TAKACS MCGINNIS
ELDER CARE LAW

** Confidential Planning Information **

Your appointment with us is ________________________________

These questions pertain to the person for whom we are planning. Please do your best, but do not worry if you don't have all of the information. Please call us if you need help.

Date:____________________ **Referred by:**____________________

1. Personal Information

	Spouse 1		**Spouse 2 (if applicable)**
Name:	____________		____________
Address:	____________		____________
County:	____________		____________
Phone:	____________		____________
Email:	____________		____________
SSN:	____________	SSN:	____________
Birth date:	____________		____________
US citizen?:	☐Yes ☐No	**Prior Claims?:**	☐Yes ☐No **Prior Claims?:**
Veteran?:	☐Yes ☐No	☐ Yes ☐ No	☐Yes ☐No ☐ Yes ☐ No
	Dates of service: ________		Dates of service:________
	Branch of service: ________		Branch of service:________

Spouse's maiden name: ____________Date and place of marriage:____________

Date of Death(if applicable): ____________ Date of Divorce(if applicable): ____________

2. Will you be the primary contact? ☐ **Yes** ☐ **No If no, Who?** ____________

Your primary contact person(s): Landline ☐ Cell ☐ Text ☐ Email ☐ Mail ☐ Fax ☐ Other ________

Name:	____________	Name:	____________
Address:	____________	Address:	____________
Phone:	____________	Phone:	____________
Email:	____________	Email:	____________
	____________		____________

List all children – adopted, living, deceased, step and estranged

3. Children

Name:		Name:	
City/State:		City/State:	
DOB:		DOB:	
Phone:		Phone:	
Email:		Email:	
Spouse:		Spouse:	

Name:		Name:	
City/State:		City/State:	
DOB:		DOB:	
Phone:		Phone:	
Email:		Email:	
Spouse:		Spouse:	

Name:		Name:	
City/State:		City/State:	
DOB:		DOB:	
Phone:		Phone:	
Email:		Email:	
Spouse:		Spouse:	

a. Do you have anyone who depends on you, in whole or in part, for their support? ☐ Yes ☐ No
If yes, who?:______________________________
b. Are any of your 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. Information About Your Health (Spouse 1)

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

b. Please attach a list of the drugs you are currently taking to this workbook (or list them below).

5. Information About Your Health (Spouse 2)

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

b. Please attach a list of the drugs you are currently taking to this workbook (or list them below).

6. Resources—Failure to disclose assets could completely change the parameters of your plan, therefore it is imperative you disclose everything in writing.

a. ALL Monthly GROSS Income (SS, VA, pension, employment, RMD's from IRAs, and rental)

Source	Spouse 1	Spouse 2		Financial Advisor
Social Security:			Name	
Pension:			Company	
Other:			Phone	
Other:			Email	
Other:				
Total:				

b. Real Estate (please bring your deeds with you for us to copy)

Address	Owner(s)	Tax Value	Mortgage	Date Acquired

c. All Other Assets: Bank accounts, CDs, annuities, stocks, retirement plans, and the like

Type of Asset	Financial Institution	Who owns it?	Beneficiary	Value

d. Life Insurance (including any policies through your employer)

Policy Details	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company name					
Policy owner					
Insured					
Beneficiary					
Death benefit (face value)					
Current cash value (if any)					

e. Large items of personal property you own (cars, boats, RVs, farm equipment, etc.)

Personal Property (Item)	Value

7. Health Insurance and Long-Term Care Insurance

a. Supplemental Health Insurance:

Spouse 1:___________________ Spouse 2:_______________________

b. Long-Term Care Insurance Name of Company:__________________________________

Spouse 1: Yes ☐ No ☐ Length of Policy: ____________________________________

Spouse 2: Yes ☐ No ☐ Benefit Amount: _____________________________________

Bring summary of coverage for all policies

8. Final Arrangements

Prepaid funeral, burial, cremation? Spouse 1: Yes ☐ No ☐ / Spouse 2: Yes ☐ No ☐

9. Gifts and Transfers

Has any money or property been given away within the past 60 months? ☐ Yes ☐ No

If Yes, what was given away, when, and to whom?:

10. Estate Planning: If you have any relevant documents, please bring them with you.

Checklist of things to bring with you.

- ☐ Durable Power of Attorney
- ☐ Living Will or Health Care Power of Attorney
- ☐ Will/Handwritten Will
- ☐ Trust and any amendments
- ☐ DD214/Other VA documents
- ☐ Deed(s) to your property (all)
- ☐ Long Term Care Insurance Policy
- ☐ Other: ____________________