



Date and Time of Appointment: \_\_\_\_\_ Attorney: \_\_\_\_\_

Who is attending the appointment today? \_\_\_\_\_

Who completed this form? \_\_\_\_\_

**CLIENTS' PERSONAL INFORMATION:**

**Client's Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

**Spouse's Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Death (if applicable):** \_\_\_\_\_

**\*By providing your email address, you are consenting to electronic communications from our office, including use of the secure Client Portal to review documents and receive correspondence.**

**What are your goals for your appointment? (check all that apply)**

- ☐ I have existing estate planning documents (Will, Power of Attorney, and/or Trust). I would like to have them reviewed by an attorney for possible updates, revisions, or changes.
- ☐ I have no estate planning documents in place.
- ☐ I am interested in learning how to protect my assets from future long-term care expenses.
- ☐ I have special circumstances that I would like to discuss with an attorney:
  - ☐ I have a special needs/disabled child or loved one that I want to include in my estate plan.
  - ☐ I am concerned about my child or loved one managing their inheritance (due to financial/credit problems, addiction, spousal concerns).
  - ☐ I (or my spouse) have a recent medical diagnosis or dementia diagnosis.

**How were you referred to us? (Check one):** TV Ad ☐ Facebook ☐ Google/Internet search ☐  
Friend (Name \_\_\_\_\_) ☐ Attorney/Advisor (Name \_\_\_\_\_) ☐  
☐ Other \_\_\_\_\_

**Please list your CHILDREN (full legal names, oldest to youngest):**

\*If you do not have children, please write None

\*List predeceased children

**1. Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grandchildren's Names/Ages:** \_\_\_\_\_

\_\_\_\_\_

**2. Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grandchildren's Names/Ages:** \_\_\_\_\_

\_\_\_\_\_

**3. Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grandchildren's Names/Ages:** \_\_\_\_\_

\_\_\_\_\_

**4. Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grandchildren's Names/Ages:** \_\_\_\_\_

\_\_\_\_\_

**5. Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grandchildren's Names/Ages:** \_\_\_\_\_

\_\_\_\_\_

**May we speak with your children, if necessary?** ☐ Yes ☐ No

**If you are interested in a new Will or Trust, or making changes to your existing Will or Trust, please list your intended estate beneficiaries:**

\*Provide full legal names

☐ Check here if your only estate beneficiaries are the children/grandchildren listed above.

1. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

2. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

3. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

4. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

5. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

6. Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Relation to Client/Spouse: \_\_\_\_\_

Is this person special needs or legally disabled? ☐ Yes ☐ No

**I would like to include the following charity and/or church in my estate plan:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## **FINANCIAL WORKSHEET**

**Please complete this worksheet to the best of your ability and return it to our office at least 1 week prior to your initial consultation. If you have scheduled this meeting for another person, such as your parents, please complete the worksheet using their information (not yours). If you are not married, you can disregard the information requested for the spouse. All information is strictly confidential.**

This information is necessary for effective planning and to have a productive appointment with the attorney. If you need assistance completing this worksheet, you may call our office for assistance. **DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO YOUR BEST.** In addition to this worksheet, please provide our office with the following information prior to your initial consultation:

1. Any existing Wills, Powers of Attorney, Living Wills, Trusts, or other estate planning documents.
2. Deeds to all real estate you own, including vacant lots, out-of-state property, and property jointly owned with other people.

The above documents can be sent to us via secure document upload on our website ([www.apelderlaw.com](http://www.apelderlaw.com)), email to [kprice@apelderlaw.com](mailto:kprice@apelderlaw.com), or hand delivery to our office at 1451 Scalp Ave, Suite 3, Johnstown, PA 15904

### **ASSETS**

Please show the approximate values of the following assets in the appropriate column. You may provide additional details, if necessary, on a separate sheet. Where indicated, please also note if the asset is owned by you, your spouse, or joint (you and your spouse together).

#### **Bank Accounts (Checking, Savings, Money Market, CDs)**

<b>Bank</b>	<b>Type of Account</b>	<b>Current Value</b>	<b>Account Owner(s)</b>


Do you have beneficiaries named on any of the above bank accounts? If so, please list the account(s) and the beneficiary names (and relation to you).

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\*If you are planning for yourself (and your spouse), and you own an account with someone else (like your parent), please list that account here:

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Retirement Accounts (IRA, Roth IRA, 401(k), Other)

Type of Account	Bank/Financial Company	Current Value	Account Owner	Beneficiary

Non-Retirement Investment Accounts (Mutual Funds, Brokerage Accounts)

Bank/Financial Company	Current Value	Account Owner(s)

Do you have beneficiaries named on any of the above investment accounts? If so, please list the account(s) and the beneficiary names (and relation to you).

Stock

Type of Stock	No. of Shares	Owner(s)

## U.S. Savings Bonds

<b>Bond Series (E, EE, I, H)</b>	<b>No. of Bonds</b>	<b>Owner(s)</b>	<b>Current Value (if known)</b>

\*We encourage you to calculate the current value of your savings bonds. You can calculate the value of your savings bonds using the Treasury Direct savings bond calculator at:

[https://www.treasurydirect.gov/indiv/tools/tools\\_savingsbondcalc.htm#Worth](https://www.treasurydirect.gov/indiv/tools/tools_savingsbondcalc.htm#Worth)

Are any of your U.S. Savings Bonds “POD” (Pay on Death) to anyone? If so, please list the beneficiary names (and relation to you).

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Non-Qualified Annuities (if you have an IRA annuity, please list it in the IRA section)

<b>Financial Company</b>	<b>Current Value</b>	<b>Owner(s)</b>	<b>Beneficiary (if any)</b>

## Life Insurance

Insurance Co. and Policy No.	Owner (You/Spouse)	Cash Value	Death Benefit	Beneficiary

Are you still paying a premium on any life insurance policy? If so, please list the policy no. and premium amount/frequency:

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## Real Estate (Please provide copies of all deeds)

### 1. Primary Residence

Address: \_\_\_\_\_

Borough/Township: \_\_\_\_\_ County: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Who lives at this residence? \_\_\_\_\_

Public sewer? ☐ Yes ☐ No

If Yes, has your sewer system been tested and/or repaired? ☐ Yes ☐ No

If Yes, what year was the sewer tested and/or repaired? \_\_\_\_\_

Mortgage? ☐ Yes ☐ No

If Yes, what is the current principal balance? \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Are there adjacent lots NOT on this deed? If so, please explain and provide copies of those deeds: \_\_\_\_\_



**2. Non-resident Real Estate:**

Address: \_\_\_\_\_

Borough/Township: \_\_\_\_\_ County: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Is this a vacant lot? ☐ Yes ☐ No

If No, does anyone live here? If so, who? \_\_\_\_\_

Public sewer? ☐ Yes ☐ No

If Yes, has your sewer system been tested and/or repaired? ☐ Yes ☐ No

If Yes, what year was the sewer tested and/or repaired? \_\_\_\_\_

Mortgage? ☐ Yes ☐ No

If Yes, what is the current principal balance? \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_

**3. Non-resident Real Estate:**

Address: \_\_\_\_\_

Borough/Township: \_\_\_\_\_ County: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Is this a vacant lot? ☐ Yes ☐ No

If No, does anyone live here? If so, who? \_\_\_\_\_

Public sewer? ☐ Yes ☐ No

If Yes, has your sewer system been tested and/or repaired? ☐ Yes ☐ No

If Yes, what year was the sewer tested and/or repaired? \_\_\_\_\_

Mortgage? ☐ Yes ☐ No

If Yes, what is the current principal balance? \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_

\*If you are planning for yourself (and your spouse), and if you have an ownership interest in your parent's or child's house, please provide information for that property above (or on a supplemental sheet).

Is any of your real estate income-producing? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Automobiles (Cars, Trucks, Motorcycles)

<b>Make/Model/Year</b>	<b>Owner (You/Spouse/Joint)</b>	<b>Value (if known)</b>

\*\*We encourage you to calculate the current value of your vehicle(s). You can calculate the value of your vehicles on Kelley Blue Book: [www.kbb.com](http://www.kbb.com)

Income (Monthly)

<b>Source</b>	<b>Amount</b>	<b>Recipient (You/Spouse)</b>

\*Please include all sources of monthly income – Social Security, Veterans’ benefits, pensions, work earnings, annuity income, etc.

## Miscellaneous Information

Do you and your spouse have a pre-paid funeral account or irrevocable burial CD? ☐ Yes ☐ No

Funeral Home: \_\_\_\_\_

Bank (for burial CD): \_\_\_\_\_

Amount (You): \_\_\_\_\_

Amount (Spouse): \_\_\_\_\_

Do you have Long Term Care Insurance? ☐ Yes ☐ No

If Yes, does the policy cover both you and your spouse? ☐ Yes ☐ No

\*If we are planning for immediate nursing home or in-home care in the near future, please provide a copy of the policy.

Are you or your spouse a U.S. Veteran? ☐ Yes ☐ No

If Yes....Thank you for your service to our country!

What branch? \_\_\_\_\_

Dates of service? \_\_\_\_\_

Did you receive an honorable discharge? ☐ Yes ☐ No

Do you or your spouse have a safe deposit box? ☐ Yes ☐ No

If Yes, where is it located? \_\_\_\_\_

Are there any special issues that you want the attorney to know about? For example, recent medical diagnosis, concerns about cognitive decline in your spouse, blended family issues, family arguments, or concerns about substance abuse in a potential estate beneficiary.

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\*If an issue is listed, the attorney may ask for more detailed information during your appointment.