



**MARRIED
SENIOR ESTATE PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE**

CONFIDENTIAL

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PERSONAL INFORMATION

Name: _____ SSN: _____

Spouse's name: _____ SSN: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: Telephone Email

Spouse's Work Phone: _____ Cell Phone: _____

Married: Date of Marriage: _____

How did you hear about Alperin Law PLLC? _____

Contact Name and number if other than client: _____

CHILDREN

(*Husband's (H), Wife's (W), Both (B) – Circle One)

1. Name: _____

Address: _____

Telephone: _____ Date of Birth _____ H W B*

2. Name: _____

Address: _____

Telephone: _____ Date of Birth _____ H W B*

3. Name: _____

Address: _____

Telephone: _____ Date of Birth _____ H W B*

ADVISORS

	NAME/FIRM	NUMBER
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____
Accountant	_____	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Y" for Yes or "N" for No for your answer)	Y	N
1. Are you or your spouse receiving Social Security, disability, or other governmental benefits? <i>Describe</i> : _____		
2. Are you a veteran or the widow(er) of a veteran?		
3. Have you and your spouse signed a pre- or post-marriage contract?		
4. Have you or your spouse been widowed?		
5. Have you or your spouse ever filed federal or state gift tax returns?		
6. Have you or spouse completed previous estate planning documents?		
7. Do you currently support a charitable, religious or educational organization?		
8. Are there any charitable organizations that you wish to benefit at the time of your death?		
9. If married, have you lived in any of the following states while married to each other? <i>AZ, CA, ID, LA, NE, NM, TX, WA, or WI</i>		
10. Are you or your spouse currently a beneficiary of anyone else's <u>trust</u> ?		
11. Do any of your children/grandchildren have special educational/medical/physical needs?		
12. Do any of your children or grandchildren receive governmental support or benefits?		
13. Do you provide primary or other major financial support to adult children or others?		

ASSETS

CASH - Checking (CA), Savings (SA), Certificates of Deposit (CD), Money Market Account (MM)

Note: If account is in your name for benefit of a minor, please specify and give minor's name.

NAME OF INSTITUTION	TYPE*	ACCT. NUMBER	OWNER- Husband (H), Wife (W), Joint (JT)	AMOUNT
				\$ _____
				\$ _____
				\$ _____
TOTAL:				\$ _____

RETIREMENT PLANS: Pension (P), Profit Sharing (PS), Keogh (K), Ind. Retirement Acct. (IRA), Other (O)

COMPANY	TYPE OF PLAN	OWNER Husband (H), Wife (W)	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	CURRENT VALUE
					\$ _____
					\$ _____
					\$ _____
TOTAL:					\$ _____

BROKERAGE ACCOUNTS (Other than Retirement Accounts)

Brokerage Firm: _____

Broker's Name and Phone Number: _____

Total Account Balance from Last Statement (less IRAs): \$ _____

Exact Name of Account: _____ Acct. No. _____

MUTUAL FUNDS e.g., Vanguard, Templeton, American Funds

COMPANY	OWNER(S) Husband (H), Wife (W), Joint (JT)	NUMBER OF SHARES	FAIR MARKET VALUE
			\$ _____
			\$ _____
TOTAL:			\$ _____

STOCKS: Held in Certificate Form stocks in publicly owned corporations traded on exchange/over the counter

Note: Stock owned in family or non-publicly traded companies should be listed under corporate business section.

COMPANY	OWNER(S) OF SHARES- (H) (W) (JT)	NUMBER OF SHARES	CURRENT VALUE
			\$ _____
			\$ _____
TOTAL:			\$ _____

BONDS: US Savings Bond, corporate & municipal bonds held by you and note if bond bears P.O.D. designation

TYPE	OWNER(S)- (H) (W) (JT)	VALUE
		\$ _____
		\$ _____
TOTAL:		\$ _____

REAL ESTATE: Deeds or land contract interests

(Land or buildings owned inside a separate entity should be listed under the Partnership section below)

ADDRESS OR DESCRIPTION	OWNER(S): (H) (W) (JT)	PURCHASE PRICE	TAX ASSESSED VALUE	FAIR MARKET VALUE	MORTGAGE BALANCE	EQUITY
Street:						
City/State:						
Street:						
City/State:						
TOTAL EQUITY:						\$ _____

PERSONAL EFFECTS & OTHER ASSETS: furniture, automobiles, jewelry, collectibles, and other personal assets of substantial value (in excess of \$10,000 each) only. Value all other household goods in one lump sum

ITEM	OWNER	VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

ANTICIPATED INHERITANCE, GIFTS OR ANY MONEY OWED TO YOU

Please value and describe all inheritances, gifts, payment of judgments, and notes owed to you that you anticipate.

TOTAL ESTIMATED VALUE: \$ _____

LIFE INSURANCE POLICIES & ANNUITIES use extra pages for additional space

Term, Whole Life, Universal Life, Variable Life, Split Dollar, Group Life, Annuity

Company: _____ Type: _____

Address: _____ Phone: _____

Cash Value _____ Policy No. _____ Face Amount: \$ _____

Owner: _____ Insured: _____

Primary Beneficiary: _____ Who pays

Secondary Beneficiary: _____ premium: _____

CORPORATE BUSINESS INTERESTS privately owned/non-publicly traded corporations ownerships

COMPANY	NO. OF SHARES	PERCENTAGE OWNERSHIP	OWNER(S)	VALUE	BUY/SELL AGREEMENT
				\$ _____	
				\$ _____	
TOTAL:				\$ _____	

PARTNERSHIP INTERESTS partnership interests in general or limited partnerships

PARTNERSHIP NAME	GENERAL PARTNER	LIMITED PARTNER	OWNER(S)	VALUE	BUY/SELL AGREEMENT
				\$ _____	
				\$ _____	
TOTAL:				\$ _____	

LONG-TERM HEALTH CARE INSURANCE

Company: _____

Date of Policy _____ Policy No. _____ Premium: \$ _____

Owner: _____ Home Health Rider: ___ Yes ___ No

Daily Benefit: _____ Term of Benefit: _____

Agent Name: _____ Agent's Company: _____

Address: _____ Phone: _____

SUMMARY Please complete the following Financial Summary

ASSETS	HUSBAND	WIFE	JOINT
Liquid Assets	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Brokerage Accounts / Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks & Bonds	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Personal Effects & Other Assets	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Insurance & Annuities	\$ _____	\$ _____	\$ _____
Corporations / Partnerships,	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL ASSETS:			\$ _____

<u>LIABILITIES</u>	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
Notes on Residence	\$ _____	\$ _____	\$ _____
Other Notes	\$ _____	\$ _____	\$ _____
Automobile Loans	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____
Bills Due	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES:			\$ _____

NET WORTH

	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
-TOTAL LIABILITIES	-\$ _____	-\$ _____	-\$ _____
NET WORTH:	\$ _____	\$ _____	\$ _____
TOTAL FAMILY NET WORTH:			\$ _____

INCOME

1. Fixed (Monthly)	Husband	Wife
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Other Government Retirement	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
TOTAL FIXED INCOME	\$ _____	\$ _____
2. Investment (Monthly)		
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
IRA Withdrawals	\$ _____	\$ _____
Rental	\$ _____	\$ _____
TOTAL INVESTMENT INCOME	\$ _____	\$ _____
TOTAL FAMILY INCOME:		\$ _____

HEALTH INFORMATION

-Physical/Mental Condition/Diagnosis:

Husband: _____

Wife: _____

-Capacity to Execute Legal Documents: ___ Yes ___ No (Husband)

___ Yes ___ No (Wife)

TREATING PHYSICIANS

General Practitioner:

Name: _____ Phone: _____

Address: _____

Specialist (if any):

Name: _____ Phone: _____

Address: _____

Neurological Specialist (if any):

Name: _____ Phone: _____

Address: _____

IN-HOME CARE PROVIDER

Agency: _____

Level of Care: _____

Compensation: _____ How Paid: _____

Contact Information: _____

CHILD CAREGIVER

1. Has any child provided personal care for the parent(s) that might have kept the parent(s) out of Long-Term Care (LTC)? Yes_____ No_____
2. Does LTC spouse/potential LTC spouse have a minor or disabled child? Yes___ No___

LONG-TERM CARE (LTC)

1. Is one spouse in LTC? Yes _____ No _____ Husband _____ Wife _____
If so, date of entry (only if continuous stay since entry) _____
2. Name of LTC facility: _____
Address: _____
Phone No.: _____ Fax No.: _____
Administrator (contact person and position): _____
3. Is facility a Medicaid-certified facility? Yes _____ No _____
4. Are you currently receiving Medicare for care? Yes _____ No _____

HOSPITAL

1. Is one spouse in the hospital? Yes _____ No _____. Husband _____ Wife _____
If so, for how long? _____
Reason: _____
2. Convalescence/rehabilitation in LTC facility expected? Yes _____ No _____
If LTC placement is expected, likely to return home later? Yes _____ No _____

DOCUMENTS REQUIRED

Please bring the documents listed below to the initial conference (if they apply to you).

Estate Planning Representation: required for estate planning purposes:

- _____ Current Estate Planning documents, i.e. Trusts, Wills, Powers of Attorney, etc
- _____ Prenuptial / Postnuptial Agreements
- _____ Decree of Divorce – Property / Settlement Agreement
- _____ Deed(s) to Real Property
- _____ Bank Account Statements
- _____ Brokerage Account Statements
- _____ IRA Statements with Beneficiary Designations
- _____ Life Insurance Policy Face Sheets with Beneficiary Designations.
- _____ Annuity Contracts with Beneficiary Designations
- _____ Corporate / LLC Entity Documents (Articles, Bylaws, Operating Agreements)
- _____ Tax Returns (most current year)
- _____ Death Certificate for Deceased Spouse

Medicaid Eligibility Representation

The following documents are required to determine Medicaid eligibility. If the applicant is married, all of these documents are needed for both spouses.

- _____ Social Security Card/Medicare Card
- _____ Benefits Letter from Social Security. (This is a letter from Social Security verifying the amount of the applicant's Social Security income.) This letter can be obtained by calling the Social Security Administration at 1-800-772-1213. **BE SURE TO SPEAK TO A SOCIAL SECURITY REPRESENTATIVE. DO NOT LEAVE A MESSAGE ON AN ANSWERING MACHINE.**
- _____ Verification of Date of Birth- A birth certificate is usually best. If a birth certificate is not available, written verification of birth date can be obtained upon request through the Social Security Administration.
- _____ Verification of Pension Income- All pension income must be verified from the source. Check stubs are not sufficient. You must provide a letter directly from the pension provider, verifying gross, net, and any anticipated changes in the pension (such as whether the pension is a fixed pension or a pension where the payment may vary).
- _____ Verification of Gross Monthly Income from Any Other Source- A letter from the source is required as Verification of Pension Income.
- _____ Copies of All Insurance Policies and Insurance Cards- Copies of life, accident, health (including Medicare supplemental or Medicare HMO coverage), etc. are required. If there is a life insurance policy, information needs to be obtained as to whether there is a cash surrender value, and if so, what it is.
- _____ Proof of Citizenship- This is only needed if the applicant was born outside the USA.
- _____ Copies of any Guardianship or Power of Attorney documents
- _____ Car Registration or Title
- _____ Copy of Deed to any Real Property Owned- If any real property has been sold or transferred in the last three years, we will require copies of all transactional papers, including any appraisal done and the real property tax bill which reflects the property's tax assessed value at the time of the sale.
- _____ Real Property Tax Assessment for Real Estate
- _____ Burial Arrangements- Copies of any purchase agreements or any prepaid funeral contracts and/or cemetery or mausoleum plots.
- _____ Verification of all Active Savings Accounts, Checking Accounts, CDs, Stocks, Bonds, IRAs, Annuities and Life Insurance Policies. Statements are needed for all accounts that have been opened or closed in the last 36 months.