



Timothy K. Palmer, P.C.

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LONG-TERM CARE PLANNING QUESTIONNAIRE (SINGLE)

Date: Contact Person: Contact Phone No.: Contact E-mail Address: Fax No.: Work No.:

This form is extremely important. Your accuracy and completeness in responding will help Timothy K. Palmer, P.C. represent you. Please bring this information with you to the appointment. PLEASE PRINT AND USE FULL LEGAL NAMES. This information may be used to prepare estate planning documents.

A. PERSONAL DATA

Full Legal Name and Aliases

Home Address

City State Zip

Home Phone No. Birth Date Social Security No.

U.S. Citizen? Yes No Veteran or Spouse of Veteran? Yes No

If widowed, please list date of spouse's death:

B. REFERRAL

Who referred you to this office?

Name

Street Address

City State Zip

Have you heard our radio ad? Yes No

Have you seen our newspaper ad? Yes No

Have you visited our Website? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

**C. CHILDREN (PLEASE PRINT FULL LEGAL NAMES SO THEY ARE LEGIBLE.)**

Child's Full Legal Name	Address (including zip code)	Contact Phone Number(s)	Date of Birth

Are all of your children in good health?  Yes  No

Are any of your children blind?  Yes  No

Are any of your children disabled?  Yes  No

Are any of your children receiving SSI or other form of government entitlement?  Yes  No

Do any of your family members have any problems with:

Aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital Problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. GRANDCHILDREN (PLEASE PRINT FULL LEGAL NAMES SO THEY ARE LEGIBLE.)**

Grandchild's Full Legal Name	Address (including zip code)	Date of Birth

**E. LAST WILL AND TESTAMENT INFORMATION**

**1. DISTRIBUTIONS TO CHILDREN**

If you have children, do you wish to treat all of your children equally?  Yes  No  
If not, why not? \_\_\_\_\_

At what age do you want to make distributions to your children? \_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

**2. DISTRIBUTIONS TO GRANDCHILDREN**

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren?  Yes  No

Do you wish to treat all of your grandchildren equally?  Yes  No  
If not, why not? \_\_\_\_\_

How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want distributions to your grandchildren? \_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

**3. DISTRIBUTIONS TO CHARITIES**

Do you want to leave a specific amount of money or other assets to any charity?  Yes  No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount or Percentage

**4. DISTRIBUTIONS TO OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than children, grandchildren or a charity?  Yes  No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount or Percentage

**5. EXECUTOR**

Whom do you want to serve as the Executor of your Last Will and Testament? Please provide name, address and telephone number.

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**F. POWER OF ATTORNEY**

Whom do you want to serve as your Financial Agent? Please provide name, address and telephone number.

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**G. MEDICAL INFORMATION**

**1. HEALTH**

Diagnosis \_\_\_\_\_

Prognosis \_\_\_\_\_

Where are You Residing? \_\_\_\_\_

Is this a nursing home?  Yes  No If yes, date entered \_\_\_\_\_

**2. HEALTH INSURANCE INFORMATION**

Name of Insurance Provider \_\_\_\_\_

Subscriber/Policy Number \_\_\_\_\_

Do you want to donate your eyes or organs?  Yes  No

**H. GROSS MONTHLY INCOME AND MONTHLY EXPENSES**

**Income**

Gross Social Security Benefits	\$ _____
Gross Retirement Benefits	\$ _____
Gross VA Disability Benefit	\$ _____
Gross Annuity Income	\$ _____
Gross Rental Income	\$ _____
Other Monthly Income	\$ _____
<b>Total Gross Monthly Income:</b>	<b>\$ _____</b>

**Expenses**

Nursing Home Expenses	\$ _____
Assisted Living Expenses	\$ _____
In-Home Caregivers	\$ _____
Prescriptions	\$ _____
Health Insurance	\$ _____
Long-Term Care Insurance	\$ _____
Life Insurance Premiums	\$ _____

**I. ASSET INFORMATION**

Please list the current values of all of your assets below and provide current statements for each asset listed.

<u>LOCATION AND ACCOUNT NUMBER OF ASSET</u>	<u>BALANCE</u>
CHECKING ACCOUNTS	
SAVINGS ACCOUNTS	
MONEY MARKET ACCOUNTS	
CDs	
AUTOMOBILES	
TAX-ASSESSED VALUE OF HOME	

<u>LOCATION AND ACCOUNT NUMBER OF ASSET</u>	<u>BALANCE</u>
TAX-ASSESSED VALUE OF OTHER REAL ESTATE	
STOCKS (NOT HELD IN A BROKERAGE ACCOUNT)	
BONDS (NOT HELD IN A BROKERAGE ACCOUNT)	
MUTUAL FUNDS (NOT HELD IN A BROKERAGE ACCOUNT)	
BROKERAGE ACCOUNTS	
NON-IRA TAX QUALIFIED RETIREMENT ACCOUNTS	
IRAs	
ANNUITIES	
PRE-PAID FUNERALS	
OTHER ASSETS	

**J. LIFE INSURANCE**

Company Name	Policy #/Type of Insurance	Insured/Owner	Face/Cash Value

**K. OUTSTANDING DEBT**

Creditor	Type of Debt (Mortgage, Credit Card, Etc.)	Outstanding Balance

**L. GIFTS**

Have you made any gifts in excess of \$3,000 in any one month to an individual or group of individuals within the last 60 months? If so, please list below.

Recipient of Gift	Date of Gift	Amount of Gift

**M. CERTIFICATION**

**The undersigned hereby represents to Timothy K. Palmer, P.C., and each of its staff that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Client Representative