

**CONFIDENTIAL  
ELDER LAW  
QUESTIONNAIRE  
  
FOR**

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Name (s)

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Date

How did you find out about us?

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**This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at 272 Hardie Avenue Southwest, Renton, WA 98057 on \_\_\_\_\_, 2015 @ \_\_\_\_\_. Please complete this form and forward a copy to our office one week before your appointment along with all supporting written documentation, including any previously executed estate planning documents. IF THIS QUESTIONNAIRE IS NOT COMPLETED AND RETURNED TO OUR OFFICE BEFORE YOUR APPOINTMENT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED. Please list all names as they would properly appear on legal documents.**

**INFORMATION of person inquiring about Elder Law Services:**

Name: \_\_\_\_\_  
Cell Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Other Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Present residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Relationship to Individual: \_\_\_\_\_

**INFORMATION of person requiring Elder Law Services:**

Name: \_\_\_\_\_  
Date of Birth/Age: \_\_\_\_\_  
Present residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of residence: \_\_\_\_\_  
Length of time at residence: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

Please describe the issue of the individual's potential legal matter:

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Are there any existing legal matters filed with the court in reference to this matter?

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Please describe the nature of the individual's Elder Law needs, if any (e.g., medical diagnosis, if known, of behavior observed):

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**CURRENT ESTATE PLANNING DOCUMENTS**

Has the person requiring Elder Law Services previously executed any of the following estate planning documents? If so, and they are presently in effect, please bring the originals to our meeting:

|                                     | Date Documents were signed |
|-------------------------------------|----------------------------|
| Revocable or Irrevocable Trust      | _____                      |
| Last Will and Testament             | _____                      |
| Community Property Agreement        | _____                      |
| Premarital Agreement                | _____                      |
| Durable Power of Attorney           | _____                      |
| Living Will / Health Care Directive | _____                      |
| Other: _____                        | _____                      |

**Income Information of person requiring Elder Law Services:**

|                          |          |
|--------------------------|----------|
| <b>Income:</b>           |          |
| Social Security:         | \$       |
| SSI:                     | \$       |
| VA/Railroad/CSA Pension: | \$       |
| Retirement Pension:      | \$       |
| Wages:                   | \$       |
| Interest and Dividends:  | \$       |
| Other:                   | \$       |
| <b>Total Income:</b>     | \$ _____ |

**HEALTH INSURANCE**

|   |
|---|
| <p><b>Medicare/Private Insurance/Medicare HMO</b></p> <p>Company: _____</p> <p>Address: _____</p> <p>Telephone: _____</p>   |
| <p><b>Medicare Supplement</b></p> <p>Company: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Monthly Premium: _____</p> <p>Deduction from pension? _____</p> <p>Auto payment from bank account? _____</p> |
| <p><b>Long Term Care Insurance</b></p> <p>Company: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Daily benefit: _____</p> <p>Elimination period: _____</p> <p>Is it an indemnity policy? _____</p>       |

**PERSONAL PROPERTY**

(Includes automobiles, manufactured homes, R.V.s, Boats)

|   |  |
|---|--|
| Description of Property<br>Titled?<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | Value and how valued?<br><hr/> <hr/> <hr/> <hr/> |
|---|--|

**STATEMENT OF ASSETS AND LIABILITIES**

| <u>ASSETS</u>   | <u>LIABILITIES</u>  |
|---|---|
| Cash \$ _____<br><hr/>  | <hr/> <hr/>   |
| Stocks & Bonds \$ _____<br><hr/>                                      | MORTGAGES ON REAL ESTATE \$ _____<br><hr/>                  |
| Real Estate \$ _____<br><hr/>   | CHARGE ACCOUNTS \$ _____<br>Credit Card Debt _____<br><hr/> |
| Corporations,<br>Partnerships or other<br>business interests \$ _____ | BANK LOANS & NOTES \$ _____                                 |

| <u>OTHER ASSETS (Itemize)</u> | <u>OTHER LIABILITIES (Itemize)</u> |
|-------------------------------|------------------------------------|
| _____ \$ _____                | _____ \$ _____                     |
| _____ \$ _____                | _____ \$ _____                     |
| _____ \$ _____                | _____ \$ _____                     |
| _____ \$ _____                | _____ \$ _____                     |
| _____ \$ _____                | _____ \$ _____                     |

|                      |          |                           |          |
|----------------------|----------|---------------------------|----------|
| _____                | \$ _____ | _____                     | \$ _____ |
| _____                | \$ _____ | _____                     | \$ _____ |
| _____                | \$ _____ | _____                     | \$ _____ |
| _____                | \$ _____ | _____                     | \$ _____ |
| _____                | \$ _____ | _____                     | \$ _____ |
| <b>TOTAL ASSETS:</b> | \$ _____ | <b>TOTAL LIABILITIES:</b> | \$ _____ |

**NET WORTH:** \$ \_\_\_\_\_

**LIFE INSURANCE**

|   |                   |
|---|-------------------|
| Company Name: _____<br>Address: _____<br>_____                      | Policy #: _____   |
| Owner: _____<br>Beneficiary: _____<br>Contingent Beneficiary: _____ | Face Value: _____ |

**RETIREMENT PLAN BENEFITS**

Employer  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Plan Administrator  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Primary Beneficiary of Death Benefit \_\_\_\_\_

Secondary Beneficiary of Death Benefit \_\_\_\_\_

**INDIVIDUAL RETIREMENT ACCOUNTS**

Sponsor (Bank, Savings & Loan, Mutual Fund, Brokerage Firm, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Current amount in account \$ \_\_\_\_\_

Primary beneficiary of death benefit \_\_\_\_\_

Secondary beneficiary of death benefit \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
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