

**C&E 2014 CLIENT QUESTIONNAIRE**

<b>CLIENT</b>		<b>SPOUSE</b>
	<b>NAME</b>	
	<b>ADDRESS</b>	
	<b>TELEPHONE(S)</b>	
	<b>E-MAIL(S)</b>	
	<b>OCCUPATION</b>	
	<b>BIRTH DATE (Age)</b>	
	<b>PREVIOUS MARRIAGE (Y/N)</b>	
	<b>CHILDREN FROM PRIOR MARRIAGE</b> (Please include ages, and denote "d" if deceased)	
	<b>CHILDREN FROM CURRENT MARRIAGE</b> (Please include ages, and denote "d" if deceased)	
	<b>GRANDCHILDREN</b> (Please include ages, and denote "d" if deceased)	

Are any of the children/grandchildren listed above disabled? \_\_\_\_\_

Are any of the children/grandchildren living with you now? \_\_\_\_\_

<b>Minors (Minor Children and Minor Grandchildren)</b>			
<b>If you have minor children:</b>	Who would you appoint guardian of them (care)?	<u>First Choice:</u>	<u>Second Choice:</u>
	Who would you appoint guardian of their property?	<u>First Choice:</u>	<u>Second Choice:</u>
<b>If you have minor grand-children:</b>	Besides their parent(s), who would you make responsible for funds given to them, if necessary?	<u>Trustee First Choice:</u>	<u>Trustee Second Choice:</u>

## DISPOSITIVE PLANNING

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

<u>Personal property:</u> (if multiple items, attach sheet)	<b>Primary Beneficiary of Will</b> (“If I should die, I wish my property to pass to...”)  <b>Feel free to list specific gifts of personal property on a separate sheet</b>	<u>Personal property:</u> (if multiple items, attach sheet)
<u>Intangible property:</u>		<u>Intangible property:</u>
<u>Real Estate:</u>		<u>Real Estate:</u>
<u>Personal property:</u> (if multiple items, attach sheet)	<b>Secondary Beneficiary of Will</b> (“If my above beneficiary should predecease me, then I wish my property to pass to...”)  <b>Feel free to list specific gifts of personal property on a separate sheet</b>	<u>Personal property:</u> (if multiple items, attach sheet)
<u>Intangible property:</u>		<u>Intangible property:</u>
<u>Real Estate:</u>		<u>Real Estate:</u>
	<b>Executor of Will</b>	
	<b>Back-up Executor of Will</b>	
	<b>Primary Agent (Healthcare POA)</b>	
	<b>Back-up Agent (Healthcare POA)</b>	
	<b>Primary Agent (Financial POA)</b>	
	<b>Back-up Agent (Financial POA)</b>	

## INCOME

CLIENT		SPOUSE
	<b>Employment - Wages</b>	
	<b>Pension</b>	
	<b>Social Security</b>	
	<b>Other</b>	

## DEBT/EXPENSES (for Medicaid-planning clients)

CLIENT		SPOUSE
	<b>Monthly household expenses</b>	
	<b>Other</b>	

**ASSETS**

<b>Bank Accounts (Checking, Savings, CDs, Money Market, Investment Accounts, Annuities)</b>					
<b>Owner</b>	<b>Joint owner, if any</b>	<b>Type of Account</b>	<b>Financial Institution</b>	<b>Value</b>	<b>Beneficiary, if any</b>
<b>Real Estate</b>					
<b>Owner</b>	<b>Joint owner, if any</b>	<b>Type of Property</b>	<b>Location (County, State)</b>	<b>Value</b>	<b>Mortgage Amount</b>
<b>Retirement Plans (IRA, Roth IRA, 401k, Keogh, any other retirement account)</b>					
<b>Owner</b>	<b>Beneficiary Primary</b>	<b>Beneficiary Contingent</b>	<b>Type of Account</b>	<b>Financial Institution/ Broker</b>	<b>Value</b>
<b>Stocks, Bonds, Etc.</b>					
<b>Owner</b>	<b>Joint Owner(s), if any</b>	<b>Number of Shares</b>	<b>Company</b>	<b>Value</b>	<b>Beneficiary, if any</b>
<b>Life Insurance</b>					
<b>Owner</b>	<b>Beneficiary Primary</b>	<b>Beneficiary Contingent</b>	<b>Type of Life Insurance</b>	<b>Institution</b>	<b>Cash Value</b>

**ASSETS (Continued)**

<b>Miscellaneous Assets (Anything not mentioned above)</b>					
<b>Owner</b>	<b>Joint owner, if any</b>	<b>Type of Asset</b>	<b>Financial Institution</b>	<b>Value</b>	<b>Beneficiary, if any</b>

**GIFTS – Have you:**

- (1) Made any gifts whatsoever within the past 5 years? (very important if you are over 60)
- (2) Made any gifts over \$50,000 within any year *ever*?

<b>Gifts</b>			
<b>Date of Gift</b>	<b>Recipient</b>	<b>Amount</b>	
			<p>Gifts to others affect Medicaid eligibility; if you are over the age of 60 years old, please consider the answer to this question carefully, especially if those gifts were within the past five (5) years.</p>

**HEALTH/LIVING SITUATION**

<b>CLIENT</b>		<b>SPOUSE</b>
	<b>Describe your overall health, including any recent major diagnoses</b>	
	<b>Does your child provide you assistance? What types of assistance?</b>	
	<b>Do you currently contemplate nursing home care within the next 24 months?</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_