



Date and Time of Appointment: _____ **Attorney:** _____

Who is attending the appointment today? _____

Who completed this form? _____

CLIENTS' PERSONAL INFORMATION:

Client's Name (this is the person for whom we are planning):

Spouse's Name:

(First) (Middle) (Last)

Address: _____

Township/Borough: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

Date of Birth: _____

SSN: _____

(First) (Middle) (Last)

Address: _____

Township/Borough: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

Date of Birth: _____

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 or concerns for your appointment? (check all that apply)

- ☐ Client (or spouse) has an immediate need for nursing home placement (placement likely needed within 6 months).
- ☐ Client (or spouse) is currently in a nursing home for skilled nursing after a hospital stay.
- ☐ I want to discuss Medicaid and/or VA benefits eligibility for Client and/or spouse.
- ☐ I have special circumstances that I would like to discuss with an attorney:
- ☐ Client has a special needs/disabled child or loved one that may require special planning.
 - ☐ Client has existing estate planning documents (Will, Power of Attorney, and/or Trust) that may need changes/revisions due to changing circumstances.

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

***WHERE WOULD YOU LIKE US TO SEND INVOICES AND OTHER CORRESPONDENCES?**

☐ Client/Spouse ☐ Other:

c/o: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

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), email to kprice@apelderlaw.com, or hand delivery to our office at 1451 Scalp Avenue, 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)

Bank	Type of Account	Current Value	Account Owner(s)

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).

*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:

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

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

*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

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).

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

Financial Company	Current Value	Owner(s)	Beneficiary (if any)

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:

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)

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

**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

Income (Monthly)

Source	Amount	Recipient (You/Spouse)

*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.

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

Within the past 5 years, have you or your spouse made any large gifts (\$500 or more in value), transferred any property into a trust, or transferred any real estate for less than fair market value? ☐ Yes ☐ No

(Examples: Adding children's names to house, transferring house to children, gifting any amount over \$500 to any person – wedding gift, graduation gift, money to help child in need)

If Yes, please provide the approximate date and amount of each gift or transfer:

Is Client in a nursing home? ☐ Yes ☐ No

If Yes, which facility? _____

Date of Admission: _____

Was Client admitted to hospital immediately prior to nursing home admission?

☐ Yes ☐ No