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!

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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:
Bathing	Yes No	Yes No
Dressing	Yes No	Yes No

Transferring from bed/ chair	Yes	No	Yes	No
Walking	Yes	No	Yes	No
Eating	Yes	No	Yes	No
Toileting	Yes	No	Yes	No
Grooming	Yes	No	Yes	No
Taking medication	Yes	No	Yes	No

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: ____