

Confidential Planning Survey

- To save this form, go to the location of the download. Then open this form using Acrobat.
- Fill in the fields.
- Save. (If you have entered information and want to return to the form to enter more information, you may do so, but you will need to save the form first.)
- When complete, save the form, print it, and bring it to your consultation. Or fax to (561) 625-0060 or email to consultforms@KarpLaw.com.
- If completing this form for another person, please complete it using that person's information.
- Please bring to your consultation any wills, trusts, powers of attorney, health care surrogates and living wills you may have.

Today's Date _____

PART 1: FAMILY INFORMATION

Your Legal Name _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ Date of Birth _____

Phone () _____ Email _____

Spouse's Legal Name _____ Date of Birth _____

Phone () _____ Email _____

CHILDREN (Legal Names)

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Do you have any children who are deceased? Yes No

If yes, did that child have children? Yes No

Do you have a child who is disabled or receiving Social Security disability? Yes No

Do you wish to leave your assets so that they stay in your bloodline after you die? Yes No

Do you expect to receive an inheritance? Yes No

PART 2: FINANCIAL INFORMATION

IRA's/Retirement Plans/401(k)'s/403(b)'s

Name of Institution	Owner	Approx Value

Bank Accounts (exclude IRAs and retirement accounts)

Bank Name	Account Type	Owner	Approx Value	If transferable on death or payable on death, to whom?
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

Brokerage Accounts (exclude IRAs/retirement accounts)

Broker	Owner	Approx Value	If transferable on death or payable on death, to whom?
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

Stocks/Mutual Funds/Bonds (those held individually, not with a broker)

Stock	Owner	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other	
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other	

Annuities

Company	Owner	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	

Life Insurance Policies

Company	Policy Owner	Insured Party	Cash Value	Death Benefit	Beneficiary

Real Estate Owned

Address	Owner	Mortgage Amount	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

Does anyone owe you money? Yes No *If yes, who and how much?* _____

PART 3: COMPLETE ONLY IF COMING IN FOR MEDICAID PLANNING

Who needs long-term care? (the applicant) _____

Questions About Applicant & Applicant's Spouse		
	Applicant	Spouse
Has long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, bring policy to consultation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, bring policy to consultation</i>
Prepaid funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, funeral director:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, funeral director:</i>
Has burial plot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No Advantage Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name of company:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No Advantage Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name of company:</i>
Has private health insurance or supplement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, company:</i> _____ ID# _____ Premium/Month _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, company:</i> _____ ID# _____ Premium/Month _____
Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deceased spouse was veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

Monthly Income

Recipient's Name	Social Security	Pension	Veterans Benefits	Other

Gifting

Has the applicant or the applicant's spouse given away or transferred any assets or sold real property in the past 5 years? Yes No *If yes, answer the following:*

What was gifted?	Value	Type of Transfer	Date of Transfer
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	

