

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

Estimate: \_\_\_\_\_

# CLARK & BRADSHAW, P.C.

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## FINANCIAL AND LONG TERM CARE PLANNING QUESTIONNAIRE

### CLIENT:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

US Citizen?  Yes  No

Social Security No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

Home Fax No.: \_\_\_\_\_

Office Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you registered to vote in Virginia?  Yes  No

Do you hold a Virginia driver's license?  Yes  No

Do you own real estate in any state other than Virginia or in another country?  Yes  No

If YES, explain on a separate sheet of paper.

Location of safe deposit box: \_\_\_\_\_

### SPOUSE:

Full Name: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

US Citizen?  Yes  No

Social Security No.: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you registered to vote in Virginia?  Yes  No

Do you hold a Virginia driver's license?  Yes  No

Do you own real estate in any state other than Virginia or in another country?  Yes  No

### MARRIAGE INFORMATION

Date and Place of Current Marriage: \_\_\_\_\_

1. Is your current marriage, you and your Spouse's only marriage?  Yes  No

If YES, skip to next section.

If NO, did the previous marriage end by divorce?  Yes  No

If YES, please provide a copy of the divorce decree and any settlement agreement.

## CHILDREN

List **ALL** children (by birth, adoption, or marriage) regardless who is the legal parent or guardian of the child (you or your spouse).

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

## SPECIAL NEEDS

Do you or your spouse have any significant health problems?  **Yes**  **No**

Do any of your children have any significant health problems?  **Yes**  **No**

If **YES** to either question, please explain on a separate sheet of paper.

## MEDICAID APPLICATION INFORMATION

Have you ever applied for Medicaid?  Yes  No  
 If **YES**, please provide a copy of the denial or acceptance letter and Resource Assessment Statement.

### GIFTS

Please list gifts made in excess of \$1,000 in any one month, to an individual or group of individuals, within the past 60 months:

Recipient \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Recipient \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Recipient \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Recipient \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Recipient \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Have you ever filed a Federal Gift Tax Return? Yes  No

If **YES**, to either question, please explain on a separate sheet of paper and provide copies of any documentation relating to those gifts including gift tax returns.

### ASSETS

	Client	Spouse
Cash & Checking	\$	\$
Money Market Accounts	\$	\$
Life Insurance Cash Value	\$	\$
Other Liquid Assets	\$	\$
Certificates of Deposit	\$	\$
Loans Made (to children, for example)	\$	\$
Bonds	\$	\$
Stocks	\$	\$
Mutual Funds	\$	\$

IRAs	\$	\$
Partnership/Proprietorship Interests	\$	\$
Closely Held Business Stock	\$	\$
401(k) or 403(b) Accounts	\$	\$
Annuities	\$	\$
Other Investments	\$	\$
Residence (please provide tax bills)	\$	\$
Other Real Estate (please provide tax bills)	\$	\$
Automobiles	\$	\$
Other Personal Property	\$	\$

**LIABILITIES**

	Client	Spouse
Home Mortgage		
2nd Mortgage		
Automobile Loan		
Credit & Charge Accounts		
Business Loans		
Other Loans Payable		

**LIFE INSURANCE (bring policies to conference)**

Insured	Type of Policy	Death Benefit	Owner	Primary Beneficiary	Secondary Beneficiary

**MONTHLY INCOME**

	Client	Spouse
Salary		
Social Security Income (please provide copy of annual statement)		
Retirement Income (please provide copy of annual statement)		
Dividends and Income		
<b>TOTAL MONTHLY INCOME</b>		

**MONTHLY EXPENSES**

	Client	Spouse
Rent/ Mortgage Payment		
Nursing Home or Assisted Living Facility Cost – please provide copy of documentation from facility		
Medicare Part B Premium		
Medicare Supplement Insurance Premium, if any.		
Monthly Prescription Costs – not covered by insurance		
Any other health insurance premiums		
Other medically related expenses		
<b>TOTAL MONTHLY EXPENSES</b>		

**LIST YOUR ADVISORS**

Accountant: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Attorney: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Bank Trust Officer: \_\_\_\_\_

## GENERAL QUESTIONS

If the answer to any of the following questions is **YES**, please explain fully on a separate sheet of paper.

- |    |   |  |
|----|---|--|
| 1. | Have either you or your spouse changed your name by a court?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | What either spouse ever a member of the U.S. Armed Forces?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Do you or your spouse anticipate receiving any inheritances?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are you or your spouse currently appointed guardian or conservator?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Are you or your spouse currently appointed as agent under a power of attorney?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Are you or your spouse currently appointed as agent under a power of appointment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Do you or your spouse currently serve as executor or administrator of an estate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are you or your spouse currently involved in a lawsuit?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Do you or your spouse have any trusts for yourself or other family members?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## PRIOR WILLS AND DOCUMENTS

Please provide copies of the following documents:

Last Will and Testaments	Trusts	Powers of Attorney
Marital agreements	Living Wills	Advance medical directives
Deeds to real estate	Divorce decrees & Settlement agreements	

## QUESTIONS OR CONSIDERATIONS

Please list an questions or considerations which you wish to discuss at our conference.

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