

CONFIDENTIAL LEGAL PLANNING INFORMATION

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This information is important. Please take the time to complete the questionnaire before our appointment with me on _____ at _____ a.m./p.m. Bring this completed information with you to that appointment. If you need help completing this form, please call me at (513) 515-8226.

(Please print)

PERSONAL DATA

(Complete only if married)

Name _____

Spouse (if applicable): _____

Address _____

If Deceased: Date _____

If Divorced: Date _____

Telephone _____

Telephone _____

Business/Other telephone _____

Business/Other telephone _____

Birthdate _____ Age _____

Birthdate _____ Age _____

Email Address _____

Email Address _____

Level of Education Achieved _____

Level of Education Achieved _____

Employer _____

Employer _____

Retirement Date _____

Retirement Date _____

U.S. Citizen Yes _____ No _____

U.S. Citizen Yes _____ No _____

Soc. Sec. # _____

Soc. Sec. # _____

Veteran? _____

Veteran? _____

Were you referred to my office? If so, by whom? _____

Notes:

FAMILY DATA

Fill in the following if you have children:

<u>Name</u>	<u>Age</u>	<u>Address and Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children who have died leaving children? Yes _____ No _____
Do any children or grandchildren have special needs (handicapped, developmentally disabled)?

Other Beneficiaries:

Please list by full names all other people you wish to include in your Will other than your children.

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship, if any</u>
_____	_____	_____	_____

_____	_____	_____	_____

Charities

Do you wish to include charitable contributions to your church, educational institutions or other charity?

Yes _____ No _____ If yes, explain _____

HEALTH CARE INFORMATION

If you were ill and unable to make decisions for yourself, whom do you want to make medical decisions for you?
(List in order of priority; include your spouse)

You

Your spouse

a. Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Name: _____
Address: _____

Relationship: _____
Telephone #: _____

b. Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

c. Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Name: _____
Address: _____

Relationship: _____
Telephone #: _____

If you were terminally ill or in a comatose state, would you want to have your life prolonged by artificial means?

You: Yes _____ No _____

Your Spouse: Yes _____ No _____

If you were terminally ill or in a comatose state, would you want a feeding tube put in?

You: Yes _____ No _____

Your Spouse: Yes _____ No _____

Are you an organ donor? Yes _____ No _____
If not, would you like to be? Yes _____ No _____

Are you an organ donor? Yes _____ No _____
If not, would you like to be? Yes _____ No _____

Who is your primary physician?

You

Your Spouse

Name: _____

Address: _____

Phone: _____

LIFETIME PROPERTY MANAGEMENT

If you were unable to carry out your financial business during your lifetime, who do you trust to take care of your finances? This is for your Durable Power of Attorney. List in order of priority. Include your spouse if appropriate.

You

Your Spouse

a. Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____	Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____
b. Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____	Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____
c. Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____	Name: _____ Address: _____ _____ Relationship: _____ Telephone #: _____

ASSET INFORMATION

ASSET OWNED BY	HUSBAND	WIFE	JOINT
Cash on hand	\$	\$	\$
Checking Accounts Bank and account no.			
Savings Accounts Bank and account no.			

Real Estate Address, current value			
Automobiles / other vehicles			
Certificates of Deposit			
IRA's			
401(k)			
Annuities			
Stocks, bonds			
Brokerage accounts			
Expected inheritance or money owed you			
Life insurance Company, policy no., face value, current cash value			
Any other assets not listed above			
TOTAL			

TOTAL LIABILITIES	HUSBAND	WIFE	JOINT
Mortgage owed by you	\$ _____	\$ _____	\$ _____
Credit card debts			
Unpaid medical bills			
Other			
TOTAL			

MONTHLY INCOME	HUSBAND	WIFE
Social Security	\$ _____	\$ _____
Pension		
Employment		
Annuity		
Investment income		
TOTAL		

What are your monthly expenses?

Rent or mortgage:	\$ _____	Credit cards (total)	\$ _____
Property insurance:	\$ _____	Other	\$ _____
Property tax:	\$ _____		\$ _____
Average monthly utilities:	\$ _____		
Condo Maintenance fee:	\$ _____		
Health insurance:	\$ _____		
Prescriptions:	\$ _____		
Food/clothing:	\$ _____		

FUNERAL AND BURIAL PLANS

Have arrangements been made for the disposition of your body at death?

You: Yes _____ No _____ Your Spouse: Yes _____ No _____

Please describe the arrangements. _____

HEALTH INSURANCE

a. Do you have traditional Medicare? Yes _____ No _____

If no, what is your primary insurance? _____

Are you enrolled in a Medicare HMO?

b. What is your Medicare Supplement or Secondary insurance if you are in traditional Medicare?

You: _____ Your Spouse: _____

Do you pay it or is it paid by another entity such as former employer? _____

Your monthly cost? _____ Spouse's cost? _____

c. Do you have Medicare Part D? (Prescription Drug plan) Yes _____ No _____ Cost _____

d. Do you have Long Term Care Insurance? Please bring the policy with you to the appointment.

You: _____ Your Spouse: _____

Have you and/or your spouse filed tax returns with the IRS for the last three years? Yes _____ No _____

_____ If yes, please bring most recent returns

Name of Professionals that you currently work with.

Accountant _____

Stock Broker _____

Insurance Agent _____

Financial Planner _____

SAFE DEPOSIT BOX

Do you have a safe deposit box? _____ If yes, what bank? _____

Whose names are on the card? _____

GIFTING

Have you or your spouse made gifts with a value greater than \$5000 in the past five years? If so, please identify the gifts: _____

Have you or your spouse made gifts greater than \$10,000 to anyone person in one year during your life?

PROPERTY DISPOSITION INFORMATION

Do you have a plan for distribution of your personal property (furniture, jewelry, clothing, automobile, etc.)? If yes, please bring a copy of the proposed distribution list.

Do you want to make any specific gifts of money in your estate plan of distribution? If yes, list:

Amount (\$)	Name of Individual or Charity

(If you are leaving assets to a charity, please provide the exact corporate name of the charity. You should contact the charity prior to our appointment so they can send you a copy of their IRS 501(c)(3) letter and bring the letter to your appointment.)

Who will receive the balance of your estate?

Children equally? Yes _____ No _____

Others: _____

Is anyone who will be a beneficiary in your plan for the distribution of your estate disabled, or need help or protection in managing this money? Yes _____ No _____

If yes, explain: _____

Do you or your spouse expect to receive an inheritance? Yes _____ No _____

If yes, explain: _____

Identify the individuals that you want to serve as your personal representative (executor) in your Last Will and Testament.

You

Your Spouse

a. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone #: _____ Phone #: _____

b. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone #: _____ Phone #: _____

If you have minor children, whom do you want to name as their guardian? (List in order of preference)

You

Your Spouse

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone #: _____ Phone #: _____

OTHER INFORMATION

Please bring the original or a copy of any of the following legal documents so I may review the document and make a copy for my file.

- Last Will and Testament**
- Durable Power of Attorney**
- Living Will**
- Health Care Proxy**
- Living Trust**
- Prenuptial Agreement**
- Deeds and Tax bills for all real estate**