

# Longstreet Elder Law & Estate Planning, PC

[www.longstreetelderlaw.com](http://www.longstreetelderlaw.com)

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Hastings, Michigan 49058  
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## LONG TERM CARE PLANNING QUESTIONNAIRE

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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.**

Please provide the following information about you, and if applicable, about your spouse:

	You	Your Spouse
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Address	_____	_____
	(Street)	(Street)
Address	_____	_____
	(City, State, Zip)	(City, State, Zip)
Phones	_____	_____
County	_____	_____
Birth Date	_____	_____
SSN	_____	_____
Date of Marriage	_____	

Are you a Veteran or the spouse, dependent or parent of a Veteran? ☐ Yes  
☐ No

Please indicate which, if any, of the following estate planning documents YOU HAVE ALREADY EXECUTED.

**PLEASE BRING THESE DOCUMENTS WITH YOU TO  
APPOINTMENT**

- ☐ Will
- ☐ Revocable Trust (and any Amendments)
- ☐ Durable Power of Attorney for Finance
- ☐ Durable Power of Attorney for Health Care (Patient Advocate Designation)
- ☐ Other \_\_\_\_\_

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?

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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):

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**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.**

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**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.**

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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:

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Are any of your children blind or disabled? ☐ Yes ☐ No

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

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

☐ Yes ☐ No

If not, please describe the relationships. \_\_\_\_\_

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

**Approximate Monthly Amount**

Employment:	<input type="checkbox"/> You	\$ _____
	<input type="checkbox"/> Your Spouse	\$ _____
Social Security	<input type="checkbox"/> You	\$ _____
	<input type="checkbox"/> Your Spouse	\$ _____
Pension	<input type="checkbox"/> You	\$ _____
	<input type="checkbox"/> Your Spouse	\$ _____
Other	<input type="checkbox"/> You	\$ _____
_____	<input type="checkbox"/> 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)**

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

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

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

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

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

**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