

**\*\*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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

U. S. citizen?:  Yes  No

U. S. citizen?:  Yes  No

Veteran?:  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/s? \_\_\_\_\_

Diagnoses (you) \_\_\_\_\_

Diagnoses (spouse) \_\_\_\_\_

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?    Self- Yes    No      Spouse- Yes    No

Do you have health insurance in addition to Medicare?

Self: \_\_\_\_\_

Spouse: \_\_\_\_\_

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

Self: \_\_\_\_\_

Spouse: \_\_\_\_\_

**Resources**

**Monthly Income**

<b>Source</b>	<b>Self</b>	<b>Spouse</b>	<b>Joint</b>
Social Security:			
Pension:			
Other:			
<b>Total:</b>			

**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?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

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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:

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

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

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Spouse (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