

Longstreet Elder Law & Estate Planning, PC

www.longstreetelderlaw.com

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Hastings, Michigan 49058
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LONG TERM CARE PLANNING QUESTIONNAIRE

Name, phone number(s) and email address of person filling out questionnaire:

Name: _____

Phone Numbers: (Home)_____ (Work)_____ (Cell)_____

Email Address: _____

Can we email documents to you for review? Yes No

Who referred you to our office? _____

*NOTICE: The purpose of this Questionnaire is to obtain information that will be used to prepare your estate plan. All of the requested information is ESSENTIAL for the proper preparation of a plan. **IMPORTANT: Failure to provide information will result in additional expense and seriously compromise estate planning.***

Please attach the following documents and indicate that they are being attached, by checking the appropriate box.

- Bank (checking/savings/CDs), Brokerage and Retirement account statements
- Pension, profit sharing or deferred compensation plan
- Business agreements and documents
- Deeds, land contracts and latest real estate tax assessment
- Life Insurance policies and annuities

Please note, the information we are requesting is important, so please fill in all applicable items thoroughly and honestly.

Bring copies of documents that are requested, especially the deed to any properties you own. It should say Warranty Deed or Quit Claim Deed at the top. It will also have a stamp or sticker from the county's Register of Deeds office indicating the date it was recorded. If you cannot locate your deed, contact your Register of Deeds office and they can print off a copy.

Having this information helps the attorney recommend the best possible options for your situation. Lack of documentation will directly affect the success of your meeting and estate plan.

If you have any questions regarding how to fill in this questionnaire, please do not hesitate to contact our office.

With respect to yourself, please respond to the following questions, and provide as much additional information as necessary to describe your current living situation.

Where do you live now?

- In an apartment In a private residence (a "house")
 In a nursing home In an adult foster care home or assisted living facility.

Who do you live with?

- Alone Other
Name _____
 Spouse Relationship _____

Which of the following housing or care costs are you currently paying, and what is the approximate monthly expense?

- Mortgage \$ _____ Utilities \$ _____
 Rent \$ _____ Taxes \$ _____
 In-home care \$ _____ Other \$ _____

With respect to your spouse, please respond to the following questions, and provide as much additional information as necessary to describe his/her current living situation.

- My spouse lives with me (see above).
- We currently pay for caretakers to come into the home to assist with caring for my spouse.
Monthly Cost: \$ _____
- I or other members of our family are providing care to my spouse in our home at no charge.
- My spouse lives in an adult foster care home or assisted living facility.
Monthly Cost: \$ _____
- My spouse lives in a nursing home.
Monthly Cost: \$ _____

If you or your spouse is currently in a nursing home, please answer the following questions with respect to whichever of you is the “nursing home resident”.

What is the name and address of the nursing home?

Did the nursing home resident enter the nursing home directly from the community, or following a stay in the hospital?

- Directly from the Community Following a hospital stay

If the nursing home resident entered the nursing home directly from the community, what was the date the nursing home resident was admitted to the nursing home?

If the nursing home resident entered the nursing home following a stay in the hospital, what was the nursing home resident’s date of admission to the hospital (preceding the nursing home resident’s release to the nursing home)?

Has or is any of the nursing home resident’s nursing home stay been covered by Medicare? Yes No

If Medicare coverage was originally provided, but has since ended, when did it end?
_____ (date)

If Medicare coverage is continuing at this time, has the nursing home resident been given a date when Medicare coverage is expected to end? Yes No

If yes, what is the date: _____

Have you ever applied for Medicaid before? Yes No

If so when was the date: _____

Who is your primary care physician (Name, Address, Phone Number):

Please describe your current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia and indicate the extent to which these conditions have reduced your ability to perform activities of daily living.

Please describe your spouse's current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia and indicate the extent to which these conditions have reduced your spouse's ability to perform activities of daily living.

Please identify your children with full, legal names and complete addresses including Zip Code (attach additional pages as needed):

Full Name (F)_____ (M)_____ (L)_____

Address _____ Male Female

Phone _____ DOB _____ Email _____

May we release information to this child? Yes No

Full Name (F)_____ (M)_____ (L)_____

Address _____ Male Female

Phone _____ DOB _____ Email _____

May we release information to this child? Yes No

Full Name (F)_____ (M)_____ (L)_____

Address _____ Male Female

Phone _____ DOB _____ Email _____

May we release information to this child? Yes No

Full Name (F)_____ (M)_____ (L)_____

Address _____ Male Female

Phone _____ DOB _____ Email _____

May we release information to this child? Yes No

Are any of your children deceased? Yes No

If yes, please identify which children are deceased and if they died leaving any children:

Are any of your children blind or disabled? Yes No

If yes, please identify which children are blind or disabled: _____

Were all of your children born to, or adopted by the same two parents?

Yes No

If not, please describe the relationships. _____

Please indicate which of the following sources of income apply, and the approximate monthly amounts:

Approximate Monthly Amount

Employment: You \$ _____
 Your Spouse \$ _____

Social Security You \$ _____
 Your Spouse \$ _____

Pension You \$ _____
 Your Spouse \$ _____

Other You \$ _____
_____ Your Spouse \$ _____

Please indicate which of the following forms of health insurance coverage are available to you and/or your spouse:

Medicare Coverage: You Your Spouse

Medicare Part D Coverage: You Your Spouse

Medicare Advantage: You Your Spouse

Name of Medicare Advantage Plan: _____

Private Health Insurance Coverage You Your Spouse

Name of private health insurance company: _____

Approximate cost per month of private health insurance coverage: \$ _____

Long Term Care Insurance Coverage: You Your Spouse

Approximate monthly costs for uncovered pharmaceutical expenses:

You: \$ _____ Your Spouse: \$ _____

Approximate monthly uncovered medical expenses (other than pharmaceuticals):

You: \$ _____ Your Spouse: \$ _____

IDENTIFY ALL REAL ESTATE IN WHICH YOU OWN AN INTEREST
(Please bring deed and latest property tax statement. The deed should say Warranty Deed or Quit Claim Deed at the top and have a stamp or sticker from the county with a recording date. If you do not know how to locate your deed, please contact your county's Register of Deeds office)

Parcel 1

Address _____

What type of property is this? Home Vacation
 Farm Rental Other _____

Do you now live, or have you ever lived on this property: Yes No

How is the property titled? _____
(FOR EXAMPLE: HUSBAND AND WIFE, TRUST, OR JOINT TENANTS WITH ANOTHER OWNER- Remember, bring deed to show us the ownership)

What is the State Equalized Value (assessed value)? \$ _____
(ATTACH COPY OF PROPERTY TAX STATEMENT)

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ Purchase price: _____

Has a portion of this property been sold or transferred: Yes No

Parcel 2

Address _____

What type of property is this? Home Vacation
 Farm Rental Other _____

Do you now live, or have you ever lived on this property: Yes No

How is the property titled? _____
(FOR EXAMPLE: HUSBAND AND WIFE, TRUST, OR JOINT TENANTS WITH ANOTHER OWNER- Remember, bring deed to show us the ownership)

What is the State Equalized Value (assessed value)? \$ _____
(ATTACH COPY OF PROPERTY TAX STATEMENT)

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ Purchase price: _____

Has a portion of this property been sold or transferred: Yes No

Parcel 3

Address _____

What type of property is this? Home Vacation
 Farm Rental Other _____

Do you now live, or have you ever lived on this property: Yes No

How is the property titled? _____
(FOR EXAMPLE: HUSBAND AND WIFE, TRUST, OR JOINT TENANTS WITH ANOTHER OWNER- Remember, bring deed to show us the ownership)

What is the State Equalized Value (assessed value)? \$ _____
(ATTACH COPY OF PROPERTY TAX STATEMENT)

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ Purchase price: _____

Has a portion of this property been sold or transferred: Yes No

Parcel 4

Address _____

What type of property is this? Home Vacation
 Farm Rental Other _____

Do you now live, or have you ever lived on this property: Yes No

How is the property titled? _____
(FOR EXAMPLE: HUSBAND AND WIFE, TRUST, OR JOINT TENANTS WITH ANOTHER OWNER- Remember, bring deed to show us the ownership)

What is the State Equalized Value (assessed value)? \$ _____
(ATTACH COPY OF PROPERTY TAX STATEMENT)

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ Purchase price: _____

Has a portion of this property been sold or transferred: Yes No

**BANK ACCOUNTS
(PLEASE BRING CURRENT STATEMENTS)**

Name of Bank or Credit Union	Account Owner (i.e., Client, Joint, or in name of Trust)	Type of Account (check, savings, C.D., etc)	Approximate Current Balance

**STOCKS, BONDS, AND INVESTMENTS
(PLEASE BRING CURRENT STATEMENTS)**

Name of Stock, Bond or Brokerage Firm	Account Owner (i.e., Client, Joint, or in name of Trust)	Approximate Current Value

**RETIREMENT ACCOUNTS
(PLEASE BRING CURRENT STATEMENTS)**

Type of Account (I.R.A., 401k, etc.)	Name of Owner	Institution where Account is held	Approximate current balance

**LIFE INSURANCE
(PLEASE BRING CURRENT STATEMENTS)**

Name of Company	Policy Number	Name of Owner	Name of Insured	Face Value	Current Cash Surrender Value

**ANNUITIES
(PLEASE BRING CURRENT STATEMENTS)**

Name of Company	Policy Number	Name of Owner	Type of Annuity	In Pay Status?	Current Cash Surrender Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CARS, BOATS, & OTHER TITLED VEHICLES or EQUIPMENT
(Bring copies of titles if appointment is regarding long-term care)**

Type of Vehicle (year and make)	Name of Owner(s)	Mileage	Approximate current value

OTHER ASSETS

(Identify all other assets not previously identified in this questionnaire.
Bring copies of relevant documents)

Type of Asset	Name of Owner(s)	Approximate current value
Promissory Note		
Land Contract (Seller's Interest)		
Collection (Art, Coins, etc.)		
Funeral Arrangements (contracts/services)		
Burial Space/Plot		

EXISTING DEBT

Type of Debt	Name of Creditor	Name of Debtor	Approximate current balance
Credit Card #1			
Credit Card #2			
Credit Card #3			
Mortgage			
Car Loan			
Land Contract (Seller's Interest)			
Promissory Note			
Other			

TRANSFERRED ASSETS

During the past five (5) years have you transferred any asset to someone other than your spouse for less than the fair market value? If so, please complete the following grid. (Including; Gifts of cash, loans to individuals)

Asset Transferred	Name of Person(s) receiving asset	Date of transfer	Approximate value at time of transfer

During the past five (5) years have you added the name of someone other than your spouse as an owner to any asset? If so, please complete the following grid.

Asset	Name of Person(s) added as owner(s)	Date of Change	Approximate value at time of change

During the past five (5) years have you transferred any asset into a trust, or “trust-like” arrangement? If so, please complete the following grid.

Asset	Name of Trust (attach copy)	Date of transfer	Approximate value at time of transfer