



Planning care. Protecting the ones you love.

**\*\* Confidential Planning Information for Couple \*\***

*For use by Elder Law of Solutions  
Emily Monarch, Attorney*

We are located at 815 John Harper Hwy, Suite 6 Shepherdsville, KY 40165

**These questions pertain to the persons, Husband and Wife, for whom we are planning.** We ask a lot of questions on this form because we need this information about you for our planning. Do your best, but do not worry if some of the information is not available to fill in or applicable to you.

Please call us at (502) 955-1005 if you have any questions or concerns about completing this form.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Personal Information**

Husband:			Wife:	
County			County	
Date of Birth:			Date of Birth:	
Place of Birth:			Place of Birth:	
U.S. Citizen?	Yes	No	U.S. Citizen?	Yes No
Veteran?	Yes	No	Veteran?	Yes No

Marriage Information:

Date and place of marriage: \_\_\_\_\_

**Children (names, addresses, phone, ages):**

1	
2	
3	
4	

If either of you are not living at home:

Name of facility: \_\_\_\_\_

Date of admission: \_\_\_\_\_

Please describe your major health problems (if any):

Husband:

Wife:

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)?

\_\_\_\_\_

Is there anyone we should not contact? \_\_\_\_\_

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)?

Yes No

If yes, who?: \_\_\_\_\_

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities? Yes No

If yes, who?: \_\_\_\_\_

II. Resources

Monthly Income

Source	Husband	Wife
Social Security		
Pension		
Interest or Dividend Income		
Other		
Total		

Real Estate You Own

A. Personal Residence

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_

Tax-Appraised Value: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

B. Other Real Estate

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_

Tax-Appraised Value: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

Life Insurance	Policy 1	Policy 2
Company Name		
Owner of Policy		
Insured		
Beneficiary		
Death Benefit (face value)		
Current Cash Value (if any)		
Loan Against Policy (if any)		

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes          No

If yes, describe the arrangements: \_\_\_\_\_

Have you given away any money or property within the last 60 months? Yes   No

If you have, what did you give away and when? \_\_\_\_\_

Do you have any of the following documents?	Husband	Wife
	Yes   No	Yes   No
Durable Power of Attorney	Yes   No	Yes   No
Health Care Power of Attorney	Yes   No	Yes   No
Living Will	Yes   No	Yes   No
Will	Yes   No	Yes   No
Revocable Living Trust	Yes   No	Yes   No

If you do, please bring them with you to the meeting.