



Knoxville Elder Law
Dustin S. Crouse, Esq.

Elder Planning Questionnaire

Spouse 1

Address

Date of Birth: _____

Phone: (____) ____ - _____

E-Mail: _____

SSN: ____ - ____ - _____

U.S. Citizen: Yes / No

Veteran: Yes / No

Dates of Service: _____

Date & Place of Marriage

Emergency Contact

Phone: (____) ____ - _____

Spouse 2

Address

Date of Birth: _____

Phone: (____) ____ - _____

E-Mail: _____

SSN: ____ - ____ - _____

U.S. Citizen: Yes / No

Veteran: Yes / No

Dates of Service: _____

Date & Place of Marriage

Emergency Contact

Phone: (____) ____ - _____

CLIENT'S CHILDREN

Child's Name

Address

Date of Birth: _____

Phone: (____) _____ - _____

E-Mail: _____

Grandchildren/Age

Child's Name

Address

Date of Birth: _____

Phone: (____) _____ - _____

E-Mail: _____

Grandchildren/Age

Child's Name

Address

Date of Birth: _____

Phone: (____) _____ - _____

E-Mail: _____

Grandchildren/Age

Child's Name

Address

Date of Birth: _____

Phone: (____) _____ - _____

E-Mail: _____

Grandchildren/Age

Do you have any dependents that depend on you, in whole or in part? Yes / No

If yes, who? _____

Are any of your children or dependents receiving SSI, SSDI, or otherwise have any significant disabilities? Yes / No

If yes, who? _____

Disability: _____

MEDICAL & HEALTH INFORMATION

Current Health Issues

Current Health Issues

Primary Care Doctor

(____) ____ - _____

Primary Care Doctor

(____) ____ - _____

Medications

Medications

LIMITATIONS OF DAILY LIVING

SPOUSE 1

These questions are meant to assess any limitations to your activities of daily living. Measuring these limitations is important when reviewing the needs, both currently and in the future, of you and/or your spouse. Please indicate with a check-mark the appropriate area.

ACTIVITY	NO HELP	SOME HELP	UNABLE TO DO
BATHING			
DRESSING			
TRANSFERRING			
WALKING			
FEEDING SELF			
TOILETING			
GROOMING			
PREP. MEALS			
GROCERY SHOP			
HOUSEWORK			
LAUNDRY			
TAKE MEDICATION			
MANAGE MONEY			
TELEPHONE			

Do you current reside at an independent living, assisted living, or nursing home? Yes / No

If yes, where? _____

If no, does anyone provide care to you at your home? Yes / No

If so, who? _____

LIMITATIONS OF DAILY LIVING

SPOUSE 2

These questions are meant to assess any limitations to your activities of daily living. Measuring these limitations is important when reviewing the needs, both currently and in the future, of you and/or your spouse. Please indicate with a check-mark the appropriate area.

ACTIVITY	NO HELP	SOME HELP	UNABLE TO DO
BATHING			
DRESSING			
TRANSFERRING			
WALKING			
FEEDING SELF			
TOILETING			
GROOMING			
PREP. MEALS			
GROCERY SHOP			
HOUSEWORK			
LAUNDRY			
TAKE MEDICATION			
MANAGE MONEY			
TELEPHONE			

Do you current reside at an independent living, assisted living, or nursing home? Yes / No

If yes, where? _____

If no, does anyone provide care to you at your home? Yes / No

If so, who? _____

INCOME*

SPOUSE 1 INCOME

Social Security: _____
Pension: _____
Wages: _____
Other: _____

SPOUSE 2 INCOME

Social Security: _____
Pension: _____
Wages: _____
Other: _____

ASSETS*

PERSONAL RESIDENCE

Address: _____ **Value:** _____ **Mortgage:** _____
_____ **Titled:**

OTHER REAL PROPERTY (REAL ESTATE / LAND)

Address: _____ **Value:** _____ **Mortgage:** _____
_____ **Titled:**

Address: _____ **Value:** _____ **Mortgage:** _____
_____ **Titled:**

VEHICLES

Year & Model: _____ **Value:** _____ **Titled:**
Year & Model: _____ **Value:** _____ **Titled:**
Year & Model: _____ **Value:** _____ **Titled:**
Year & Model: _____ **Value:** _____ **Titled:**

CHECKING & SAVINGS ACCOUNTS

Spouse 1

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

Spouse 2

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

Joint

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

INVESTMENT ACCOUNTS

Money Market Accounts: \$ _____ Titled:

\$ _____ Titled:

CDs: \$ _____ Titled:

\$ _____ Titled:

Stocks / Mutual Funds \$ _____ Titled:

\$ _____ Titled:

Bonds \$ _____ Titled:

\$ _____ Titled:

LIABILITIES*

Credit Card Debt \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

Home Mortgage \$ _____ **Titled:**

Real Estate Mortgages \$ _____ **Titled:**

 \$ _____ **Titled:**

Automobile Loans \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

Business Loans \$ _____ **Titled:**

 \$ _____ **Titled:**

Other Debts \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

Judgments Against You \$ _____ **Titled:**

 \$ _____ **Titled:**

SPOUSE 1 TOTAL LIABILITIES: \$ _____

SPOUSE 2 TOTAL LIABILITIES: \$ _____

JOINT TOTAL LIABILITIES: \$ _____

MONTHLY EXPENSES

ITEM	SPOUSE 1	SPOUSE 2	JOINT
MORTGAGE	\$	\$	\$
PROPERTY TAX	\$	\$	\$
HOMEOWNERS INSURANCE	\$	\$	\$
UTILITIES	\$	\$	\$
RESIDENTIAL FACILITY	\$	\$	\$
HEALTHCARE/INSURANCE	\$	\$	\$
TELEPHONE/CELL PHONE	\$	\$	\$
CABLE/INTERNET	\$	\$	\$
AUTOMOBILES	\$	\$	\$
AUTO INSURANCE	\$	\$	\$
GROCERIES	\$	\$	\$
RECREATION	\$	\$	\$
CHARITIES/CONTRIBUTIONS	\$	\$	\$
OTHER*	\$	\$	\$

***Please feel free to attach any additional pages and/or information that may be necessary.**

GIFTS & TRANSFERS

Have you or your spouse made any gifts greater than \$500.00, or transfers for less than fair market value, to any individuals, class of individuals, or trusts in the past 60 months (5 years)? Yes / No

If yes, please describe those transfers:

Gift Made By: _____

Gift Made By: _____

To Whom: _____

To Whom: _____

Item/Amount: _____

Item/Amount: _____

Date of Gift: _____

Date of Gift: _____

Gift Made By: _____

Gift Made By: _____

To Whom: _____

To Whom: _____

Item/Amount: _____

Item/Amount: _____

Date of Gift: _____

Date of Gift: _____

ESTATE PLANNING DOCUMENTS

Do you currently have any of the following estate planning documents? If yes, please indicate below and bring those existing documents with you to our meeting:

DOCUMENT	SPOUSE 1	SPOUSE 2	JOINT DOCUMENT
LAST WILL & TEST.			
DURABLE POA			
LIVING WILL			
HEALTHCARE POA			
REVOCABLE TRUST			
OTHER			

ESTATE PLANNING DECISIONS (Part 1)

SPOUSE 1

Personal Representative (Executor/Executrix): The Personal Representative is the person that will be responsible for the collection of your assets, payment of your creditors, overseeing the payment of applicable taxes, and making distributions to your heirs (and beneficiaries) of your probate estate. Please list, in order of preference, the names and relationship of the person(s) that should serve as the Personal Representative of your estate.

1. _____
2. _____

Trustee: The Trustee will manage the assets and make distributions to the beneficiaries (including you) of any trust – living or testamentary – established by your documents (for the benefit of minor children, adult children, disabled adults and children, etc.). Please list, in order of preference, the names and relationship of the person(s) you would like to serve as Trustee of any trusts.

1. _____
2. _____

Guardian: The Guardian will take care of any minor children upon death. The primary guardian will usually be the other spouse or the child's other parent, so the person(s) you name below will be named in the event that both you and your spouse are deceased. Please list, in the order of preference, the names and relationship of the person(s) that should serve as the Guardian of your minor children.

1. _____
2. _____

Power of Attorney Agent: The Power of Attorney Agent will manage non-trust assets via a Power of Attorney in the event that you become incapacitated. Please list, in the order of preference, the names and relationship of the person(s) that should serve as the Agent.

1. _____
2. _____

Advance Directive (Medical P.O.A.): An Advance Directive combines a Living Will and Healthcare POA, and it will dictate who will make the decisions concerning your medical care in the event you become incapacitated. Please list, in the order of preference, the names and relationship the person(s) that should serve as your Healthcare POA.

1. _____
2. _____

ESTATE PLANNING DECISIONS (Part 2)

SPOUSE 2

Personal Representative (Executor/Executrix): The Personal Representative is the person that will be responsible for the collection of your assets, payment of your creditors, overseeing the payment of applicable taxes, and making distributions to your heirs (and beneficiaries) of your probate estate. Please list, in order of preference, the names and relationship of the person(s) that should serve as the Personal Representative of your estate.

1. _____
2. _____

Trustee: The Trustee will manage the assets and make distributions to the beneficiaries (including you) of any trust – living or testamentary – established by your documents (for the benefit of minor children, adult children, disabled adults and children, etc.). Please list, in order of preference, the names and relationship of the person(s) you would like to serve as Trustee of any trusts.

1. _____
2. _____

Guardian: The Guardian will take care of any minor children upon death. The primary guardian will usually be the other spouse or the child's other parent, so the person(s) you name below will be named in the event that both you and your spouse are deceased. Please list, in the order of preference, the names and relationship of the person(s) that should serve as the Guardian of your minor children.

1. _____
2. _____

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1. _____
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1. _____
2. _____