DENMURE
LAW OFFICE, LLC | EST. 1932
402 Second Street | Aurora, Indiana | 47001
(812) 926-1227 (T) | (812) 926-2224 (F)

Douglas R. Denmure — *Attorney/Owner*
Ashlee K. Satterfield — *Attorney/Owner*
Markie M. Smith — *Attorney/Owner*
Rachel R. Thies — *Estate Settlement Paralegal*
Leah A. Oelker — *Medicaid Legal Assistant*
Roxanne E. Fay — *Legal Assistant*
Breanna J. Upton — *Legal Assistant*

ESTATE PLANNING AND NURSING HOME PLANNING QUESTIONNAIRE

Confidentiality: The following information will be held in the strictest confidence. Please complete the questionnaire as thoroughly and as accurately as possible so that we can provide the best possible legal advice.

Date Completed_____

	Spouse 1	Spouse 2 (If Married)
Full Legal Name		
Social Security Number		
Date of Birth		
Legal Address		
County of Residence		
Home Phone	Cell Phone	Cell Phone
Email Address		

	Spouse 1	Spouse 2
Income Source	Monthly *Gross A*mount	Monthly G*ross A*mount
Salary or Wages		
Social Security Benefits		
Railroad Retirement Benefits		
Retirement or Pension Benefits		
Veterans Benefits		
Rental Income		
Farm Income		
Interest or Dividends		
Other		
TOTAL INCOME		

Does the client file taxes? Client 1: _____ Client 2: _____

If married, do the clients file taxes jointly? Yes/No

Referral Information

We like to thank those who are kind enough to refer new clients to our office.
Please provide the name and address of the person who referred you to this office.

Name: _____Address:_____
If you were not referred to our office, how did you find us?_____

Are the following estate planning documents in place? (Circle One) If yes please provide a copy.

	Spouse 1	Spouse 2
Last Will and Testament	Yes/No	Yes/No
Living Revocable Trust	Yes/No	Yes/No
Durable Power of Attorney	Yes/No	Yes/No
Living Will or Health Care Power of Attorney	Yes/No	Yes/No

Please list any assets owned by the individual or any assets owned by either spouse if married.

Type of Asset	**Company**	**Last 4 of Account #**	**Owner(s) on Account**	**Value**
Checking Accounts				
Savings Accounts				
Other Bank Accounts				
Certificates of Deposit				
IRAs/401Ks				
Nursing Home Account				
Mutual Funds				
Stocks				
Bonds				
Annuities				
Life Insurance				
Business Interest				
Residential Real Estate				Mortgage (Yes/No)
Other Real Estate				Mortgage (Yes/No)
Livestock				
Automobiles				
RVs, Campers				
Boats				
ATVs				
Trailers				
Safety Deposit Box				
Prepaid Funeral(s)				
Other				

Are there any loans on any of the assets: Yes / No
If Yes, please explain: _____
Does either spouse expect to receive an inheritance or other windfall?
If Yes, please explain: _____

Please list **all children** for either or both spouses, even if they will not be listed on estate planning documents or are estranged. **If you plan to nominate another family member on any estate planning documents, please include their contact information here.**

Parent	Name	Full Address	Telephone # & Email Address	Children (Grandchildren)
Client1(_) Client2(_) Both (_)	Spouse:			
Client1(_) Client2(_) Both (_)	Spouse:			
Client1(_) Client2(_) Both (_)	Spouse:			
Client1(_) Client2(_) Both (_)	Spouse:			
Client1(_) Client2(_) Both (_)	Spouse:			
Client1(_) Client2(_) Both (_)	Spouse:			

Are any of your children disabled? Yes _____ No_____
Are any of your children on Medicaid? Yes _____ No_____
Do any of your children live with you in your home? Yes _____ No_____
If so, for how long?_____

Do you have any predeceased children? Yes _____ No _____
For predeceased children, please list their name(s) and the name(s) of their children:

Child: _____ their children _____
_____
_____
Child: _____ their children _____
_____
_____

Does either client have a deceased spouse? Yes _____No_____
If yes: Name:_____ Date of Death:_____
Has either client ever been divorced? Yes _____No_____
If yes: Name:_____ Year of Divorce:_____
Does either spouse have a divorce decree/pre-nuptial or post-nuptial agreement?
Yes _____No_____

If either client is in a nursing home, assisted living, receiving in-home care, or planning to soon, please complete pages 5 & 6. Otherwise, you can stop here.

For Married Clients Only - Prior to now, has the client has ever been institutionalized for 30 consecutive days since September 30, 1989? Yes_____ No_____
If Yes, please complete the following:
Hospital Name:_____Location:_____
Admission Date:_____ Discharge Date:_____
Nursing Facility:_____Location:_____
Admission Date:_____ Discharge Date:_____

For Current Institutionalization:

If there was a Hospitalization Immediately Prior to Admission:
Hospital Name:_____Location:_____
Admission Date:_____ Discharge Date:_____

Nursing Facility:_____Location:_____
Admission Date:_____ Discharge Date:_____
Diagnosis:_____
Prognosis:_____
Is the client in **assisted living** or in the **nursing home**? (Circle One)
Is the client in a Medicaid approved bed? Yes ____ No ____

Is the client able to physically sign documents? Yes ____ No ____
Is the client able to understand documents? Yes ____ No ____

Insurance Information

Does the nursing home client have nursing home/long term care insurance?
Yes____ No____ If so, please furnish a copy of the nursing home insurance policy.

Name of **Supplemental** Health Insurance Company:
Institutionalized Spouse _____ Monthly Premium:_____
Community Spouse _____ Monthly Premium:_____

Name of **Prescription** Insurance Company:
Institutionalized Spouse _____ Monthly Premium:_____
Community Spouse _____ Monthly Premium:_____

Highest Grade Level Completed: Client 1:_____ Client 2:_____
Ever been convicted of a felony? Client 1: _____ Client 2: _____
Previous drug convictions? Client 1: _____ Client 2: _____

Has either client made a gift of cash or an asset worth in excess of $1,000 in value to an individual other than the other spouse within the past 5 years? If so, please list:

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

Recipient_____ Date_____ Value $_____

If either spouse is owed money by someone else, please explain:_____
_____

If you are meeting with the attorneys for a client who is in a nursing home or will be soon, the following documents are helpful to have with you during your consultation:

1. Income verification letters or check stubs showing GROSS income amount for all income sources.
2. Deeds to any property owned.
3. Recent verification of the cash surrender value and death benefit of all life insurance policies.
4. Bank statements covering the last 4 months for any open accounts with copies of cancelled checks.
5. Verification of current value of any assets including IRAs, 401Ks, CDs, stocks, bonds, etc.
6. Copy of title or registration and approximate mileage of any vehicles, campers, boats, ATVs, trailers, etc.
7. Verification of admission and discharge dates to hospitals and nursing homes if there has been a past institutionalization of 30 days or more. (We only need this if married.)
8. Current premiums paid for health insurance.

Please note that we will need verification for all of the above for both spouses if married.