



ELDER LAW FIRM OF ANDREW OLSEN

www.olsenelderlaw.com

Andrew W. Olsen, J.D.
Board Certified Specialist in Elder Law
Arbitrator and Superior Court Certified Mediator
Lisa Salines-Mondello, J.D., LL.M., of counsel*
Helayne B. Levy, J.D.**
Tasha M. McKinney, Paralegal
Kathleen O'Malley, Legal Assistant
* also admitted in Massachusetts
** also admitted in New York

213 North Second Street
Wilmington, North Carolina 28401
Telephone: (910) 254-0599
Facsimile: (910) 254-1481

CONFIDENTIAL LONG TERM CARE PLANNING INFORMATION

Please complete this document and bring it with you to the appointment scheduled on _____
_____.

The purpose of this document is to obtain information that will be used to prepare an individualized comprehensive plan. All of the requested information is **ESSENTIAL** for the proper preparation of a plan. ***Failure to provide information may result in additional expense and seriously compromise any planning.*** However, if you need assistance in completing this document, please contact us at **254-0599**. The Elder Law Firm of Andrew Olsen may rely on the information provided in and with this questionnaire.

Date this document was prepared: _____.

Instructions

- Attach additional sheets if necessary.
- Mark "N/A" by those items which are not applicable.
- When describing your assets, use "**J**" for assets jointly owned and state the name of the joint owner(s); use "**C**" for assets owned in your name alone; and "**S**" for assets owned in your spouse's name alone.
- If you are not the client, please provide your name, address and relationship to the client.

Name: _____

Address: _____

Relationship: _____

Phone: _____ Email: _____

How did you learn about our firm? _____

General Information

Client

Name: _____

Address: _____

County: _____

Home Phone: _____ Business Phone: _____

Social Security No. _____ - _____ - _____ Date of Birth: _____

E-Mail: _____ Age: _____

Marital Status: _____ U.S. Citizen _____yes _____no

Client's Spouse

Name: _____

Address: _____

County: _____

Home Phone: _____ Business Phone: _____

Social Security No. _____ - _____ - _____ Date of Birth: _____

E-Mail: _____ Age: _____

U.S. Citizen _____yes _____no

Have you or your spouse ever served in the armed forces? Yes No

If so, in what branch? _____

What year were you discharged? _____

What type of discharge did you receive? _____

Did you serve in any conflicts? If, so, please specify: _____

Children

(If no children, please list closest other relatives of the Client)

Name and Address	Relationship/Child of (C) or (S) (Client or Spouse)	Phone Numbers
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A.

B.

C.

D.

E.

F.

G.

H.

Client's Physical and Mental Condition

Please describe client's physical and mental condition.

Please describe client's spouse's physical and mental condition.

Do any other family members have a disability? _____

Name and relationship: _____

Describe the disability: _____

Is either the client or spouse currently a patient of a nursing home, assisted living facility or hospital?

1. Nursing home patient: _____

2. Name of nursing home, ALF or hospital: _____

3. Date of admission to the hospital _____ nursing home _____ ALF _____

4. Level of Care Designation: _____

Please provide any other related information that you believe will be beneficial to the planning process:

Real Estate

Parcel No. 1 – Residence

Address: _____

Legal Description (**Please attach copy of Deed or other instrument of title**)

Ownership: ____ Joint ____ Client ____ Spouse ____ Trust ____ Other

Name of Owner(s): _____

Date of Purchase: _____

Current Market Value: \$ _____ Tax Value\$ _____

Name of Mortgage Company, if any: _____

Mortgage Balance \$ _____

Monthly Payment \$ _____

Parcel No. 2 - Other

Address: _____

Legal Description (**Please attach copy of Deed or other instrument of title**)

Ownership: ____ Joint ____ Client ____ Spouse ____ Trust ____ Other

Name of Owner(s): _____

Date of Purchase: _____

Current Market Value: \$ _____ Tax Value\$ _____

Name of Mortgage Company, if any: _____

Mortgage Balance \$ _____

Monthly Payment \$ _____

For each additional parcel of real estate attach additional sheets providing above information.

BANK ACCOUNTS

(If more space is needed, please use back of page)
*J-Joint *C-Client's sole name *S-Spouse's sole name

Checking

<u>Name of Bank</u>	<u>Ownership "J", "C", "S"</u>	<u>Amount</u>

Savings/Money Market

<u>Name of Bank</u>	<u>Ownership "J", "C", "S"</u>	<u>Amount</u>

Certificates of Deposit

<u>Name of Bank</u>	<u>Ownership "J", "C", "S"</u>	<u>Amount</u>

Total All Accounts: \$ _____

Investments

(If more space is needed, please use the back of the page)

(J) Joint (C) Client (S) Spouse

Stocks and Mutual Funds

<u>Company</u>	<u>Number Of Shares</u>	<u>Date Acquired</u>	<u>Ownership "J", "C", "S"</u>	<u>Value</u>

Bonds and Treasury Notes

<u>Company</u>	<u>Number Of Shares</u>	<u>Date Acquired</u>	<u>Ownership "J", "C", "S"</u>	<u>Value</u>

Retirement Accounts

(IRA, 401K, pension, profit sharing and 403b accounts)

<u>Company</u>	<u>Number Of Shares</u>	<u>Date Acquired</u>	<u>Ownership "J", "C", "S"</u>	<u>Value</u>

Personal Property
 (If more space is needed, please use back of page)
 (J) Joint (C) Client (S) Spouse

Automobiles

Make and Year	Ownership "J", "C", "S"	Estimated Value

Collections, Art, etc.

<u>Description</u>	<u>Ownership "J", "C", "S"</u>	<u>Estimated Value</u>

Prepaid funeral or burial arrangements

<u>Description</u>	<u>Ownership "J", "C", "S"</u>	<u>Estimated Value</u>

Transfer of Assets

- (1) Has client or the client's spouse made any transfer of assets greater than \$500 (sale or gift) within the last 60 months? YES _____ NO _____

If the answer is YES, please provide the following information:

(a) What was the date of the transfer(s)? _____

(b) Describe the asset(s) that was/were transferred: _____

(c) What was the value of the asset(s) transferred: \$ _____

(d) What consideration, if any, was received for the transfer(s)? \$ _____

(e) To whom was the asset(s) transferred: _____

- (2) Has the client or the client's spouse made any other person a joint owner of any asset(s) within the last 60 months? YES _____ NO _____

If the answer is yes, please provide the following information:

(a) What was the date that the joint ownership was created: _____

(b) Describe the asset(s) that was/were made joint: _____

(c) What was the value of the asset(s) that was made joint: _____

(d) Who was added to the asset(s) as joint owner(s): _____

For each additional transfer or joint ownership attach additional sheets providing above information.

Liabilities
(Not Previously Listed)

Creditor	Secured By	Due Date	Current Balance

Insurance
(Life Insurance, Long Term Care Policy, Disability Policy,)
(If more space is needed, please use the back of the page)

<u>POLICY #1</u>	<u>POLICY #2</u>
Company	Company
Policy #	Policy #
Type	Type
Insured	Insured
Owner	Owner
Primary Beneficiary	Primary Beneficiary
Contingent Beneficiary	Contingent Beneficiary
Face Value	Face Value
Current Cash Surrender Value	Current Cash Surrender Value
Amount of Loan	Amount of Loan
Annual Premium	Annual Premium
<u>POLICY #3</u>	<u>POLICY #4</u>
Company	Company
Policy #	Policy #
Type	Type
Insured	Insured
Owner	Owner
Primary Beneficiary	Primary Beneficiary
Contingent Beneficiary	Contingent Beneficiary
Face Value	Face Value
Current Cash Surrender Value	Current Cash Surrender Value
Amount of Loan	Amount of Loan
Annual Premium	Annual Premium
<u>POLICY #5</u>	<u>POLICY #6</u>
Company	Company
Policy #	Policy #
Type	Type
Insured	Insured
Owner	Owner
Primary Beneficiary	Primary Beneficiary
Contingent Beneficiary	Contingent Beneficiary
Face Value	Face Value
Current Cash Surrender Value	Current Cash Surrender Value
Amount of Loan	Amount of Loan
Annual Premium	Annual Premium

Expenses

1. What is the private pay rate of the nursing home or assisted living facility (ALF) where the client or client's spouse is or will be staying?

Daily \$ _____ Monthly \$ _____

2. List any other expenses that are anticipated at the nursing home or ALF:

3. What is the monthly cost of Medicare Supplement Insurance for client? \$ _____

For client's spouse \$ _____

4. If the client's spouse is, or is going to be, in a nursing home or ALF, how much income will be needed monthly to pay ongoing expenses of the well spouse? \$ _____

Documents To Be Attached if Requesting Medicaid Asset Protection Plan:

Attached or N/A

- 1. Existing Durable Powers of Attorney _____
- 2. Life Insurance policies and annuities _____
- 3. Income tax return for last year _____
- 4. Non North Carolina Deed(s) _____
- 5. Current bank and brokerage account statements _____
- 6. Existing Wills, Codicils, and Trust Agreements _____

Where are the original documents kept for safekeeping?
