



Stinson Law Firm, LLC

An elder and special needs law firm.

1980 East 116th Street, Suite 125

Carmel, Indiana 46032

p (317) 622-8181

f (317) 613-5838

This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

A. CLIENT DATA

(Husband)

(Wife)

Full Name _____
(print name as shown on your checks)

Full Name _____
(print name as shown on your checks)

Street Address _____

City _____ State _____ Zip _____

(Husband)

(Wife)

Home Phone Number _____

Home Phone Number _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Birth Date _____

Birth Date _____

Social Security Number _____

Social Security Number _____

U.S. Citizen? Yes No

U.S. Citizen? Yes No

Veteran? Yes No

Veteran? Yes No

Employer _____

Employer _____

Retirement Date _____

Retirement Date _____

Living at home
 hospital
 nursing facility
 assisted living
 other _____

Living at home
 hospital
 nursing facility
 assisted living
 other _____

B. FAMILY (use additional pages as necessary)

Name of Child _____ Gender: Male Female
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
Spouse's Name _____ Number of Children _____ Ages _____
Relationship to Husband: Natural Child Adopted Stepchild
Relationship to Wife: Natural Child Adopted Stepchild

Name of Child _____ Gender: Male Female
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
Spouse's Name _____ Number of Children _____ Ages _____
Relationship to Husband: Natural Child Adopted Stepchild
Relationship to Wife: Natural Child Adopted Stepchild

Name of Child _____ Gender: Male Female
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
Spouse's Name _____ Number of Children _____ Ages _____
Relationship to Husband: Natural Child Adopted Stepchild
Relationship to Wife: Natural Child Adopted Stepchild

Name of Child _____ Gender: Male Female
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
Spouse's Name _____ Number of Children _____ Ages _____
Relationship to Husband: Natural Child Adopted Stepchild
Relationship to Wife: Natural Child Adopted Stepchild

Do you have any children who have died leaving children (If so, list name(s))?

Are any of your children (please check all that apply):

- Disabled Receiving Public Benefits (SSI, Medicaid, etc.) a Spendthrift
 Suffering from drug/alcohol addiction having marital difficulties a minor

Is anyone in your family at risk because of a medical condition or family history for becoming seriously ill or disabled? _____

C. HELPERS

1. INVESTMENT ADVISOR

Full Name of Investment Advisor _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

2. TAX PREPARER

Full Name of Tax Preparer _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

3. INSURANCE AGENT

Full Name of Insurance Agent _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

4. SPIRITUAL ADVISOR

Full Name of Spiritual Advisor _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

5. PHYSICIAN

Full Name of **Husband's** Primary Physician _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

Full Name of **Wife's** Primary Physician _____

Street Address _____

City _____ State _____ Zip _____ Phone Number _____

6. OTHER

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care? (List in order of priority)

Who knows best how you like to live and would help you if you were incapacitated?

If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions and carry out other transactions for you ? (List in order of priority)

D. HEALTH INSURANCE

	(Husband)		(Wife)	
	Company	Amount	Company	Amount
MEDICARE	_____	\$ _____	_____	\$ _____
INSURANCE FROM EMPLOYER	_____	\$ _____	_____	\$ _____
MEDICARE SUPPLEMENT	_____	\$ _____	_____	\$ _____
MEDICARE PART D	_____	\$ _____	_____	\$ _____
LONG TERM CARE INSURANCE	_____	\$ _____	_____	\$ _____
OTHER	_____	\$ _____	_____	\$ _____

E. MONTHLY INCOME

	(Husband)	(Wife)	(Joint)
Social Security	\$ _____	\$ _____	\$ _____
Employment from _____	\$ _____	\$ _____	\$ _____
Employment from _____	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
Annuity from _____	\$ _____	\$ _____	\$ _____
Annuity from _____	\$ _____	\$ _____	\$ _____
IRA from _____	\$ _____	\$ _____	\$ _____
IRA from _____	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____
Business Interest	\$ _____	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

F. MONTHLY EXPENSES

1. MONTHLY SHELTER EXPENSES

Rent/Mortgage	\$ _____
Real Estate Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Heat and Electric	\$ _____
Telephone	\$ _____
Homeowner's Insurance Premium	\$ _____
Condo/HOA fees	\$ _____
Total Monthly Housing Expenses:	\$ _____

2. MONTHLY MEDICAL EXPENSES

	(Husband)	(Wife)
Nursing Home/Assisted Living	\$ _____	\$ _____
Out-of-pocket Prescription Drugs	\$ _____	\$ _____
Out-of-pocket Other Medical	\$ _____	\$ _____
Total Monthly Medical Expenses:	\$ _____	\$ _____

3. MONTHLY OTHER EXPENSES

Food	\$ _____
Clothing	\$ _____
Transportation (include gas and insurance)	\$ _____
Home Maintenance	\$ _____
Life Insurance Premiums	\$ _____
Cable TV	\$ _____
Recreation	\$ _____
Credit Card Payments	\$ _____
Federal and State Income Tax	\$ _____
Other _____	\$ _____
Total Monthly Other Expenses:	\$ _____

G. GIFTS

Have you made any gifts within the last five years to an individual or to a trust? Yes No

If yes, list below:

Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____

Have you ever filed a Federal Gift Tax Return? Yes No

H. ASSETS

**1. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)
(Please provide copies of statements)**

<u>Name of Bank/Branch</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>How Title Held</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

2. SECURITIES (Brokerage Accounts, Stocks, Bonds, etc.)
(Please provide copies of statements)

<u>Name of Company</u>	<u>Account No./ Type of Sec.</u>	<u>Shares (if non- account)</u>	<u>Value</u>	<u>How Title Held</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

3. RETIREMENT ACCOUNTS (IRAs, 401K, 403B, SEP, Keoghs, etc.)
(Please provide copies of statements and beneficiary designation)

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Value</u>	<u>Beneficiary</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

4. REAL ESTATE
(Please provide copies of deeds and most recent tax bills)

<u>Description (Location)</u>	<u>Cost (Basis)</u>	<u>Market Value</u>	<u>Mortgage Bal.</u>	<u>How Title Held</u>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

5. LIFE INSURANCE

<u>Who's Life?</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Policy No.</u>	<u>Yearly Cost</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	_____

On any policy, are the **owners** different from the person whose life is insured? _____

6. PERSONAL PROPERTY (Automobiles, RVs, Boats, Heirlooms, Antiques, Jewelry, Collections, etc.)

<u>Description of Property</u>	<u>Value</u>	<u>How Title Held</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

7. OTHER PROPERTY

Do you have an interest in any business? (if so, who and give short description)

Do you expect an inheritance? (is so, who and give short description)

Do you have a safe deposit box at a bank? (if so, please list contents)

I. LEGAL

Please provide copy of each document.

	(Husband)	(Wife)
Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Power of Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal obligations (by contract, dissolution of marriage, etc.): _____

I am involved in a lawsuit. (please describe) _____

I have lived in a community property state (Arizona, Calif., Idaho, Louisiana, Nevada, New Mexico, Washington State, or Wisconsin): _____

Any other legal issues in which attorney should be aware: _____

J. CONTACT PERSON (person who completed this form)

Name _____	Relationship _____
Street Address _____	
City _____	State _____ Zip _____
Phone Number _____	E-mail Address _____

K. REFERRAL SOURCE

We would like to thank the person who referred you to our office:

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____



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DOCUMENTS TO BRING TO REVIEW WITH ATTORNEY:

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals
3. Certificates of Title to Motor Vehicles, R.V.s, etc.
4. Income Tax Returns for the last three (3) years
5. Gift Tax Returns
6. Life Insurance and Annuity Policies
7. Health Insurance Policies
8. Admission Agreements to hospitals and health facilities
9. Certificates, Passbooks, Statements of Account for Savings, Checking, Credit Union Share Accounts
10. Certificates, Brokerage Statements for stocks, bonds and securities
11. Divorce decrees, Prenuptial Agreements, Adoption Papers
12. Guardianship Documents
13. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
14. Employee or retiree benefit booklets and statements
15. Business papers: partnership agreements, corporate minute book, buy/sell agreements, financial statements, business tax returns
16. A list of full names, addresses, telephone numbers and social security numbers of people who have a part in my planning as executors, trustees, beneficiaries of my estate, helpers and advisors
17. Documents regarding prearranged funeral and/or burial plot
18. Documentation of any gifts made in the past five (5) years
19. Property tax statements
20. Military Discharge Papers (DD-214)



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