

****Confidential Planning Information****

For Use by the Hurley Elder Care Law

These questions pertain to the person (“you”) for whom we are planning. We ask a lot of questions on this form because we need a lot of information about you for our planning for you. Do your best, but don’t worry if some of the information you need to complete this form is not available to you.

Please call us at (404) 843-0121 if you have any questions or concerns about completing this form.

Date: _____

Referred by: _____

Personal Information

Your Name: _____

Your Spouse: _____

Address: _____

Date of birth: _____

Date of death: _____

Home Phone: _____

SSN: _____

Cell Phone: _____

U. S. citizen?: Yes No

Email: _____

Veteran?: Yes No

County: _____

Date of birth: _____

Place of birth: _____

SSN: _____

U. S. citizen?: Yes No

Veteran?: Yes No

List all Marriages:

Spouse name: _____ Marriage date: _____ Location: _____

How dissolved: _____ When: _____

Spouse name: _____ Marriage date: _____ Location: _____

How dissolved: _____ When: _____

If not you, who is your “Contact Person” (the person we should contact for appointments, for more information about you, etc.): Name: _____ Cell # _____

Who provides care for the individual? _____

Diagnoses _____

Where is he/she now? _____

Do you have any dependents (that is, someone who depends on you, in whole or in part, for support)?

Yes No If yes, who? _____

Do any of your children receive Supplement Security Income, Social Security Disability; or, if not, have any major disabilities? Yes No If yes, who? _____

Is there Long Term Care Insurance? Yes No

Do you have health insurance in addition to Medicare?

Do you have a prepaid funeral or burial? Yes No If yes, described the arrangements:

Resources

Monthly Income

Source	
Social Security:	
Pension:	
Other:	
Total:	

Family Information

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Children

Name: _____
Cell #: _____
Email Address _____
DOB: _____

Assets

A. Personal Residence

Address of property: _____
Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Tax-Appraised Value: _____
Mortgage Company: _____
Mortgage Balance: _____

B. Other Real Estate

Address of property: _____
Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Tax-Appraised Value: _____
Mortgage Company: _____
Mortgage Balance: _____

Other Assets

These are your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled?: _____

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Value: _____

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Name of Company: _____

Value: _____

How is it titled?: _____

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled?: _____

List all life insurance.

Company Name: _____

Owner: _____

Insured: _____

Beneficiary: _____

Death Benefit (face value): _____ Cash surrender value: _____

Company Name: _____

Owner: _____

Insured: _____

Beneficiary: _____

Death Benefit (face value): _____ Cash surrender value: _____

Wrap-up and Signature

Please add anything else you would like to tell us:

The above information is true and correct to the best of my knowledge and belief.

(Your signature, or the signature of your attorney-in-fact)

The following documents are helpful to your attorney. If readily available, please bring with you to your initial consultation:

- ◆ Existing Wills
- ◆ Trusts
- ◆ Power of Attorneys – Financial and Health Care
- ◆ Life Insurance Policies
- ◆ Cemetery/Burial Plot Information
- ◆ Health Insurance Cards – front and back
- ◆ Medicare Cards
- ◆ Picture IDs
- ◆ Financial Statements (most recent statements on all accounts)
- ◆ Property Deeds
- ◆ Military Discharge Papers