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**ELDER PLANNING QUESTIONNAIRE**  
(For a MARRIED Couple - PART 1)

**NOTE: Please complete and bring this with you to your appointment.**

Date \_\_\_\_\_

Person completing this form? \_\_\_\_\_

How did you hear about this office? \_\_\_Internet \_\_\_Seminar \_\_\_Person (who?) \_\_\_\_\_

**CLIENT INFORMATION (The Couple for whom we are planning)**

**(Husband)**

**(Wife)**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Which is the best way to communicate with you? \_\_\_Phone \_\_\_Email \_\_\_Text

**(Husband)**

**(Wife)**

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Veteran? \_\_\_Yes \_\_\_No

Veteran? \_\_\_Yes \_\_\_No

For what war? \_\_\_\_\_

For what war? \_\_\_\_\_

**PRIMARY/ALTERNATE CONTACT (Only if not husband or wife)**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Which is the best way to communicate with you? \_\_\_Phone \_\_\_Email \_\_\_Text

**ASSETS/LIABILITIES** Assets are things you own. If we provide services beyond our initial consultation, we will ask you for documentation on each asset. You may want to begin organizing those documents now, but it is not necessary.

*Please fill in the value of each asset group*

TYPE OF ASSET	YES/NO	JOINT ASSETS	HUSBAND'S ASSETS	WIFE'S ASSETS
<i>Example: Automobile 2006</i>	Yes	\$25,000		
HOMESTEAD (TAX VALUE)				
AUTOMOBILE(s)				
Total IRAs/401Ks/ RETIREMENT PLANS				
PREPAID FUNERAL PLANS				
LIFE INSURANCE POLICIES				
Total in all Bank Accounts				
Total Investments				
All Other Assets				
<b>TOTAL</b>				

**GIFTS**

Have you made gifts in excess of \$1,000 in any one month, to an individual or group of individuals, or to a Trust within the past 5 years (60 months)? \_\_\_Yes \_\_\_No

**MONTHLY COST OF NURSING HOME OR ASSISTED LIVING (For ill spouse)**

Nursing Home/ALF Cost                   \$ \_\_\_\_\_  
 Prescription Medication Cost           \$ \_\_\_\_\_  
 Incontinent/Personal Items Cost       \$ \_\_\_\_\_  
 Other Cost                                    \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME**               **\$ \_\_\_\_\_**

**MONTHLY INCOME**

Please list the **gross, before tax, amount**, including any monies taken out for health insurance, or any other reason.

	<b>Husband</b>	<b>Wife</b>
Social Security Benefits	\$ _____	\$ _____
Pension Benefits (Gross)	\$ _____	\$ _____
IRAs (RMD)	\$ _____	\$ _____
Veterans Disability Income	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Income from Dividends/Interest	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**DOCUMENTS IN PLACE**

If you have any of these documents, please bring with you:

**Durable Power of Attorney, Health Care Surrogate, Living Will, Will and Trust**

**MISCELLANEOUS**

Do you have any other legal issues which we should be aware of? \_\_\_Yes \_\_\_No

If yes, please provide brief details:

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What are your primary questions or concerns that you are coming to Hill Law Group for?

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