

# Confidential Elder Law Worksheet

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Please return the completed worksheet to our office two days prior to your appointment via email [elderlaw@irinashea.com](mailto:elderlaw@irinashea.com) or fax (201) 327-6651.

**WHAT IS YOUR MAIN CONCERN TODAY?**

**FAMILY INFORMATION**

Your Legal Name \_\_\_\_\_

(name most often used to title property and accounts)

Also Known As \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Relationship Status (check one) \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Life Partner \_\_\_\_ Divorced \_\_\_\_ Widowed

Date of Marriage (if married) \_\_\_\_\_

Are you moving out of state in the next 6-12 months? \_\_\_\_ If so, to which state? \_\_\_\_\_

Your Spouse/Partner's Legal Name \_\_\_\_\_

(name most often used to title property and accounts)

Also Known As \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**CHILDREN**

**(IF NO CHILDREN—FRIENDS, SIBLINGS, NIECES/NEPHEWS WHO ARE POSSIBLE BENEFICIARIES)**

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.)*

<b>Name, Address and Cell Phone</b>	<b>Birth date</b>	<b>Parent or Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any of your children disabled or receiving SSDI or SSI and/or Medicaid?

If yes, what is the child's monthly payment? \_\_\_\_\_

Do any of your children live with you in your home? \_\_\_\_\_

**MEDICAL INFORMATION**

Diagnosis: \_\_\_\_\_

Approximate date of diagnosis: \_\_\_\_\_

**ARE YOU RECEIVING LONG TERM CARE SERVICES?**

Name, location, telephone number and email of contact at the facility?:

\_\_\_\_\_

If admitted to the hospital, date admitted into hospital: \_\_\_\_\_

Approximate date of entrance at facility (assisted living or skilled nursing facility):

\_\_\_\_\_

Date Medicare coverage will end, if applicable: \_\_\_\_\_

Was security deposit provided? If so, how much? \_\_\_\_\_

If receiving care at home: Is care being given through a licensed agency, private aide, day care, children, and how many hours of care per week of care are you receiving?:

\_\_\_\_\_

What is the approximate monthly cost of care? \_\_\_\_\_

**LONG TERM CARE INSURANCE AND HEALTH INSURANCE**

Do you have health insurance? If so, what kind (i.e. NJ Family Care, Horizon, Aetna, etc.)? Please provide a copy of the card if possible and please provide the monthly premium, if any:

\_\_\_\_\_

How long is the policy and what is the per diem rate? \_\_\_\_\_

Do you receive Medicare? \_\_\_\_\_



**GIFTS**

Have you made any gifts or transferred assets out of your name (or removed your name from an account) within the last 60 months (5 years)? \_\_\_\_\_

If so, please list the recipient, approximate date, and amount:

\_\_\_\_\_  
\_\_\_\_\_

**VETERANS BENEFITS**

Are you or your spouse a Veteran of the United States Military? If so what branch?

\_\_\_\_\_

Did you serve at least 90 days of military service during an active wartime period? \_\_\_\_\_

Are you receiving VA Aid & Attendance and/or Pension Benefits? \_\_\_\_\_

**MONTHLY INCOME**

(Please divide annual income by 12)

What is your and your spouse's gross monthly income: i.e. pensions, social security, rental income?:)

Social Security	\$ _____
Social Security (spouse)	\$ _____
Pension	\$ _____
Pension (spouse)	\$ _____
Rental income	\$ _____

**MONTHLY EXPENSES**

(Please divide annual expenses by 12, and quarterly expenses by 3)

Mortgage/Rent	\$ _____
Real Estate Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Utilities – Heat & Electric	\$ _____
Homeowners Insurance Premium	\$ _____
Condominium Fees	\$ _____

**DO YOU HAVE ANY CURRENT ESTATE PLAN DOCUMENTS (WILL, POWER OF ATTORNEY, HEALTH CARE DIRECTIVE)? IF SO, PLEASE PROVIDE COPIES.**

\_\_\_\_\_

**IF YOU DO NOT HAVE CURRENT ESTATE PLAN DOCUMENTS, PERSONS TO ACT FOR YOU  
IF NEEDED**

**Executors:** This person will administer your estate by probating your Will, locating, gathering, and liquidating your assets, filing and paying estate, inheritance, and final income taxes, and distributing the balance of proceeds in accordance with your Will. Estate administration is normally a 12-month process. You should always name at least one primary and one alternate Executor.

<b><u>You</u></b>	<b><u>Your Spouse/Partner</u></b>
_____ ; then	_____ ; then
_____ ; then	_____ ; then
_____	_____

**Trustees for Children:** If you are leaving money to children in trust, this person would safeguard the funds by investing them with a financial advisor, by filing and paying income taxes from the trust using an accountant, and, most importantly, by distributing the funds in accordance with your stated wishes. This person should be trustworthy, compassionate, wise, and aligned with your personal values. This person must be a U.S. Resident to avoid foreign tax issues. You should name at least one primary and one alternate.  
\*Most financial advisors cannot personally act as Trustee due to broker/dealer/conflict rules.\*

\_\_\_\_\_ ; then \_\_\_\_\_ ; then \_\_\_\_\_

**Power of Attorney:** If you were unable to make financial decisions for yourself (e.g., if you were in a coma), this person would be empowered to make your mortgage payments, file and pay your taxes, and conduct various financial transactions for you. You should name at least one primary and alternate.

<b><u>You</u></b>	<b><u>Your Spouse/Partner</u></b>
<b>[SPOUSE/PARTNER], then</b>	<b>[SPOUSE/PARTNER], then</b>
_____,	_____,
( ) - (cell), _____	( ) - (cell), _____
_____ (address);	_____ (address);
then _____,	then _____,
( ) - (cell), _____	( ) - (cell), _____
_____ (address)	_____ (address)

**Health Care Proxy and Living Will:** If you were unable to make medical decisions for yourself (e.g., you were in a coma), this person would make medical decisions on your behalf and would have full access to your medical records (via a HIPAA medical privacy waiver) in order to make informed decisions. The directive also allows you to direct that your organs should be made available for transplant purposes or research purposes if desired. The directive also contains a Living Will that allows you to direct that your death not be unnecessarily prolonged by artificial means or measures. You should name at least one primary and alternate.

<b><u>You</u></b>	<b><u>Your Spouse/Partner</u></b>
<b>[SPOUSE/PARTNER], then</b>	<b>[SPOUSE/PARTNER], then</b>
_____,	_____,
( ) - (cell), _____	( ) - (cell), _____
_____ (address);	_____ (address);
then _____,	then _____,
( ) - (cell), _____	( ) - (cell), _____
_____ (address)	_____ (address)

**\*Please fill in addresses and phone numbers where indicated. They are required for your legal documents.**

## HOW TO LEAVE YOUR ASSETS

**Specific Bequests:** List any real estate or cash gifts to either individuals or charities. If “None” such assets will pass to spouse, then children.

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**Leaving money to your spouse (if married):** Consider whether money should be left outright to your spouse or in a “Marital Trust.” This will be discussed in your estate planning meeting but factors to consider are: the amount of money you have, whether assets will pass to children of this marriage, or a prior marriage, whether financial protection of the surviving spouse is needed (e.g., from creditors or future unknown spouses). Please note questions/concerns below for discussion at our Estate Planning Design meeting.

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**Leaving money to your children:** You can leave assets outright to an adult child which is simple but not protective. Or you can establish lifetime trusts for adult children which have many benefits such as:

- 1- Protecting assets in case of divorce
- 2- Protecting assets in case of large uncovered medical bills
- 3- Providing cash flows to supplement income
- 4- Providing a low interest loan from the trust to the child (e.g., mortgage)
- 5- Making reasonable principal distributions (e.g., down payment for home)
- 6- Trusts can own real estate for further protection of assets
- 7- Trusts can protect the child from him/herself (e.g., poor or inexperienced financial decision making)
- 8- Trusts are earmarked for future grandchildren or other siblings – in other words, your bloodline will be protected.

We will discuss in our Estate Planning Design meeting whether trusts versus outright distributions make the most sense for your family based on the risk factors of the beneficiary and the amount and type of inheritance at stake (e.g., retirement plan cash flows versus lump sums of cash).

**Remote contingent beneficiaries:** In the extremely unlikely scenario that all family members have died, we normally allow for your assets to pass to either (check all that apply):

<b>Siblings</b>	
<b>Nieces and nephews</b>	
<b>Charity</b>	

## FUNERAL WISHES AND OTHER MATTERS

**Funeral Wishes:** Although not often discussed, it is important to convey to your loved ones your final wishes. Choices are burial or cremation, with an indication of where to be buried or ashes scattered. Please indicate your preferences below.

You: \_\_\_\_\_

Your Spouse / Partner: \_\_\_\_\_

**Other items you wish to discuss:** For example, do your parents have their affairs in order? If not, we should discuss solutions. If you have a special needs child or relative, we should also discuss. Any other matters you wish to get advice on should be listed here. If we cannot help you, we will do our best to find a colleague who can help you.

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## HOW DID YOU HEAR ABOUT US?

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*We thank you for your participation in this process and we appreciate your confidence in us to take care of you and your family. We look forward to meeting with you soon!*



**Colleen A. Gaedcke, Esq. and Irina S. Shea Attorney at Law, LLC Staff**

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