

SCHOFNER LAW FIRM

Elder Law Attorney

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Founded 1990

The Schofner Law Firm is a law firm dedicated to helping the elderly, persons with disabilities and their caregivers.

Elder Law Services
Medicaid Eligibility
Planning for the Disabled
Veteran's Aid Planning
Nursing Home Abuse & Neglect
Wills & Trusts
Fiduciary Trust Management
Probate & Trust Settlement
Consumer Bankruptcy:
Chapters 7 & 13

*Licensed Florida Real Estate Broker

If you or a loved one has been injured, your referral to a mega firm that advertises on television and billboards could result in a disappointing outcome for you and your family. Let me handle your case or refer you to an expert attorney who will give you and your case the personal time and attention that you deserve for maximum compensation.

CONFIDENTIAL QUESTIONNAIRE

This information is extremely important. Please complete as much as possible.
Please use the back of each page to write additional information.

Date _____

Personal data of Client #1: (If Client #1 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)

Client #1 name _____

Home address _____

City _____ State _____ Zip _____

Telephone number _____

Fax number _____

E-mail address _____

Social Security # _____

Date of birth: _____

Place of birth _____

U.S. citizen: Yes _____ No _____

Resided in Florida since _____

If deceased, date of death _____

If deceased, place of death _____

Date of marriage _____

Place of marriage _____

Personal data of the Client #2: (If Client #2 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)

Client #2 name _____

Home address _____

City _____ State _____ Zip _____

Telephone number _____

Fax number _____

E-mail address _____

Social Security # _____

Date of birth _____

Place of birth _____

U.S. citizen: Yes _____ No _____

Resided in Florida since _____

If deceased, date of death _____

If deceased, place of death _____

FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE
Please print all names as they would appear on legal documents.

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Email: _____

PERSONAL DATA

Please list any **Health Problems** for:

Client #1: _____

Client #2: _____

If Client #1 and/or Client #2 were in the hospital and unable to make decisions, with whom should the doctor consult regarding **health care and living arrangements**? (List in order of priority)

If Client #1 and/or Client #2 were unable to carry out **financial and business decisions**, who would pay the bills and make investment decisions?

Names of those who would inherit the estate of Client #1 and/or Client #2 Share of Estate

Are there any **disabled extended family members (children, grandchildren etc.)**?

Yes _____ No _____

If **yes**, please complete the remainder of this page, if not please go to next page.

Disabled Individual information

Name: _____ Relationship: _____ Date of Birth _____

Address: _____

Telephone: (day) _____ (evening) _____

What is the Individual's disability? Also, if the Individual's condition has been medically diagnosed, what is the diagnosis?

What is the Individual's current Prognosis?

What governmental programs is the Individual currently receiving? (for example Social Security Disability, Medicare, Medicaid, Medicaid Wavier, Food Assistance, etc.)

WHO REFERRED YOU TO OUR OFFICE?

Name _____

Address _____

Telephone number _____

FINANCIAL ADVISORS

Stockbroker name _____

Address _____

Telephone number _____

Accountant or CPA name _____

Address _____

Telephone number _____

HEALTH/MEDICAL INSURANCE

Does Client #1 and/or Client #2 have health or medical insurance? Yes _____ No _____

Insured	Company name and address	Policy #	Premium amount

LONG TERM CARE POLICIES

Does Client #1 and/ or Client #2 have any long term care policies? Yes _____ No _____

If yes, name of insured, name of company, description of coverage _____

VETERAN INFORMATION

Did either Client serve in the military? If yes, please complete the Veteran information. If no, please go to next page.

Please indicate which individual served in the military: Client #1 _____ Client #2 _____

What branch? _____ Active service in which war? _____

Dates of service? from _____ to _____

Does veteran have military discharge papers, i.e., DD214 or separation papers? Yes _____ No _____

Are they originals? Yes _____ No _____ What was discharge status? _____

Have VA benefits (Aid and Attendance) for been applied for? Yes _____ No _____

ASSETS

MOTOR VEHICLES

Does Client #1 or Client #2 own vehicle? Yes _____ No _____

If yes, automobile _____ van _____ recreational vehicle _____ trailer _____
truck _____ boat _____ other (if other, describe) _____

Make/Model/Year	Value	Owner's name(s)
_____	_____	_____
_____	_____	_____

Does Client #1 have current driver's license? Yes _____ No _____

Does Client #2 have current driver's license? Yes _____ No _____

BANK or BROKERAGE ACCOUNTS

(Use the back of this page for additional bank accounts.)

Checking #1 Name of bank or firm _____

Branch/Address _____

Names on account _____

Account number _____

Direct deposits to this account _____

Current balance as of (date) _____ \$ _____

Interest bearing? Yes _____ No _____ Interest rate _____

Checking #2 Name of bank or firm _____

Branch/Address _____

Names on account _____

Account number _____

Direct deposits to this account _____

Current balance as of (date) _____ \$ _____

Interest bearing? Yes _____ No _____ Interest rate _____

Money Market Name of bank or firm _____

Branch/Address _____

Names on account _____

Account number _____

Direct deposits to this account _____

Current balance as of (date) _____ \$ _____

Interest bearing? Yes _____ No _____ Interest rate _____

Savings Name of bank or firm _____
Branch/Address _____
Names on account _____
Account number _____
Direct deposits to this account _____
Current balance as of (date) _____ \$ _____
Interest bearing? Yes _____ No _____ Interest rate _____

CERTIFICATES OF DEPOSIT

CD #1 Name of bank or firm _____
Branch/Address _____
Names on account _____
Account number _____
Face amount \$ _____
Current balance as of (date) _____ \$ _____
Maturity date _____ Interest rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

CD #2 Name of bank or firm _____
Branch/Address _____
Names on account _____
Account number _____
Face amount \$ _____
Current balance as of (date) _____ \$ _____
Maturity date _____ Interest rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

CD #3 Name of bank or firm _____
Branch/Address _____
Names on account _____
Account number _____
Face amount \$ _____
Current balance as of (date) _____ \$ _____
Maturity date _____ Interest rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

COMMON OR PREFERRED STOCKS AND MUTUAL FUNDS

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

CORPORATE BONDS

Name(s) of owner	Company	# of bonds	Current price per bond	Total value on / /	Date purchased	Purchase price

U. S. SAVINGS BONDS

Number of U.S. Savings Bonds: Series E _____ Series EE _____ Series H _____

Total face value of all U. S. Savings bonds: \$ _____ Total estimated current cash value of bonds: \$ _____

TAX-FREE MUNICIPALS

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

LIMITED PARTNERSHIPS, ETC.

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

G N M A 's

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

ANNUITIES

Client #1:

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

Client #2:

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

DEFERRED COMPENSATION /RETIREMENT ACCOUNTS
(IRA/SEP/401k/Profit sharing/Keogh)

Client #1:

Financial institution	Type (CD, stock, bonds etc.)	Value as of / /	Beneficiary	Date purchased	Purchase price	Payments

Client #2:

Financial institution	Type (CD, stock, bonds etc.)	Value as of / /	Beneficiary	Date purchased	Purchase price	Payments

BURIAL ASSETS

Location, description, and address of any **cemetery plots** Client #1 and/or Client #2 owns.

Burial contracts or pre-paid funeral agreements Client #1 and/or Client #2 has purchased.

Client #1's Contract Name of purchaser _____ Date of purchase _____
Name and address of funeral _____
Address _____ City _____ State _____ Zip _____
Name of insurance company _____
Contract is: revocable _____ irrevocable _____ Contract amount \$ _____

Client #2's Contract Name of purchaser _____ Date of purchase _____
Name and address of funeral _____
Address _____ City _____ State _____ Zip _____
Name of insurance company _____
Contract is: revocable _____ irrevocable _____ Contract amount \$ _____

Does Client #1/Client #2 have a **special bank account** set aside for burial funds? Yes _____ No _____
If yes, please provide name and location of bank, account number and current balance _____

REAL PROPERTY

Homestead (your residence) address _____

This residence is: a house _____ a mobile home _____ a condominium _____

other (describe, if other) _____

Names exactly as they appear on the deed _____

Is there a mortgage? Yes ___ No ___ If yes, what is the mortgage balance? \$ _____

What is the tax assessor's value for this home? \$ _____

If you were going to sell your home, what price would you expect to receive for it? \$ _____

Date of purchase _____

Purchase price \$ _____

All other real property:

Property #1 address _____

This property is: a house _____ a mobile home _____ a condominium _____

other (describe, if other) _____

Names exactly as they appear on the deed _____

Is there a mortgage? Yes ___ No ___ If yes, what is the mortgage balance? \$ _____

What is the tax assessor's value for this property? \$ _____

If you were going to sell this property, what price would you expect to receive for it? \$ _____

Date of purchase _____

Purchase price \$ _____

Do you receive rental income? Yes ___ No ___ If yes, monthly rental amount \$ _____

If other real property is owned, please provide the information for the additional property on the back of this page.

LIFE INSURANCE

Client #1:

Company/ Policy #	Insured/Owner- if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

Client #2:

Company/ Policy #	Insured/Owner if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

.LOANS (Mortgages and notes, money owed to you)

Does Client #1 or Client #2 own a mortgage and / or a promissory note? Yes _____ No _____

Names on the note or mortgage _____

Principal balance remaining due \$ _____

Is the mortgage marketable (can it be sold?) Yes _____ No _____

If marketable, what could you sell it for? \$ _____

Safety deposit box - Name of bank, name and address of branch, & box # _____

Who is authorized to enter box? _____

MONTHLY INCOME SUMMARY

List all income amounts - gross and net where applicable - that Client #1 or Client #2 receives per month:

Source	Client #1 Gross	Client #1 Net	Client #2 Gross	Client #2 Net	Name & Address of Company
Social Security					
Private Pension					
Railroad Retire.					
Veteran's Benefits					
Civil Service					
Interest Income					
Dividend Income					
Alimony					
Rental Income					
Distributions from IRA/retirement					
Wage from Job					
Self-Employment Income					
Total Income					

DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE

Copy of current Will, Trust, Durable Power of Attorney, Health Care Surrogate, Living Will, or other estate planning documents for Client #1 and/or Client #2, and copies of driver's licenses for Client #1 and/or Client #2.

DOCUMENTS YOU MAY NEED TO PROVIDE LATER

It is a good idea to keep these documents handy.

1. Copy of long term care policy for Client #1 and/or Client #2. Please include benefit page.
2. Copies of most current statements from financial institutions:
For all **open** accounts: checking, savings, Certificate of Deposits, brokerage, etc.
3. Copies of stock certificates, bonds, CDs, U.S. government bonds, municipals, annuities, Individual Retirement Accounts (IRAs), or any other deferred compensation plans for Client #1 and/or Client #2.
4. Copy of any prepaid burial or cremation contract for Client #1 and/or Client #2 and copy of deed to cemetery plot owned by Client #1 and/or Client #2. Copy of any special burial bank account for Client #1 and/or Client #2.
5. Copy of deed to residence, current real estate tax bill, homeowners insurance policy and premium statement. Copy of deed(s), tax bill, and proof of insurance for any other real property owned by Client #1 and/or Client #2.
6. Copy of life insurance policies for Client #1 and/or Client #2. Pages needed are the cover page, Declarations page which lists the information about the policy and the beneficiary information.
7. Copy of any mortgage and/or promissory note **owing to** Client #1 and/or Client #2.

After you have completed the Questionnaire, please sign the following statement:

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes must be reported as soon as possible.

Sign: _____ Date _____

