

The Law Offices of Timothy J. Rice
The Greens of Laurel Oak
1202 Laurel Oak Road, Suite 207
Voorhees, NJ 08043
856-782-8450

ESTATE & MEDICAID PLANNING QUESTIONNAIRE

[PLEASE PRINT LEGIBLY]

YOUR NAME:

First

MI

Last

a/k/a (if any)

SPOUSE (if applicable):

First

MI

Last

a/k/a (if any)

HOME ADDRESS:

HOME TELEPHONE No.

YOUR OCCUPATION:

Employers Name & Address

Work Telephone No.

SPOUSE'S OCCUPATION:

Employer's Name & Address

Work Telephone No.

CHILDREN (IF APPLICABLE)

CHILD #1

Name

Age

Marital Status

Address

Born of this Marriage or prior Marriage?

CHILD #2

Name

Age Marital Status

Address

Born of this Marriage or prior Marriage?

CHILD #3

Name

Age Marital Status

Address

Born of this Marriage or prior Marriage?

CHILD #4

Name

Age Marital Status

Address

Born of this Marriage or prior Marriage?

GRANDCHILDREN (IF APPLICABLE)

GRANDCHILD #1

Name

Age Marital Status

Address

Name of parent

GRANDCHILD #2

Name

Age Marital Status

Address

Name of parent

Are you and your spouse U.S. Citizens? _____ YES _____ NO

If no, please indicate which spouse is not a U.S. Citizen and country of citizenship:

YOUR SOCIAL SECURITY NUMBER: _____

YOUR SPOUSE'S SOCIAL SECURITY NUMBER: _____

YOUR DATE OF BIRTH: _____

YOUR SPOUSE'S DATE OF BIRTH: _____

WHO REFERRED YOU TO THE LAW OFFICES OF TIMOTHY J. RICE OR HOW DID YOU LEARN ABOUT US?

WHAT TYPE OF SERVICE ARE YOU INTERESTED IN US PROVIDING FOR YOU?

- G Estate Planning: Will, Trust, Power of Attorney, Living Will
- G Estate or Trust Administration
- G Medicaid Planning
- G Estate Litigation: Will Contests, etc.
- G Guardianship

PLEASE LIST NAME, ADDRESS, AND TELEPHONE NUMBER:

FAMILY/CORPORATE ATTORNEY: _____

ACCOUNTANT: _____

FINANCIAL PLANNER/BROKER: _____

BANKER: _____

INSURANCE AGENT: _____

Homeowners

Auto

Life

Estate Planning Client Asset Information

Name: _____

Date: _____

Social Security No.: _____

D.O.B.: _____

Type of Asset:	None	Held by ?	Held Jointly?	Beneficiary listed?	Loans/ Liabilities
Checking Account (s)					
Savings Accounts (s)					
Money Market Account(s)					
CD's					
Real Estate (list addresses): Timeshares, land, etc.					
1					
2					
3					
Business Interests:					
Name of Company:					
Mutual Funds:					
Stocks:					
Bonds:					
Vehicles: (Make, Model, Year)					
1					
2					
3					
Personal Effects:					
Anticipated Inheritances:					
Pending Litigation:					
Miscellaneous:					

Estate Planning Client Asset Information - Page 3

Name: _____

Date: _____

Social Security No.: _____

D.O.B: _____

MONTHLY INCOME

Description of Income:	He:	She:
Net Salary or Wages:		
Social Security:		
Pension:		
Other Income:		
Total Income:		

GIFTING

Gifts made in excess of \$3,000 per month (total of all gifts made in the same month) to someone other than your spouse within the past sixty (60) months (including transfers of real estate):

Recipient	Date	Amount

Nursing Home Information (if applicable)

Name of Facility:	Monthly Cost:
Date of Admission:	Miscellaneous: