

JOY BUCK GOTHARD

ATTORNEY AT LAW

Appointment Date: _____ Time: _____

CONFIDENTIAL LONG-TERM CARE PLANNING QUESTIONNAIRE

Client's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Residence Address: _____

Street or P.O. Box Number

City State Zip County

Mailing Address (if different from Residence): _____

Street or P.O. Box Number

City State Zip County

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes ___ No ___

Occupation/Employer (*former if retired*): _____

Is Client retired? Yes ___ No ___

Is Client a resident of a nursing home or assisted living? Yes ___ No ___

Is Client a Veteran? Yes ___ No ___

Spouse/Partner's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes ___ No ___

Occupation/Employer (*former if retired*): _____

Is Spouse/Partner retired? Yes ___ No ___

Is Spouse/Partner deceased? If so, date of death: _____

Is/was Spouse/Partner a resident of a nursing home? Yes ___ No ___

Is/was Spouse/Partner a Veteran? Yes ___ No ___

Date of Marriage: _____ Prior Marriages: (Client) _____ (Spouse) _____

Any legal obligations from a previous marriage (ex: life insurance)? If so, please bring a copy of your divorce decree with you. Yes ___ No ___

Is there a prenuptial agreement or postnuptial agreement for any marriage? If so, please bring a copy with you. Yes ___ No ___

Has Client or Spouse/Partner ever filed for bankruptcy? _____

Full Legal Names of Children (include any deceased Children):

Circle One:

Full Legal Name:

Age:

HIS / HERS / OURS _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

HIS / HERS / OURS _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

HIS / HERS / OURS _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

HIS / HERS / OURS _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

Do you have any dependents (someone who depends on you for their support)? Yes ___ No ___

Do any of your children or other descendants have special needs? Yes ___ No ___

If yes, does he/she receive Supplemental Security Income or Social Security Disability? Yes ___ No ___

Do you have an existing will? Yes ___ No ___ (If yes, please bring a copy)

Have you ever signed a living trust? Yes ___ No ___ (If yes, please bring a copy)

Do you anticipate receiving an inheritance? Yes ___ No ___

If yes, give approximate amount: \$ _____

Do you have an Irrevocable Life Insurance Trust (ILIT)? Yes ___ No ___ (If yes, please bring a copy)

Do you have a safe deposit box? Yes ___ No ___

If yes, please state location: _____

Do you own any property in another state? Yes ___ No ___

Advisors:

Accountant: _____

Insurance Agent: _____

Investment Advisor: _____

Were you referred by anyone? Yes ___ No ___

If yes, who? _____

If not, how did you hear about us? _____

Is it ok for us to thank the person who referred you? Yes ___ No ___

IDENTIFICATION OF ASSETS/INCOME

(Attach additional pages if necessary)

Ownership/Approximate Values

Real Estate:

Residence: *(Please bring a copy of your deed with you.)*

Client Spouse/Partner Joint

Approximate mortgage balance on home: _____

Other real estate: *(Please give location, acreage, and improvements. Please bring a copy of your deeds with you.)*

Client Spouse/Partner Joint

Bank Accounts, Certificates of Deposit, Money Market Funds, etc.: *(Give name of bank or institution, type of account, co-owners, and beneficiaries/PODs*.)*

Client Spouse/Partner Joint

** Pay on death designation*

Retirement Accounts, IRAs, 401(k): *(Give name of bank or institution, type of account, co-owners, beneficiaries/PODs*. Bring copies of most recent statements.)*

Client Spouse/Partner Joint

** Pay on death designation*

Stocks, Bonds, Mutual Funds:*(Bring copies of most recent statements.)*

Client Spouse/Partner Joint

Ownership of Business (ex: corporations, LLC, partnership): *(Bring all documentation with you.)*
Client Spouse/Partner Joint

Automobiles, Trucks, Boats: Client Spouse/Partner Joint

Farm Equipment/Livestock: Client Spouse/Partner Joint

Accounts Receivable: *(Mortgages, notes, or debts owed to you. Please list debtor's name, date loan made, and approximate balance remaining.)*
Client Spouse/Partner Joint

Digital Assets: *(Examples: domain names, blogs, trademarks, royalties, etc.)*
Client Spouse/Partner Joint

Do you own any forms of cryptocurrency? (ex: Bitcoin): Yes ___ No ___

Debts: (List any mortgages or other substantial debts owed by you that are not shown above.)

Client Spouse/Partner Joint

Life Insurance Policies:

<i>Company Name:</i>	<i>Type:</i>	<i>Death Benefit:</i>	<i>Cash Value:</i>	<i>Person Insured:</i>	<i>Policy Owner:</i>	<i>Beneficiary:</i>
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All Sources of Monthly Income:

<i>Source of Income:</i>	<i>Amount of Client Income:</i>	<i>Amount of Spouse/Partner Income:</i>
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Total _____

Has Client and/or Spouse/Partner made any gifts or transfers in the past 60 months? Yes ___ No ___

If yes, please provide detail: _____

IDENTIFICATION OF MONTHLY EXPENSES

(Attach additional pages if necessary)

EXPENSES:

MONTHLY COST:

Property and Household Expenses:

Property tax	_____
Home maintenance and upkeep	_____
Homeowner's insurance	_____
HOA fees	_____
Yard care	_____
Utilities	_____
Cable	_____
Internet	_____
Home phone	_____
Cell phone	_____
Groceries	_____
Other household expenses	_____

Automobile Expenses:

Loan payment	_____
Auto insurance	_____
Auto operation (gas, maintenance, etc.)	_____
Other auto expenses	_____

Health Expenses:

Health insurance	_____
Dental insurance	_____
Vision insurance	_____
Medication	_____
Vitamins	_____
Other medical expenses	_____

Other Expenses:

Pet care	_____
Computer	_____
Recreational	_____
Clothing	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

HEALTH INFORMATION
(Attach additional pages if necessary)

List all medical or health problems that you currently have:

Client

Spouse/Partner

List all medical or health problems you have had in the past:

Client

Spouse/Partner

List all medications you currently take and why:

Client

Spouse/Partner

List a;; insurance providers (*state primary, secondary, prescription, etc.*):

Client

Spouse/Partner

Do you have long-term care insurance? Client _____ Spouse/Partner _____

If yes, please provide detail:

Client

Spouse/Partner

Does Client and/or Spouse/Partner currently require assistance or caregiving? Yes ___ No ___

If yes, who provides this assistance/caregiving? _____

WAIVER OF POTENTIAL CONFLICT

You have asked me to provide estate planning services for both of you, and I must explain that married spouses may have conflicting interests when estate planning is being done that concerns their various property interests. This is especially true in situations where there are children from a previous marriage or relationship. In acting as attorney for both of you, I must act in your mutual best interests, and I cannot be an advocate for either of you against the other, or in any way favor one of you to the detriment of the other. In obtaining the confidential information necessary to provide estate planning services for you both, I cannot keep any of that information confidential from either of you. I will make recommendations that affect your property interests now and after your deaths, and those recommendations may be more beneficial for one of you than for the other. Estate planning recommendations could affect the income, property, and support provisions in the event that you were ever divorced, as well as upon the death of one or both of you.

In the event the two of you were to become divorced, you consent to my representation of one or both of you regarding your estate planning after your divorce is final.

If after reading this information you wish for me to represent only one of you, please call my office and let us know. If not, please sign below and bring with you to our first meeting.

We understand the above information and we ask that you represent both of us in our estate planning.

Husband

Wife

Dated: _____

Dated: _____