

CLIENT QUESTIONNAIRE

Office Locations:

12300 Old Tesson Road, Suite 100-B
St Louis, MO. 63128

Attorneys:

Dan Reuter: 314-729-0200

Website:

www.stlouiselderlaw.com

Medicaid and Entitlement Planning Information

This questionnaire is intended to elicit preliminary information necessary to help us with estate and entitlement planning pertinent to your particular circumstances. The more complete and accurate your responses, the better we will be able to serve you. Feel free to attach extra sheets if necessary.

It would be very helpful if you could send us the completed form before our first meeting. Please also try to bring to the first meeting copies of any wills, trusts, deeds, powers of attorney, and other legal papers you may have. Please feel free to contact me with any questions.

PERSONAL DATA:

Name: _____ DOB: _____ SSN: _____

Spouse: _____ DOB: _____ SSN: _____

Address: _____ Phone: _____

City/State: _____ Zip Code: _____

Your Employer: _____ Retirement date: _____

Spouse's Employer: _____ Retirement date: _____

Are you or your spouse a Veteran? If so, please indicate who is the veteran and from what branch of service: _____

.....
Is either party currently in a nursing home? If so, please fill out the following information:

Name of party currently in facility: _____

Name of facility: _____

Address of facility: _____
(including city and zip code)

Level of care: _____ Type of facility: _____

Date of admission: _____ Funding source(s): _____

Health status: _____

FAMILY INFORMATION

Please provide the names of children, dates of birth, addresses and indicate if there are special needs that any child has:

Is anyone (other than your spouse) dependant upon you for support? If so, please identify the person and provide some general information as to the reason for and extent of support needed.

ASSETS

List your own and your spouse’s property with estimated fair market values in the broad categories provided. Specify how the property is held; for example, “individually by me”, “jointly with _____,” “by _____ in trust for _____,” etc.

- **Family residence**
 - Taxed assessed value _____
 - Mortgage balance _____
 - Year of Purchase _____
 - Purchase price _____
 - How held _____

- **General household**
 - Furniture and furnishings _____
 - Special value items i.e. china, art, etc. _____
 - How held _____

- **Automobiles**
 - Year _____
 - Make _____
 - Value _____
 - Loan Balance _____
 - How held _____

- **Other real estate**
 Location _____
 Tax assessed value _____
 Mortgage balance _____
 Year of purchase _____
 Purchase price _____
 How held _____

- **Savings or money market accounts**
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____

- **Checking accounts**
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____

- **Certificates of deposit**
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____

- **Mutual funds**
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____
 - Bank _____ Account No. _____
 How held _____ Value _____

- **Stocks and bond (When listing any stocks, please indicate number of shares)**
 - Name _____ Date of Purchase _____
 How held _____ Value _____
 - Name _____ Date of Purchase _____
 How held _____ Value _____
 - Name _____ Date of Purchase _____
 How held _____ Value _____

- IRA's, Keoghs, 401(k) plans, annuities, etc.

Your plan:

Name: _____ Account No. _____ Value: _____

Name: _____ Account No. _____ Value: _____

Spouse's plan:

Name: _____ Account No. _____ Value: _____

Name: _____ Account No. _____ Value: _____

- Prepaid funeral
 - Burial account _____
 - Burial insurance _____
 - Plot _____
 - Headstone _____

- Business interests (such as limited partnership, realty trusts, ownership of closely held corporations, royalty rights, etc.)
 - Describe _____

- Other assets (other than life insurance)
 - Description _____ Value: _____
 - _____
 - Description _____ Value: _____
 - _____
 - Description _____ Value: _____
 - _____

- Life insurance: List life insurance on you and your spouse, specifying for each policy whether it is a whole life or tem policy, the owner, the beneficiary, on whose life the policy is written, the face amount of the policy, its cash surrender value (less any outstanding loans, if any), whether a loan can be taken on the policy

Type	Owner	Beneficiary	Life	Face Amount	Cash Value	Loan
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

- Are you or your spouse the beneficiary of any trust? If so, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

- Do either you or your spouse expect to inherit significant property or have a power of appointment under anyone else’s Will or Trust? If so, please explain

- List your own and your spouse’s debts, if any, other than mortgage(s):

To Whom?

Amount Due

- Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or nonmarketable? If so, please explain briefly:

- During the last 60 months, have either you or your spouse make any large gifts (\$1,000 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? If so, please list each action and explain when and why the transfer was made:

- Please provide the following information regarding the *monthly* income of you and your spouse:

SOURCE

YOU

SPOUSE

Work Earnings	_____	_____
Social Security Retirement	_____	_____
Social Security Disability	_____	_____
Supplemental Security Income	_____	_____
Veteran's Benefits	_____	_____
Private Pension	_____	_____
Annuity	_____	_____
Other Income (_____)	_____	_____
Other Income (_____)	_____	_____
Other Income (_____)	_____	_____
Other Income (_____)	_____	_____

- Please provide a copy of the federal income tax returns for you and your spouse for the last two years.
- If your spouse is in a medical facility, please answer the following questions, as you may be entitled to support for living expenses:

How much do you pay each month for:

- \$ _____ rent
- \$ _____ mortgage (principal and interest)
- \$ _____ property taxes
- \$ _____ homeowner's or renter's insurance
- \$ _____ required maintenance charges (for condo or co-op)

If you live in an apartment or condominium and have to pay separately for heat, what is the average cost per month? \$ _____; for electricity? \$ _____; for natural gas? \$ _____; for telephone? \$ _____

- Does any family member, other than your spouse, currently live in your home? _____ If yes, do you provide support to that family member? _____ Describe the circumstances, the reason for the arrangement and how it is being handled financially including name, relationship and amount of monthly support being provided:

HEALTH INSURANCE

- Please check the appropriate box and provide the following information regarding your health insurance:

_____ Medicare for yourself (Medicare # _____)

_____ Medicare Supplemental Insurance for yourself
(Company _____)
(Number _____)

_____ Other health insurance for yourself
(Company _____)
(Number _____)

_____ Medicare for spouse (Medicare # _____)

_____ Medicare Supplemental Insurance for spouse
(Company _____)
(Number _____)

_____ Other health insurance for spouse
(Company _____)
(Number _____)

- Have either you or your spouse, during the last 90 days, had substantial medical expenses, such as nursing home or hospital bills, which have *not* been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance? If so, please provide details and explain:

- To the extent not already noted above, please describe any significant changes that you or your spouse anticipate occurring with respect to your financial or personal situation over the course of the next five years:

- Have any of your children or brothers or sisters lived with you during the last two years? If so, please describe the circumstances of the individual, the reason for the arrangement and how it has handled financially?

- Please provide the following monthly expense estimates:

Essential Expenses

How Much?

Food

Groceries	\$ _____
Lunches out	\$ _____
Dinners out	\$ _____
Other	\$ _____

Clothing

Clothing	\$ _____
Tailor	\$ _____
Dry Cleaning	\$ _____
Laundry	\$ _____

Housing

Rent	\$ _____
Mortgage	\$ _____
Real estate taxes	\$ _____
Water and sewer	\$ _____
Electricity	\$ _____
Gas	\$ _____
Telephone	\$ _____
Service Contracts	\$ _____
Other loans	\$ _____
Yard care	\$ _____
Trash	\$ _____
Homeowner's insurance	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Transportation

Auto loan payment	\$ _____
Auto lease payment	\$ _____
Repairs/Maintenance	\$ _____
Gasoline/Oil	\$ _____
Excise Tax	\$ _____
Insurance	\$ _____
Registration/License	\$ _____
Public transportation	\$ _____

Medical (to the extent not reimbursed by insurance)

Nursing home fees	\$ _____
Medical insurance	\$ _____
Physician services	\$ _____
Optometrist fees	\$ _____
Dental treatment	\$ _____
Prescription medications	\$ _____
Other _____	\$ _____
Other _____	\$ _____