CLIENT 2.

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes must be reported as soon as possible.

Sign: _____

Date: _____

Sign: _____

Date: _____

