



ELDER LAW SOLUTIONS PLLC

Planning care. Protecting the ones you love.

** Confidential Planning Information for Individual **

*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 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

If you were married:

Yourself:			Wife:	
County			Date of Death:	
Date of Birth:			or Date of Divorce:	
Place of Birth:			Place of Death:	
U.S. Citizen?	Yes	No		
Veteran?	Yes	No		

Marriage Information:

Date and place of marriage: _____

Children (names, addresses, phone, ages):

1	
2	
3	
4	

If you are not living at home:

Name of facility: _____

Date of admission: _____

Please describe your major health problems (if any):

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

Do not list interest or dividend income.

Source	Monthly	Annually
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.