QUESTIONNAIRE FOR ELDER LAW

This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial estate planning for your situation. If the question does not apply to you, please indicate “N/A.” The information you provide is held in strict confidence.

# Part I: Client Information

|  |  |
| --- | --- |
| Your Full Name: |  |
| Address: |  |
| Home Telephone No.: |  |
| Cell Telephone No.: |  |
| Work Telephone No.: |  |
| E-mail address: |  |

**Information on Individual to receive Medicaid assistance:**

|  |  |
| --- | --- |
| Full Name: |  |
| Current Address: |  |
| Social Security No.: |  |
| U.S. Citizen: | □ Yes □ No |
| Marital Status: | □ Married □ Divorced □ Widowed □ Single |
| If married, spouse’s full name: |  |

**CHILDREN**

**Please list children, if any:**

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Please list your grandchildren, if any:**

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Part II: Information About Medicaid Recipient’s Assets

Please put an estimated value on each asset owned by Medicaid recipient and spouse and indicate which of you owns the asset by listing it in the appropriate column.

# Income

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Source**  **(Name of Payor)** | **To Husband** | **To Wife** | **Other** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Assets

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Owned by Husband** | **Owned by Wife** | **Owned Jointly** |
| Home |  |  |  |
| Vacation Home |  |  |  |
| Other Real Estate |  |  |  |
| Other Real Estate |  |  |  |
| Checking Accounts |  |  |  |
| Savings  Accounts |  |  |  |
| Certificates  Of Deposit |  |  |  |
| Money Market |  |  |  |
| Mutual Funds |  |  |  |
| Securities |  |  |  |
| Royalties |  |  |  |
| Life Insurance (type) |  |  |  |
| Furniture |  |  |  |
| Vehicles |  |  |  |
| Annuities |  |  |  |
| Jewelry |  |  |  |
| Collectibles |  |  |  |
| IRAs |  |  |  |
| 401(k) or  Keogh |  |  |  |
| Other |  |  |  |
| Retirement Plans |  |  |  |
| Closely-Held  Stock |  |  |  |
| Other Assets |  |  |  |
| **TOTAL** |  |  |  |

LIABILITIES

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Of Husband** | **Of Wife** | **Joint** |
| Home Mortgage |  |  |  |
| Other Mortgage |  |  |  |
| Other Mortgage |  |  |  |
| Auto Loans |  |  |  |
| Other debt |  |  |  |
| Other debt |  |  |  |
| Other debt |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
| **NET WORTH** |  |  |  |

|  |  |
| --- | --- |
| Please list all real property owned by either of you, if there are any other owners and how ownership in that property is held:   (We may ask you to provide a copy of the deeds for any real estate you currently own.) |  |
| Are any of your debts insured? If yes, which ones? |  |
| Have either of you ever filed a federal gift tax return?  If yes, what was the total amount of gift tax paid:  *(We may ask you to provide a copy of each such return.)* |  |
| By Husband:  By Wife: |  |
| Have either of you ever established any trusts?  If yes, please explain: What is the current value of the assets placed in each trust?  *(We may ask you to provide a copy of the trust documents.)* |  |
| Is either of you the current or prospective beneficiary or trustee under a trust instrument established by any other person?  If yes, please explain: |  |
| Is either of you the owner of any oil and gas exploration interests?  If yes, please describe them:  *(We may ask you to provide a copy of any available documentation, such as mineral deeds or* division order.) |  |
| *Are either of you involved in a closely held business?*  *If yes, what is its name and address?*  *How is it organized (i.e., proprietorship, partnership, corporation, etc.)?*  *Name all the owners of the business and ownership percentage:* |  |
| Do you have an accountant?  If yes, please list name, address and phone: |  |
| Do you have an investment advisor or financial planner?  If yes, please list name, address and phone number: |  |
| Other information that you believe I should know: |  |

Name(s) of person(s) completing the questionnaire:

Tell us how you heard about our firm:

Date

Thank you for taking the time to complete this questionnaire. Please send it to Julia Dean at [julia@juliadeanlaw.com](mailto:julia@juliadeanlaw.com) or bring it with you to our conference.

Julia Kurtz Dean

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