

Please help us by filling out this form for your consultation.

For Office Use Only

FU/C _____@_____

X _____@_____

File No. _____

Confidential Financial Survey

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

Date: _____

NAME OF PERSON REQUIRING CARE: _____

ADDRESS: _____

RECEIVING HOME CARE? _____ YES _____ NO

IF IN NURSING HOME, DATE OF ADMISSION: _____

ADDRESS PRIOR TO ADMISSION: _____

HOME TELEPHONE #: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ REFERRED BY: _____

SPOUSE

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ IF DECEASED, DATE OF DEATH: _____

RESIDENCE ADDRESS (IF DIFFERENT): _____

HOME TELEPHONE # (IF DIFFERENT): _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF CHILDREN:

FAMILY ASSETS

OWN HOME? _____ YES _____ NO

IF YES, TYPE OF OWNERSHIP: _____ JOINT _____ HUSBAND _____ WIFE

ADDRESS: _____

APPROXIMATE VALUE: _____

IS THERE A MORTGAGE ON THE PROPERTY?

_____ YES _____ NO

IS THERE A LIFE ESTATE INTEREST IN ANY PROPERTY?

_____ YES _____ NO

LIST ALL BANK ACCOUNTS AND C.D.'S:

NAME OF BANK	ACCOUNT #	TYPE OF OWNERSHIP	APPROXIMATE BALANCE
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LIST ANY STOCKS, BONDS OR MUTUAL FUNDS OWNED:

NAME OF INSTITUTION	NAME(S) ON TITLE	CURRENT VALUE
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LIST ANY LIFE INSURANCE POLICIES AND/OR ANNUITIES OWNED:

POLICY OWNER	INSURED	CASH VALUE	DEATH BENEFIT
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LIST ANY RETIREMENT FUNDS (IRA'S, 401K'S, ETC.):

ACCOUNT OWNER	BENEFICIARY	CURRENT VALUE

ANY BUSINESS INTEREST/OWNERSHIP?

MARKET VALUE

ANY COLLECTIBLES (ANTIQUES, COINS, JEWELRY, ETC.)?

MARKET VALUE

IS ANY MONEY OWED (MORTGAGE, PERSONAL LOAN, ETC.)?

DESCRIPTION

HAVE ANY ASSETS BEEN TRANSFERRED SINCE 2/1/06?

_____ YES _____ NO

IF YES:

TYPE OF ASSET	VALUE	TRANSFERRED TO	DATE

INCOME:

	APPLICANT	SPOUSE
SOCIAL SECURITY	_____	_____
PENSION:	_____	_____
VETERAN BENEFITS:	_____	_____
OTHER:	_____	_____

OCCUPATION/COMPANY PRIOR TO RETIREMENT: _____

	APPLICANT		SPOUSE	
IS APPLICANT OR SPOUSE A VETERAN?	YES	NO	YES	NO

DO YOU:

- HAVE ANY DEPENDENTS WITH SPECIAL NEEDS?	YES	NO	YES	NO
- HAVE A PREPAID FUNERAL?	YES	NO	YES	NO

IF YES, NAME OF FUNERAL DIRECTOR: _____

- HAVE A BURIAL PLOT?	YES	NO	YES	NO
- OWN AN AUTOMOBILE (NOW OR SINCE 2/1/06)?	YES	NO	YES	NO
- HAVE A SAFE DEPOSIT BOX?	YES	NO	YES	NO
- HAVE A WILL?	YES	NO	YES	NO
- HAVE A TRUST?	YES	NO	YES	NO
- HAVE A POWER OF ATTORNEY?	YES	NO	YES	NO

IF YES, HELD BY WHOM?: _____

- HAVE A HEALTH CARE PROXY?	YES	NO	YES	NO
- HAVE A LIVING WILL?	YES	NO	YES	NO
- EXPECTING AN INHERITANCE?	YES	NO	YES	NO
- HAVE MEDICARE?	YES	NO	YES	NO

ID#: _____ PART A: _____ PART B: _____

HAVE PRIVATE HEALTH INSURANCE?	YES	NO	YES	NO
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IF YES:

COMPANY	ID #	MONTHLY PREMIUM
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PLEASE LET US KNOW IF SOMEONE REFERRED YOU TO US SO THAT WE MAY THANK THEM:

REFERRED BY: _____

NAME OF PERSON PREPARING THIS DOCUMENT:

THE UNDERSIGNED HEREBY REPRESENTS THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AS OF THE DATE FIRST ABOVE WRITTEN.

SIGNATURE: _____

DOCUMENT REQUEST

- ___ 1. Proof of date of birth (birth certificate or baptismal certificate)
- ___ 2. Marriage certificate and death certificate for deceased spouse
- ___ 3. Social Security and Medicare cards
- ___ 4. Health insurance cards and most recent premium
- ___ 5. Discharge papers (if applicant or spouse was a veteran) and separation agreement
- ___ 6. Power of Attorney
- ___ 7. Health Care Proxy and Living Will
- ___ 8. Deed and tax bill for any real estate (including deed with life estate)
- ___ 9. Title to automobile(s)
- ___ 10. Life insurance policies
- ___ 11. Verification of income (social security and pension)
- ___ 12. Pre-paid funeral contracts or burial fund accounts
- ___ 13. All personal bank and brokerage accounts (open or closed) since 2/1/06
- ___ 14. All trust bank and brokerage accounts (open or closed) for the past 5 years
- ___ 15. Copies of all cancelled checks written since 2/1/06 for \$_____ or greater
- ___ 16. Stock certificates and savings bonds
- ___ 17. Deed to cemetery plot
- ___ 18. Information on any other resources
- ___ 19. Original Will & Trust documents
- ___ 20. State and Federal Tax Returns for 3 years, including 1099's

IF YOU CANNOT LOCATE ALL OF THE ABOVE DOCUMENTS, PLEASE KEEP YOUR APPOINTMENT. THE ADDITIONAL DOCUMENTS MAY BE SENT LATER.

Ettinger Law Firm

ESTATE PLANNING • ELDER LAW

Protecting your future



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