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**ELDER PLANNING QUESTIONNAIRE**  
(For a SINGLE Individual - 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 (Person intended to receive assistance)**

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

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

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

Veteran? \_\_\_Yes \_\_\_No For what war? \_\_\_\_\_

**PRIMARY/ALTERNATE CONTACT (If different from the "Client")**

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	VALUE	LOCATION
<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**

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.

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>

**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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