

PRATHER & SWANK P.A.
ELDER LAW ATTORNEYS

These questions pertain to the person 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. Please provide us with your completed intake as early as possible before your appointment date. The intake may also be mailed or dropped off at our office. This information may also be emailed or faxed if you prefer. Please call us at 239-288-4315 if you have any questions or concerns about completing this form.

PERSONAL DATA

Please Print

Legal Name: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Social Security #: _____

Date of Birth: _____

Mother's Maiden Name: _____

Are you a U.S. Citizen?

Yes No

Are you a Florida Resident?

Yes No

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 indicate the name of the person who completed this form: _____

If widowed, please complete the following regarding your deceased spouse:

Name: _____

Birthdate: _____ Date of death: _____

City/State of death: _____

If divorced, please complete the following regarding your former spouse:

Name: _____

Date of divorce: _____



PERSONAL INFORMATION

Place a checkmark by the documents that you currently have.

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

1. Are you a veteran? Yes No If widowed, was your spouse a veteran? Yes No
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

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

3. 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? _____

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

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

5. Do you have any medical conditions we should be aware of? Yes No
If yes, please explain: _____

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

7. 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.

a) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Do you wish to be an organ donor? Yes No
9. If you were having a heart attack, would you want to be resuscitated (given CPR)? Yes No
10. If you were seriously ill or in a comatose state, would you want to have a feeding tube? Yes No
11. When you pass away, do you want to be buried or cremated? _____
 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 that you do not want them to benefit from your estate, if that is your wish.

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

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

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

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: _____

f) Name/Age: _____

Date of birth: _____

Date of birth: _____

Address: _____

Address: _____

Contact number: _____

Contact number: _____

Spouse's name/age: _____

Spouse's name/age: _____

Children's names/ages: _____

Children's names/ages: _____

May we speak with this person if needed? Yes No

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 who that is and the type and the amount of benefit:

HEALTH INSURANCE

14. Do you have any of the following?

Yes No **Medicare;**

Yes No **Part D;** (prescription) coverage If yes, list company: _____

Yes No **Medicare Supplement;** If yes, list company: _____

Yes No **Private Health Insurance;** If yes, list company: _____

Yes No **Retirement Health Insurance;** If yes, list company: _____

Yes No **Prescription Coverage;** If yes, list company: _____

(Not Medicare Part D)

Yes No **Long Term Care Insurance;** If yes, list company: _____

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)

a) Gift Recipient: _____

b) Gift Recipient: _____

Date of gift: _____

Date of gift: _____

Value of gift or transfer: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

d) Gift Recipient: _____

Date of gift: _____

Date of gift: _____

Value of gift or transfer: _____

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:

- | | | |
|-----------|---------------------|-------------------------------|
| a) | Company Name: _____ | Policy Number: _____ |
| | Owner: _____ | Face Value: _____ |
| | Insured: _____ | Cash Surrender Value: _____ |
| | Beneficiary: _____ | Contingent Beneficiary: _____ |
| b) | Company Name: _____ | Policy Number: _____ |
| | Owner: _____ | Face Value: _____ |
| | Insured: _____ | Cash Surrender Value: _____ |
| | Beneficiary: _____ | Contingent Beneficiary: _____ |
| c) | Company Name: _____ | Policy Number: _____ |
| | Owner: _____ | Face Value: _____ |
| | Insured: _____ | Cash Surrender Value: _____ |
| | Beneficiary: _____ | Contingent Beneficiary: _____ |
| d) | Company Name: _____ | Policy Number: _____ |
| | Owner: _____ | Face Value: _____ |
| | Insured: _____ | Cash Surrender Value: _____ |
| | Beneficiary: _____ | Contingent Beneficiary: _____ |

17. Total Cash Surrender Values of Life Insurance: \$ _____

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

Description of property

Value of property: _____

How is property titled?: _____

19. Total Value of Personal Property: \$ _____

REAL ESTATE

(Please provide a copy of the deed or title for all real property)

20. 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: _____

Mortgage balance (if any): _____

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 #: 1234
Company Name: ABC Bank
How is it titled?: John Doe & Mary Doe
Beneficiary: Children of John & Mary Doe
Value: \$1,000.00 Maturity Date: 01/22/2014 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

- 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: (Please list income from all sources)

<u>Social Security:</u>	Gross: \$ _____	Medicare Deduction: \$ _____
	Net: \$ _____	Direct deposit to: _____
<u>Disability:</u>	From: _____	Deductions: \$ _____
	Gross: \$ _____	Direct deposit to: _____
	Net: \$ _____	
<u>Pension(s):</u>	From: _____	From: _____
	Gross: \$ _____	Gross: \$ _____
	Net: \$ _____	Net: \$ _____
	Deductions: \$ _____	Deductions: \$ _____
	Direct deposit to: _____	Direct deposit to: _____
<u>Veteran's Admin.:</u>	Gross: \$ _____	Deductions: \$ _____
	Net: \$ _____	Direct deposit to: _____
<u>Employment:</u>	From: _____	Deductions: \$ _____
	Gross: \$ _____	Direct deposit to: _____
	Net: \$ _____	
<u>Annuity: (in pay mode)</u>	From: _____	From: _____
	Gross: \$ _____	Gross: \$ _____
	Net: \$ _____	Net: \$ _____
	Deductions: \$ _____	Deductions: \$ _____
	Direct deposit to: _____	Direct deposit to: _____
<u>Other: (Rent, Mortgages, IRA, etc.)</u>	From: _____	Deductions: \$ _____
	Gross: \$ _____	Direct deposit to: _____
	Net: \$ _____	
Total GROSS Monthly Income: \$ _____		

28. Does your monthly income cover your monthly expenses? Yes No

29. LIABILITIES

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Debt:	\$ _____	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 <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

*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.

Signature

Date

DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

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

- A valid driver license or some other government issued photo identification (front and back).
(*required*)

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

- Most recent statement (not a computer printout) for all bank accounts, brokerage accounts, stock certifications, IRAs, annuities policies, Certificates of Deposit, Mortgages, promissory notes or any other assets.