



JULIAN GRAY ASSOCIATES

ELDER LAW ♦ ESTATE & DISABILITY PLANNING

AVOID MISTAKES. PROTECT ASSETS.

ESTATE PLANNING QUESTIONNAIRE

(PLEASE COMPLETE THIS PACKET IN INK)

This information packet must be returned to us at least three days prior to your meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, call our Client Relations Manager, Courtney Bachik, at (412-458-6000).

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

Julian Gray Associates
954 Greentree Road
Pittsburgh, PA 15220
Phone: 412-458-6000
Fax: 412-458-6015

www.GrayElderLaw.com

C. LIFE INSURANCE

Name of Insurance Company _____ **Policy #** _____

Street Address _____

City _____ State _____ Zip _____

Type of Policy _____ Owner _____

Insured _____ Beneficiary _____

Death Benefit: \$ _____ Face Value \$ _____ Cash Value \$ _____

Name of Insurance Company _____ **Policy #** _____

Street Address _____

City _____ State _____ Zip _____

Type of Policy _____ Owner _____

Insured _____ Beneficiary _____

Death Benefit: \$ _____ Face Value \$ _____ Cash Value \$ _____

Name of Insurance Company _____ **Policy #** _____

Street Address _____

City _____ State _____ Zip _____

Type of Policy _____ Owner _____

Insured _____ Beneficiary _____

Death Benefit: \$ _____ Face Value \$ _____ Cash Value \$ _____

D. LONG TERM CARE INSURANCE

Name of Insurance Company _____ **Policy #** _____

Street Address _____

City _____ State _____ Zip _____

Type of Policy _____ Owner _____

Insured _____ Beneficiary _____

Daily Rate: \$ _____ Maximum Payment \$ _____ Duration of Policy _____

E. CHILDREN (if applicable, including adult children)

Check this box if you have No living children (adult or minor).

Name of Child _____

Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Married? _____ Children? _____

Name of Child _____

Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Married? _____ Children? _____

Name of Child _____

Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Married? _____ Children? _____

Name of Child _____

Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Married? _____ Children? _____

Name of Child _____

Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Married? _____ Children? _____

Are all of your children in good health? Yes No
 Are any of your children blind? Yes No
 Are any of your children disabled? Yes No
 Are any of your children receiving government benefits such as Social Security disability, SSI, Medicaid or Veteran's Benefits? If so, please specify. Yes _____ No
 Do any of your family members have any problems with:
 Drug Addiction? Yes No
 Alcoholism? Yes No
 Spendthrift? Yes No
 Do any of your children live with you in your home? Yes No
 If yes, name of child(ren) _____

Does a sibling live in your home with you? Yes No
 If yes, name of sibling _____

Is anyone in your immediate or extended family disabled (including any spouses of your children): Yes No
 If yes, name and relationship of disabled family member _____

F. PARENTS

Do you have living parents? Yes No
 If yes, please check the applicable boxes:
 Mother _____ Father _____
 PA Resident? _____ PA Resident? _____
 Age? _____ Age? _____

G. YOUR ADVISORS:

	<u>Name</u>	<u>Telephone No.</u>
Accountant	_____	_____
Life Insurance Agent	_____	_____
Investment Advisor	_____	_____
Other Attorney	_____	_____
Other Consultant or Advisor	_____	_____

H. CURRENT ESTATE PLAN

Do you have any of the following estate planning documents?
 Last Will & Testament Yes No
 Financial/General Durable Power of Attorney Yes No if yes, Agent: _____
 Healthcare Power of Attorney/Living Will Yes No if yes, Agent: _____
 Trusts Yes No
 If yes, name of Trust: _____

I do not have any of the types of documents listed above.

I. SAFE DEPOSIT BOX

Do you have a Safe Deposit Box? Yes No

If yes, please provide name of bank where it is located: _____

J. MISCELLANEOUS

Do you own a firearm? Yes No

Do you have a gun trust? Yes No

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain.

K. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Have you visited our Website? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

L. CERTIFICATION

The undersigned hereby represents to Julian Gray Associates, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

Although reasonable value approximations are acceptable, it is important to be certain of the identity of all assets and how they are owned or titled. This Questionnaire provides for identification of assets as owned solely by wife, solely by husband, or as co-owned (either with a spouse or with another).

ASSETS/LIABILITIES

Please insert the value of each asset/liability in the appropriate space.

ASSETS	SELF	JOINTLY HELD FUNDS	LIABILITIES
Personal Effects/Household Items	\$	\$	\$
Automobile	\$	\$	\$
Checking Account	\$	\$	\$
Savings Account	\$	\$	\$
Money Market Account	\$	\$	\$
Certificates of Deposit	\$	\$	\$
Residence (Assessed Value) Block # _____ Lot # _____ (Obtain from Tax Bill)	\$	\$	\$
Other Real Estate	\$	\$	\$
Additional Automobiles	\$	\$	\$
Mutual Funds	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Annuities	\$	\$	\$
Cash Value - Life Insurance	\$	\$	\$
IRA/Roth	\$	\$	\$
401K/403B, etc.	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
TOTALS	\$	\$	\$

What did you pay for your current home including any improvements? \$ _____

Do you own any real property other than personal residence? _____

Address: _____