

ASSET PROTECTION QUESTIONNAIRE



PERSONAL DATA (Person in Need)

Today's Date: _____

Name: _____ DOB: ____/____/____ SSN: _____-____-____

Address: _____

County of Residence: _____ State of Residence _____

Day phone: _____ Eve. phone: _____ Cell phone: _____

Primary Residence: Rent _____ Own _____

Client in need's current living arrangement _____

Are there any anticipated or desired changes to current living arrangement? What? _____

U.S. Citizen: Yes No

Have you been divorced from a prior marriage?: Yes No

Employer: _____

Retirement date: _____

Veteran: Yes No Dates of Service: _____ to _____

(Please bring all VA paperwork to consultation or we will assume service date eligibility. See last page of questionnaire.)

* * *

Please complete Spouse section even if spouse has predeceased.

Spouse: _____ DOB: ____/____/____ SSN: _____-____-____

Is spouse living? Yes No Date of death ____/____/____

U.S. Citizen: Yes No

Have you been divorced from a prior marriage? Yes No

Employer: _____

Retirement date: _____

Veteran: Yes No Dates of Service: _____

Is client in need in Guardianship? Yes No

Is client in need of Medicaid? Yes No

Full name of person who manages client in need's finances _____

FAMILY

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Never Married _____

Date & location of Marriage: _____

Children:

First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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Have you or your spouse been married before? Yes No

If yes, do you or your spouse have any children from this previous marriage? Yes No

Do you or your spouse have children who have died leaving children? Yes No

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes No

Do you and your spouse have a pre-nuptial or Post-nuptial agreement? Yes No

MEDICAL/DISABILITY

Is anyone in your family disabled, including the person in need? Yes No

If yes, please explain condition (include relationship): _____

Doctor: _____

Name

Address

Spouse's Doctor: _____
Name Address

Has anyone in your family recently entered a hospital or skilled care facility? Yes No Daily Charge: \$ _____

Name of Facility: _____ Date of Admission: _____

Date of Discharge: _____ Diagnosis: _____

Has anyone entered an assisted living facility or started using home care services? Yes No

Who? _____ Which facility/provider? _____ Cost? _____

Is there a need for a change of care setting, or need for increased care? Please provide details:

HEALTH INSURANCE

	You	Spouse	Effective Dates
Medicare	_____ Number	_____ Number	_____
Insurance from Employer	_____	_____	_____
Medicare Supplement	_____	_____	_____
Long-Term Care Insurance	_____	_____	_____
Other	_____	_____	_____

FINANCIAL

Bank Accounts, CDs, Brokerage Accounts, IRAs, Stocks, Corporate or U.S. Bonds, other:

<u>Description & Location of Property</u>	<u>Value</u>	<u>Acct. No.</u>	<u>In Whose Name?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

Have you or your spouse made any transfers or gifts of \$5,000 or more during the past three years? Yes No

If yes: Date: _____ Value: _____ To Whom/Relationship _____

Real Estate:

<u>Description of Property</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Value</u>	<u>In Whose Name?</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who else lives in the house? _____ How long? _____

Relationship: _____

Do you or your spouse have an interest in any business? Yes No

Gross Monthly Income:

	You	Your Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc.	_____	_____	_____
Rentals	_____	_____	_____
Business Interest	_____	_____	_____
Interest Dividends	_____	_____	_____
SSI or SSDI Payments	_____	_____	_____
Other _____	_____	_____	_____
TOTALS:	_____	_____	_____

Please provide details of any other residents of the home who receive income or own assets:

Which sources of income have a benefit for a surviving spouse?

Life Insurance:

<u>Whose Life?/Type</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Policy No.</u>	<u>Beneficiary</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or your spouse expect an inheritance?

Yes No

Are you or your spouse the beneficiary of any trust?

Yes No

Liabilities (mortgages, notes to banks, notes to others, loans on insurance, other):

<u>Description</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Maturity Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of important papers: _____

Please list any transfers of assets, cash or otherwise in excess of \$15,000, made in the last five years. This includes change of title and/or ownership, sale, etc.:

<u>Description</u>	<u>From</u>	<u>To</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROPERTY (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.)

<u>Description of Property</u>	<u>Value</u>	<u>In Whose Name?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY EXPENSES (Average)

HOUSING

Rent/Mortgage _____
Property Taxes _____
Insurance _____
Telephone _____
Cable TV _____
Electric/Gas _____
Water/Sewer _____
Maint./Repairs _____

AUTOMOBILE

Loan Payments _____
Insurance _____
Gas/Oil _____
Maint/Repairs _____

DEBTS

Credit Cards _____
Other _____

MEDICAL

Insurance _____
Doctor/Dentist _____
Prescriptions _____
Home Health Care _____
Assisted Living _____
Supplies _____
Nursing Home
(monthly cost) _____

CLOTHING

Purchases _____
Cleaners _____

ENTERTAINMENT/RECREATION

Vacation _____
Dining Out _____
Clubs _____

MISCELLANEOUS

Charity Gifts _____
Food _____
Grooming _____
Education _____

LEGAL

	Date Made	Location of
<i>Original</i>		
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____
Prepaid Funeral	Male \$ _____	
	Female \$ _____	
	Joint \$ _____	

I am the legally appointed guardian of: _____

I have been appointed under a Power of Attorney from: _____

I am serving as executor or administrator of an estate: _____

I am involved in a lawsuit: _____

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

Other legal concerns: _____

The more accurate your information on this form, the better the advice we can provide you.

By signing below, you promise and affirm to Law Offices of Wilson & Wilson and each of its attorneys that the information contained in this form is accurate and complete, and you know we will rely on this information. You understand that if the information contained herein is inaccurate or incomplete, the recommendation made by the law firm may not be appropriate. Additionally, any additions to the legal services agreed to as a result of new or different information from that contained herein, may be subject to additional fee.

Dated: _____

Dated: _____

Signature

Spouse Signature (if applicable)

You must bring copies of the following documents with you to your meeting with the attorney:

1. Discharge Papers (DD214)
2. Will, Codicil, Trust Agreements
3. Real Estate Deeds, Appraisals
4. Admission Agreements to Hospitals and Health Facilities
5. Divorce Decrees, Prenuptial Agreements, Adoption Papers
6. Guardianship Documents
7. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
8. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors



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§3.2 Periods of war.

This section sets forth the beginning and ending dates of each war period beginning with the Indian wars. Note that the term "period of war" in reference to pension entitlement under 38 U.S.C. 1521, 1541 and 1542 means all of the war periods listed in this section except the Indian wars and the Spanish-American War. See §3.3(a)(3) and (b)(4)(i).

(a) Indian wars. January 1, 1817, through December 31, 1898, inclusive. Service must have been rendered with the United States military forces against Indian tribes or nations.

(b) Spanish-American War. April 21, 1898, through July 4, 1902, inclusive. If the veteran served with the United States military forces engaged in hostilities in the Moro Province, the ending date is July 15, 1903. The Philippine Insurrection and the Boxer Rebellion are included.

(c) World War I. April 6, 1917, through November 11, 1918, inclusive. If the veteran served with the United States military forces in Russia, the ending date is April 1, 1920. Service after November 11, 1918 and before July 2, 1921 is considered World War I service if the veteran served in the active military, naval, or air service after April 5, 1917 and before November 12, 1918.

(d) World War II. December 7, 1941, through December 31, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service.

(e) Korean conflict. June 27, 1950, through January 31, 1955, inclusive.

(f) Vietnam era. The period beginning on February 28, 1961, and ending on May 7, 1975, inclusive, in the case of a veteran who served in the Republic of Vietnam during that period. The period beginning on August 5, 1964, and ending on May 7, 1975, inclusive, in all other cases. (Authority: 38 U.S.C. 101(29))

(g) Future dates. The period beginning on the date of any future declaration of war by the Congress and ending on a date prescribed by Presidential proclamation or concurrent resolution of the Congress. (Authority: 38 U.S.C. 101)

(h) Mexican border period. May 9, 1916, through April 5, 1917, in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto. (Authority: 38 U.S.C. 101(30))

(i) Persian Gulf War. August 2, 1990, through date to be prescribed by Presidential proclamation or law. (Authority: 38 U.S.C. 101(33))

[26 FR 1563, Feb. 24, 1961, as amended at 32 FR 13223, Sept. 19, 1967; 36 FR 8445, May 6, 1971; 37 FR 6676, Apr. 1, 1972; 40 FR 27030, June 26, 1975; 44 FR 45931, Aug. 6, 1979; 56 FR 57985, Nov. 15, 1991; 62 FR 35422, July 1, 1997] [See Federal Register]