

**** Confidential Planning Information (for Married Couple) ****

for use by the Elder Law Practice of Timothy L. Takacs

Your appointment with us is: _____.

Our address is 201 Walton Ferry Road, Hendersonville, Tennessee.

These questions pertain to the persons, Husband and Wife, for whom we are planning.

Please do your best, but don't worry if you don't have all of the information to complete this. Please call us at (615) 824-2571 if you have any questions or concerns about completing this form.

Date: _____ **Referred by:** _____

1. Personal Information (about the persons for whom we are planning)

Husband: _____ **Wife:** _____

Address: _____

Phone: _____

Email: _____

Date of birth: _____

Place of birth: _____

SSN: _____

U. S. citizen?: Yes No

Yes No

Veteran?: Yes No

Yes No

If Yes, dates of service:

If Yes, dates of service:

Branch of service:

Branch of service:

Date and place of marriage: _____

Place Where You Live	Husband / When?	Wife / When?
Single-family home or apartment	<input type="checkbox"/> /	<input type="checkbox"/> /
Same, but you need assistance	<input type="checkbox"/> /	<input type="checkbox"/> /
Retirement living community	<input type="checkbox"/> /	<input type="checkbox"/> /
Assisted-living facility	<input type="checkbox"/> /	<input type="checkbox"/> /
Nursing home	<input type="checkbox"/> /	<input type="checkbox"/> /
Other	<input type="checkbox"/> /	<input type="checkbox"/> /

If you are not now living at home, please give the name of the facility where you live.

2. Information About Your Health (Husband)

1. What medical or health problems do you currently have?

2. What medical problems have you had in the past?

3. When were you last in the hospital, and why?

4. Please attach a list of the drugs you are currently taking to this workbook.

Information About Your Health (Wife)

1. What medical or health problems do you currently have?

2. What medical problems have you had in the past?

3. When were you last in the hospital, and why?

4. Please attach a list of the drugs you are currently taking to this workbook.

3. Children

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____

Do you have any dependents (someone who depends on you, in whole or in part, for their support)?
 Yes No

If yes, who?: _____

Are any of your children or other family members receiving Supplement Security Income, Social Security Disability; or, whether or not receiving any benefits, is blind or has any major disabilities?
 Yes No

If yes, who?: _____

4. Resources

Monthly Income

Do not list interest or dividend income.

Source	Husband	Wife
Social Security:		
Pension:		
Other:		
Total:		

Real Estate You Own

Address	Owner(s)	Tax Value	Mortgage	Date Acquired

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

Life Insurance	Policy 1	Policy 2	Policy 3
Company Name			
Policy Owner			
Insured			
Beneficiary			
Death Benefit (face value)			
Current Cash Value (if any)			
Loan Against Policy (if any)			

Do either of you have Long-Term Care Insurance? Yes No

Your Medicare Plan: *Traditional Medicare* OR *Medicare Advantage (e.g. Healthspring)*

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.):

Personal Property (Item)	Value

Do either of you have a prepaid funeral, burial, or cremation? Yes No. Describe the arrangements:
Husband:

Wife:

Have either of you given away any money or property within the past 60 months? Yes No. If Yes, what did you give away, when, and to whom?:

5. Estate Planning

Do you have any of the following documents?	Husband	Wife
Durable Power of Attorney Name of Power of Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney Name of Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you do, please bring them with you to the meeting.

6. Notes, Comments, Explanation: