

**** Confidential Planning Information (for Couple-Short Form) ****

For Use by the Elder Law Practice of David L. McGuffey, LLC

Your appointment with this office is: _____ at _____.

Our address is *P.O. Box 2023, Dalton, Georgia 30722.*

These questions pertain to the persons, Husband and Wife (“you”), for whom we are planning. Please do your best, but don’t worry if some of the information you need to complete this form is not available to you. Please call us at (706) 428-0888 if you have any questions or concerns about completing this form.

Date: _____ Referred by: _____

I. Personal Information

Husband: _____

Wife: _____

Address: _____

Date of birth: _____
Place of birth: _____

Phone: _____

SSN: _____

Email: _____

U. S. citizen?: Yes No

County: _____

Veteran?: Yes No Dates: _____

Date of birth: _____

Address: Same as Husband

Place of birth: _____

Different: _____

SSN: _____

U. S. citizen?: Yes No

Veteran?: Yes No Dates: _____

Phone: _____

Marriage Information:

Date and place of marriage: _____

Children (names, addresses, ages):

1. _____
2. _____
3. _____
4. _____

Are any of your children or grandchildren disabled? _____

Functional Limitations and Support

The term “activities of daily living” refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devices (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of the activities of daily living is critical because the more assistance people need with their daily activities, the more likely are they to be admitted to a nursing home or other living arrangement; to use paid home care; to use hospitals and doctors; and to die sooner rather than later.

Place an X in the box that most applies for each activity.

Activities of Daily Living						
Activity	Need No Help		Need Some Help		Unable to Do At All	
	Husb.	Wife	Husb.	Wife	Husb.	Wife
Bathing						
Dressing						
Transferring from bed to chair						
Walking						
Feeding Self						
Using the toilet						
Grooming						

Instrumental Activities of Daily Living						
Activity	Need No Help		Need Some Help		Unable to Do At All	
	Husb.	Wife	Husb.	Wife	Husb.	Wife
Using the telephone						
Getting out by car or public transport						
Grocery shopping						
Preparing meals						
Doing housework or handyman work						
Doing laundry						
Taking medications						
Managing money						

Husband:

	Place Where You Live	Since When?
<input type="checkbox"/>	Single-family home	
<input type="checkbox"/>	Same, but someone assists you there with above activities	
<input type="checkbox"/>	Apartment or retirement living community	
<input type="checkbox"/>	Assisted-living facility	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Nursing home	

Husband (con't.)

List the names of all persons who provide assistance or caregiving for you:

Please describe your major health problems (if any):

Wife:

	Place Where You Live	Since When?
<input type="checkbox"/>	Single-family home	
<input type="checkbox"/>	Same, but someone assists you there with above activities	
<input type="checkbox"/>	Apartment or retirement living community	
<input type="checkbox"/>	Assisted-living facility	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Nursing home	

List the names of all persons who provide assistance or caregiving for you:

Please describe your major health problems (if any):

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)?: _____

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)? Yes No

If yes, who?: _____

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities? Yes No

If yes, who?: _____

II. Resources

Monthly Income

Do not list interest or dividend income.

Source	Husband	Wife
Social Security:		
Pension:		
Other:		
Total:		

Real Estate You Own

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____

Purchase Price: _____

Current Value: _____

Tax-Appraised Value: _____

Mortgage Balance: _____

B. Other Real Estate

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____

Purchase Price: _____

Current Value: _____

Tax-Appraised Value: _____

Mortgage Balance: _____

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____

Purchase Price: _____

Current Value: _____

Tax-Appraised Value: _____

Mortgage Balance: _____

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

Life Insurance	Policy 1	Policy 2
Company Name		
Owner of Policy		
Insured		
Beneficiary		
Death Benefit (face value)		
Current Cash Value (if any)		
Loan Against Policy (if any)		

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes No

If yes, describe the arrangements: _____

Have you given away *any* money or property within the last 60 months? Yes No

If you have, what did you give away and when? _____

Do you have any of the following documents?	Husband	Wife
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you do, please bring them with you to the meeting.

Do you have any additional concerns that are not discussed above?:

We cannot provide accurate advice without accurate information. The Elder Law Practice, its attorneys and staff will rely on the information you provide to us in this Workbook. By signing below, you are stating that the information provided in this document is true and accurate to the best of your knowledge.

Signature

Date

If you have any of the following documents, please provide copies:

- Last Will & Testament
- Trust (of any kind)
- Power of Attorney
- Health Care Advance Directive (of HC Power of Attorney or Living Will)