

LONG-TERM CARE INFORMATION

PERSONAL INFORMATION

Legal name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Spouse's name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Date of marriage: _____ If divorced, are there any lingering obligations
under divorce judgments? _____

Address: _____

Telephone: (home) _____ () _____

(work - you) _____ () _____

(work – spouse) _____ () _____

If in assisted living or skilled-nursing facility, daily rate: _____

Date admitted: _____

How did you learn about this firm? _____

FAMILY INFORMATION

Child #1 (of _____ (if not mutual with current spouse))

Legal name: _____ Date of birth: _____

Address: _____

Telephone: _____

Spouse: _____

Grandchildren names and ages: _____

Child #2 (of _____ (if not mutual with current spouse))

Legal name: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse: _____

Grandchildren names and ages: _____

Child #3 (of _____ (if not mutual with current spouse))

Legal name: _____ Date of birth: _____

Address: _____

Telephone: _____

Spouse: _____

Grandchildren names and ages: _____

Child #4 (of _____ (if not mutual with current spouse))

Legal name: _____ Date of birth: _____

Address: _____

Telephone: _____

Spouse: _____

Grandchildren names and ages: _____

Please note any special circumstances related to your children, including divorce, separation, physical/mental impairments, and/or estrangements: _____

ASSET INFORMATION

Please list each asset you (and your spouse) own, even if jointly held with another person or in a trust. Please use the following codes to identify whose name is on each asset. **Please bring a copy of each deed and most recent real estate tax bills(s).**

- H Titled in husband's name individually
- W Titled in wife's name individually
- JT Titled in both husband's and wife's name together
- I Titled in unmarried person's name individually
- JT w/ (fill in blank) Titled in joint names (not spouse) – please indicate names
- TR Titled in a trust—please indicate name and trustee(s)

Real Estate

(1) Property address: _____

How Titled: _____ Fair Market Value: _____

Mortgage Balance: _____ Tax-assessed Value: _____
 Year Acquired: _____ Purchase Price: _____
 Annual Taxes: _____ Insurance Premium: _____
 Did you acquire any portion of this property as a gift? _____
 Do you have a Homestead? _____ (If so, please attach a copy.)
 Do you have a home equity line? _____ How much is drawn out? _____

(2) Property address: _____

How Titled: _____ Fair Market Value: _____
 Mortgage Balance: _____ Tax-assessed Value: _____
 Year Acquired: _____ Purchase Price: _____
 Annual Taxes: _____ Insurance Premium: _____
 Did you acquire any portion of this property as a gift? _____
 Do you have a Homestead? _____ (If so, please attach a copy.)
 Do you have a home equity line? _____ How much is drawn out? _____

Bank Accounts

	How titled	Name of bank	Type (ckg/sav/CD)	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

If any bank account has a written document designating a beneficiary upon death, please so indicate: _____

IRAs/401(k)s/other retirement benefits

	Owner	Name of institution	Beneficiaries	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Stocks/Bonds/Mutual Funds

	How titled	Name of company	Original cost	# Shares	Current value
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____

Life insurance

	Insured	Name of company	Face value	Cash surrender	Death benefit
(1)	_____	_____	_____	_____	_____

Beneficiaries: _____ Type (if term, until when?) _____
 (2) _____
 Beneficiaries: _____ Type (if term, until when?) _____
 (3) _____
 Beneficiaries: _____ Type (if term, until when?) _____
 (4) _____
 Beneficiaries: _____ Type (if term, until when?) _____

Who is your CPA? _____
Who is your investment/financial planner? _____
Who is your insurance agent? _____
Do you need a referral to any of the above professionals? _____

Automobiles/boats/motor homes/trailers

	How titled	Year/make/model	Loan value	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Are all of these vehicles registered? _____
 Are all registered vehicles registered in Massachusetts? _____

Other Assets (all business interests, art/collectibles/antiques of significant value)

	How titled	Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Are you anticipating any inheritances/gifts of significance? When? _____

INCOME INFORMATION

Please list *monthly* gross income figures (i.e., before any deductions).

Type	You (occupation: _____)	Spouse (occupation: _____)
Wages	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

HEALTH INSURANCE (e.g., Medicare/Medex coverage)

Company: _____ Premium: _____ How paid/under whom? _____
 Company: _____ Premium: _____ How paid/under whom? _____

OTHER PERTINENT INFORMATION YOU WANT US TO KNOW
