


PRATHER & SWANK P.A.
 ELDER LAW ATTORNEYS

These questions pertain to the person(s) for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. Financial information is extremely important so be as detailed as you can. Copies of the recent statements from financial institutions are requested, if available. Please provide us with your completed intake as early as possible before your appointment date. The intake may be mailed, emailed, faxed or dropped off at our office. Please call us at 239-288-4315 if you have any questions or concerns about completing this form.

PERSONAL DATA

Please Print

Date of marriage: _____

City, County, State: _____

Husband

Wife

Legal Name: _____

Legal Name: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Birthdate: _____ Age: _____

Birthdate: _____ Age: _____

Are you a U.S. Citizen? Yes No

Are you a U.S. Citizen? Yes No

Are you a Florida Resident? Yes No

Are you a Florida Resident? Yes No

Mother's Maiden Name: _____

Mother's Maiden Name: _____

Were you referred to our firm?

Yes No

If so, by whom? Name: _____

If not referred, what made you choose our firm? _____

What is the primary purpose of your visit? _____

Please list the name of the person who completed this form: _____



PERSONAL INFORMATION

(Do you currently have?)

	Husband	Wife
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Last Will & Testament	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Surrogate	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post Nuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>

1. Are you a veteran? Yes No
2. If yes to either, did you/they serve during wartime*? Yes No What branch? _____
*WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975
(or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time period);
Persian Gulf–08/1990

3. Do either of you have any legal issues we should be aware of? Yes No
- If yes, please explain: _____

4. Do you have a safe deposit box? Yes No If yes, what is the box number? _____
Where is it located? _____
Whose names are on the card? _____

5. Do you need help with any of the following activities?

	Husband	Wife
Bathing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transferring from bed to chair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeding yourself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doing laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Managing money	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Do either one of you have medical conditions we should be aware of? Yes No
- If yes, please explain:
Husband: _____
Wife: _____

7. What medications do you take and what are they for? _____

Husband: _____

Wife: _____

8. If you were unable to make *medical* decisions for yourself, who would you want to do so?
(i.e. Name as your health care surrogate) Please list in order of priority.

Husband

Wife

a) Name: _____

a) Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

b) Name: _____

b) Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

c) Name: _____

c) Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

9. Do you wish to be an organ donor?

Husband
Yes No

Wife
Yes No

10. If you were having a heart attack, would you want to be resuscitated (given CPR)?

Yes No

Yes No

11. If you were seriously ill or in a comatose state, would you want to have a feeding tube? Yes No

Yes No

12. **Husband**

Wife

Do you want to be buried or cremated? _____

Do you want to be buried or cremated? _____

Are the arrangements paid for? Yes No

Are the arrangements paid for? Yes No

CHILDREN

12. Please list names as they would appear on legal documents. Also, list children who have predeceased you, if any, and their children. You should also list any children from which you are estranged and note if you do not wish them to benefit from your estate.

Husband

a) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

b) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

c) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

Wife

a) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

b) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

c) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

d) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

e) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

f) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

d) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

e) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

f) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

- 13.** Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes No
If yes, please indicate the type and the amount: _____

HEALTH INSURANCE

14. Do you have any of the following?

Medicare:

If yes, do you also have **Part D** (drug) coverage?

Part D Provider: _____

Medicare Supplement:

Medicare Supplement Provider: _____

Private Health Insurance:

If yes, list company: _____

Prescription Coverage (not Medicare Part D):

If yes, list company: _____

Long Term Care Insurance:

If yes, list company: _____

Husband

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Wife

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

FINANCIAL

15. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months? Yes No

Have you added a person's name to real property or other asset within the last 60 months? Yes No

If yes, please complete the following: *(use separate page if necessary)*

Husband

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

Wife

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

16. Do you have any **life insurance policies**? *(Do not list annuities here)*

Yes No

If yes, please complete the following:

Husband

a) Company Name: _____

Policy Number: _____

Owner: _____

Wife

a) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

b) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

c) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

d) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

b) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

c) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

d) Company Name: _____

Policy Number: _____

Owner: _____

Insured: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Contingent Beneficiary: _____

17. TOTAL CASH SURRENDER VALUES: \$ _____ \$ _____

18. Please list the **personal property** that you own (*cars, RVs, boats, manufactured homes, art, jewelry, antiques*):

Description of property

Value of property: _____

How are properties titled?: _____

19. Total Value of Personal Property: \$ _____

REAL ESTATE

20. Real Estate (*Please provide a copy of the deed or title for all real property*)

a) Primary Residence Address: _____

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

b) Secondary Residence Address (if applicable): _____

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

c) Other Real Property Owned:

i) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

ii) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Total Value of Real Estate: \$ _____

Less Outstanding Mortgages: \$ _____

21. Equity in Real Estate: \$ _____

INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. *If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.*

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 7890
Company Name: ABC Bank
How is it titled?: John Doe & Mary Doe
Beneficiary: Children of John & Mary Doe
Value: \$1,000.00 Maturity Date: 01/22/2016 Interest Rate: 1.5%

22. Intangible Assets

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- e) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

- f) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- g) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- h) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- i) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- j) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- k) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____

23. Total Value of Intangible Assets: _____

RETIREMENT FUNDS
(IRAS, KEOGHS, OR 401K PLANS)

24. Retirement Funds

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

25. Total Value of Retirement Funds: \$ _____

26. Totals (refer to corresponding numbers for totals)

Total cash surrender value of life insurance (#17): \$ _____
Total value of personal property (#19): \$ _____
Total equity value of real estate (#21): \$ _____
Total value of intangible assets (#23): \$ _____
Total value of retirement accounts (#25): \$ _____

TOTAL VALUE OF ALL ASSETS: \$ _____

MONTHLY INCOME

27: Monthly Income (*Please list income from all sources*)

	Husband	Wife
<u>Social Security:</u>	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Disability:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Pension(s):</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____ From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____ From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Veteran's Admin.:</u>	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Employment:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____

Annuity:

(in pay mode)

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

Other: (Rent, Mortgages, IRA, etc.)

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

Total GROSS Monthly Income: \$ _____

\$ _____

28. Does your monthly income cover your monthly expenses?

Yes No

29. LIABILITIES

Mortgages: \$ _____

Notes to Others: \$ _____

Credit Card Debt: \$ _____

Notes to Banks: \$ _____

Unpaid Medical: \$ _____

Other: \$ _____

Total Liabilities: \$ _____

30. If you were unable to carry out your *financial* business, who would you want to manage your assets?
(i.e. Name as your Power of Attorney) Please list in order of priority.

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes No

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes No

c) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes No

31. Who shall receive the balance of your estate? (Please give percentages if more than one): _____

32. Who do you want to serve as your personal representative? (This must be a blood relative or a Florida Resident. Please list in order of preference)

a) Name: _____ Relationship: _____

Contact Number: _____ May we speak with this person if needed? Yes No

b) Name: _____ Relationship: _____

Contact Number: _____ May we speak with this person if needed? Yes No

*Please mark the box if we are not authorized to contact you, or anyone else on your behalf, via email. No

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Husband

Wife

Date

Date

DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

Please provide copies of the following for your loved one and spouse, if married:

- | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | A valid driver license or some other government issued photo identification (front and back). | | | |
| | Husband | | Wife | |
| | Original | Copy | Original | Copy |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Last Will & Testament | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Durable Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Designation of Health Care Surrogate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Living Will | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Pre/Post Nuptial Agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <u>Most recent statement</u> (<i>not a computer printout</i>) for all bank accounts, brokerage accounts, stock certifications, IRAs, annuities policies, Certificates of Deposit, Mortgages, promissory notes or any other assets. | | | |