



Helping you protect what's important

**CONFIDENTIAL
INITIAL MEETING
MEDICAID PLANNING
QUESTIONNAIRE**

PREPARED BY

Frisse & Brewster Law Offices, LLC

Estate Planning, Trust & Estate Settlement, Farm & Business Planning & VA Planning

111 Sheriff Street
PO Box 430
Paris, Illinois 61944
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Fax 217-463-4005

Other Locations
By Appointment Only
Effingham
Toll Free from Illinois & Indiana
800-734-7550

2901 Ohio Blvd.
Suite 110
Terre Haute, Indiana 47803
812-234-2777
Fax 812-232-1209

DATE: _____

GENERAL INFORMATION

Husband: Legal Name _____	Wife: Legal Name _____
How does your name appear on income tax returns _____	How does your name appear on income tax returns _____
How do you typically sign legal documents _____	How do you typically sign legal documents _____
Common Name _____	Common Name _____
Residence Address:	
County of Residence:	
Country of Citizenship*:	
Husband:	Wife:
Residence Telephone:	
Mobile Telephone:	
Husband:	Wife:
Home Fax:	
E-Mail Address:	
Husband:	Wife:
Employer/Business Name:	
Husband:	Wife:
Employer/Business Address:	
Husband:	Wife:
Employer/Business Telephone:	
Husband:	Wife:
Position/Title/Occupation:	
Husband:	Wife:
Date of Birth:	
Husband:	Wife:
Social Security Number:	
Husband:	Wife:

Are you a Veteran or a Spouse of a Veteran?
Do you have a tribal connection to any Native American tribe?
How do you prefer to communicate (Regular mail or E-Mail)?

* It is very important to plan carefully for tax or property consequences that may result from any interstate or international aspects of your estate. If you travel extensively or own residential property in more than one jurisdiction, please be prepared to discuss your views regarding what you consider to be your principal residence.

Community Property Domicile:	
If you have ever lived in any the following community property states, please indicate which states and the dates you resided in the state – Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin:	
Married?	Date: _____ Place: _____
Pre-Marital Agreement? If yes, please supply a copy.	
Previously married?	Husband: _____ Yes _____ No How many times? _____ Wife: _____ Yes _____ No How many times? _____
For each prior marriage of either spouse, indicate name of prior spouse, date of marriage, date of termination (divorce, death) and, if divorced, whether prior spouse is living. Please supply copies of any divorce decrees.	
Please indicate what estate planning documents are currently in effect and the dates of execution:	
Date of Living Trust and Amendments (if any): _____	
Date of Will and Codicils (if any): _____	
Date of Powers of Attorney (if any): Property: _____ Health Care: _____	

Date of Living Will (if any): _____

Date of other estate planning documents (if any): _____

Do you have Long Term Care Insurance? ____ Yes ____ No.

Please supply copies of current documents.

FAMILY

List children in order of birth, and indicate if any are deceased.
(If not from your marriage together, please circle **Husband** or **Wife**.)

CHILD'S NAME (first, middle initial, last)		If not from your marriage together	ADDRESS	BIRTH DATE	SPOUSE
1.		H or W			
2.		H or W			
3.		H or W			
4.		H or W			
5.		H or W			
6.		H or W			

List each grandchild, and indicate which of your children is that grandchild's parent.

GRANDCHILD'S NAME (first, middle initial, last)		PARENT (by number, from above)	BIRTH DATE	SPOUSE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are all of the above persons U.S. Citizens? If not, please explain:

Do any of your children or grandchildren require special consideration? (Consider, for example, their educational, mental, or physical needs). If so, please explain:

Is anyone, other than minor children, dependent on you? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain who and how?

Is there a Court Order requiring you to pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like to provide for any children you might have or adopt in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADVISORS

Accountant/CPA
Firm/Name:
Address:
Telephone Number:
Financial Advisor
Firm/Name:
Address:
Telephone Number:
Personal Banker/Other
Firm/Name:
Address:
Telephone Number:
Stock Broker/Other
Firm/Name:
Address:
Telephone Number:
Life Insurance Agent
Firm/Name:
Address:
Telephone Number:

AFFILIATIONS AND ORGANIZATIONS

Faith-Based or Religious Affiliation
Organization's Name:
Leader/Director:
Address:
Telephone Number:
Organizations/Community Groups
Name of Entity:
Contact Person:
Telephone Number:
Name of Entity:
Contact Person:
Telephone Number:
Name of Entity:
Contact Person:
Telephone Number:
Name of Entity:
Contact Person:
Telephone Number:
Charities
Name of Charity:
Contact Person:
Telephone Number:
Name of Charity:
Contact Person:
Telephone Number:
Name of Charity:
Contact Person:
Telephone Number:

Monthly Income & Expense Worksheet

Monthly Income:

Social Security \$ _____

Pension \$ _____
(Company, Gov't, etc.)

Annuity Income \$ _____

401K \$ _____

Disability Income \$ _____
Insurance

IRA Income \$ _____

Interest Income \$ _____
(stocks, CDs, bonds)

Farm Income \$ _____

Rental Income \$ _____

Oil Income \$ _____

Wages \$ _____

Other \$ _____

Monthly Expenses:

House or Rent payment \$ _____

Utilities \$ _____
(Electric, gas, water)

Car payment(s) \$ _____

Credit card payment(s) \$ _____

Other debt payment(s) \$ _____

Health Insurance \$ _____

Car Insurance \$ _____

Medicare Insurance
Premiums \$ _____

Medicare Supplement
Insurance Premiums \$ _____

Home or Renters Ins. \$ _____

Dues \$ _____

Prescriptions \$ _____

Property Taxes \$ _____

Other \$ _____

Other \$ _____

FINANCIAL SUMMARY

ASSETS	VALUES	TOTAL NUMBER OF ACCOUNTS/PARCELS
Cash & Notes (Checking, Savings, CDs, Money Market, money owed to you)	\$	
Real Estate (Residential/Commercial/Farmland/Rental/Time Shares/Cemetery Plots)	\$	
Securities (Stock/Mutual Funds/Bonds)	\$	
Business Interests (Corporation/LLC/Partnerships/etc.)	\$	
Life Insurance (death benefit) (Whole/Term/Variable/Universal/etc.)	\$	
Annuities	\$	
Qualified Retirement Plans & IRAs (Traditional IRA/Keogh/SEP/Roth/Pension/401k/Profit Sharing)	\$	
Non-Qualified Employee Benefits (Deferred Comp/ESOP/etc.)	\$	
Tangible Personal Property (Furniture/Autos/Collections/Jewelry/etc.)	\$	
Miscellaneous	\$	
TOTALS	\$	
LIABILITIES		
Mortgages	\$	
Loans/Notes	\$	
Other Liabilities (Taxes/Student Loans/Credit Cards/etc.)	\$	
TOTALS	\$	
NET WORTH (Assets minus Liabilities)	\$	

Please be prepared to provide a copy of your most recently-filed tax return (Form 1040), including all schedules and a copy of your most recent financial statement (if any).

06/07/2017