



TULLY LAW GROUP

ELDER CARE AND ESTATE PLANNING

HONOR & PROTECT

Confidential Client Planning Information

These questions pertain to the person(s) for whom we are planning. Please do your best to complete it but don't worry if you don't have all of the requested information.

Please bring it with you to our meeting and call if you need any help.

Thank you!

**532 Broadhollow Road, Ste. 123
Melville, NY 11747**

**700 Old Country Road, Ste. 2
Riverhead, NY 11901**

(631) 424-2800

www.tullyelderlaw.com

Personal Information

Name of Husband/Father/Single Male/Spouse: _____

Date of Birth: _____ Age: _____

US Citizen: Yes No US Veteran: Yes No Dates of Service: _____

Social Security No. : (only if requested by attorney) _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Name of Wife/Mother/Single Female/Spouse: _____

Date of Birth: _____ Age: _____

US Citizen: Yes No US Veteran: Yes No Dates of Service: _____

Social Security Number: (only if requested by attorney) _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Are you married? Yes No Is this a second marriage? Yes No

Are you widowed? Yes No Date of Death: _____ State: _____

Are you currently divorced and single? Yes No Year of Final Divorce: _____

Children

Do you have Children? Yes No How Many? _____

Are any children from a previous marriage? Yes No

Are any children formally adopted? Yes No

Are any step-children (not adopted)? Yes No

Has a child predeceased you? Yes No

Name: _____ Date: _____

Was he/she married? Yes No Did he/she have children: Yes No

Child # 1 Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 2 Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 3 Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 4 Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Do you have Grandchildren? Yes No How Many? _____

Do any of your children or grandchildren have any special needs or disabilities? Yes No

Are any of your children or grandchildren receiving government benefits? Yes No

Do any of your children or grandchildren have any financial or personal issues (poor marriage, creditors, addictions, gambling, etc.)? Yes No

Health

Do you have any health related issues? If yes, please list the issues/diagnoses:

Husband/Father/Single Male/Spouse: _____

Primary Physician Name: _____

Wife/Mother/Single Female/Spouse: _____

Primary Physician Name: _____

Are there any problems with memory or understanding, overall capacity?

Husband/Father/Individual Male/Spouse: Yes No

Wife/Mother/Individual Female/Spouse: Yes No

Is one spouse/parent in a HOSPITAL now or in the recent past? Yes No
When and Why? _____

Is one spouse/parent in a REHAB or NURSING HOME now or in the recent past? Yes No
When and Why? _____

Do you require assistance with the Activities of Daily Living?

	Husband/Father/Single Male/Spouse:		Wife/Mother/Single Female/Spouse:	
	Yes	No	Yes	No
Bathing				
Dressing				
Transferring from bed/ chair				
Walking				
Eating				
Toileting				
Grooming				
Taking medication				

If you are a US Veteran, do you have a documented disability from service? Yes No

Financial

Real Estate

Primary Residence - If Owned

Do you own the Residence listed as your address in Section 1: Yes No

Owner(s) on Deed: _____

Fair Market Value (FMV):\$ _____ Mortgage Balance: \$ _____

Did you purchase this home? Yes No

Purchase Price: _____ Year Purchased: _____

Have you made capital improvements to this home? Yes No

Do you own other Real Estate in New York? Yes No

Address: _____

Owners: _____

Mortgage Yes No Balance: \$ _____

Purchase Price: _____ Year Purchased: _____

Fair Market Value (FMV):\$ _____

Do you own other Real Estate outside of New York? Yes No

Address: _____

Owners: _____

Mortgage Yes No Balance: \$ _____

Purchase Price: _____ Year Purchased: _____

Fair Market Value (FMV):\$ _____

Primary Residence – If You Rent

Monthly Rent \$ _____ Inclusive of Utilities? Yes No

Bank Accounts

1. Bank: _____ Type of Account: _____
Owner(s): _____ Balance: \$ _____
2. Bank: _____ Type of Account: _____
Owner(s): _____ Balance: \$ _____
3. Bank: _____ Type of Account: _____
Owner(s): _____ Balance: \$ _____
4. Bank: _____ Type of Account: _____
Owner(s): _____ Balance: \$ _____

Do you have a safe deposit box? Yes No

Owner: _____ Bank: _____

Investments (stocks, bonds, mutual funds)

1. Company: _____ Type of Account: _____
Owner(s): _____ Beneficiary: _____
Balance: \$ _____
2. Company: _____ Type of Account: _____
Owner(s): _____ Beneficiary: _____
Balance: \$ _____
3. Company: _____ Type of Account: _____
Owner(s): _____ Beneficiary: _____
Balance: \$ _____
4. Company: _____ Type of Account: _____
Owner(s): _____ Beneficiary: _____
Balance: \$ _____

Retirement Accounts (IRA's, 401k's, 403b's, TSA's)

1. Company: _____ Owner(s): _____
Type of Account: _____ Beneficiary: _____ Balance: \$ _____
2. Company: _____ Owner(s): _____
Type of Account: _____ Beneficiary: _____ Balance: \$ _____
3. Company: _____ Owner(s): _____
Type of Account: _____ Beneficiary: _____ Balance: \$ _____

Education / Minor's Accounts (529's, UGMA/UTMA, etc.)

1. Company: _____ Type of Account: _____
Beneficiary: _____ Balance: \$ _____
2. Company: _____ Type of Account: _____
Beneficiary: _____ Balance: \$ _____
3. Company: _____ Type of Account: _____
Beneficiary: _____ Balance: \$ _____

Life Insurance

1. Company: _____ Owner(s): _____
Whole or Term: _____ Beneficiary: _____
Cash Value: \$ _____ Death Benefit: \$ _____
2. Company: _____ Owner(s): _____
Whole or Term: _____ Beneficiary: _____
Cash Value: \$ _____ Death Benefit: \$ _____
3. Company: _____ Owner(s): _____
Whole or Term: _____ Beneficiary: _____
Cash Value: \$ _____ Death Benefit: \$ _____

Non-Qualified Annuities

1. Company: _____ Owner(s): _____

Deferred or Immediate: _____ Beneficiary: _____ Balance: \$ _____

2. Company: _____ Owner(s): _____

Deferred or Immediate: _____ Beneficiary: _____ Balance: \$ _____

Do you have Pre-Paid funeral arrangements? Yes No

Is it Irrevocable or Revocable? Irrevocable Revocable

Do you have burial plots? Yes No

Business Assets

Do you own an interest in a business? Yes No

Is it a family business? Yes No

Are there any Partners? Yes No

If Yes, who? _____

What type of entity is it? Sole Proprietorship C Corp. S Corp. LLP/LLC

Does the business entity own assets? _____

If Yes, what: _____

Are there any business agreements? _____

Are there any Gross Sales? _____ Estimate Net Annual Sales? _____

Is there a CPA for this business, if so, who? _____

Miscellaneous Property

Do you have items of significant value? jewelry, antiques, art, collections: Yes No

Debts

Is any money owed to you? Yes No

Do you have debt besides the mortgage(s) on your home? Yes No

Income

Who (Self/Husband/Wife/Spouse)	Type (Soc. Sec./Pension/RMD's etc)	Monthly/Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

If a Pension and are married, are there any survivor benefits for your spouse? Yes No

Do you receive any payments from the Government? Yes No

Long Term Care Insurance

Do you have Long Term Care Insurance? Yes No
Please provide copy of policy for review.

Gifting

Have you gifted any money over the last 5 years? Yes No

Health Insurance

Do you have private "employer" health insurance? Yes No

Do you have health benefits through a former employer? Yes No

Do you have Medicare A? Yes No

Do you have Medicare B? Yes No

Do you have Medicare Advantage C? Yes No

Do you have Medicare Prescription D? Yes No

Do you have New York EPIC? Yes No

Do you have Medicaid? Yes No

Do you have a Medicare Supplemental Policy? Yes No

If yes, which Plan (A – N)? _____

Other Involved Parties

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____