
CONFIDENTIAL

ESTATE & SPECIAL NEEDS
PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE

The purpose of this Personal Information Questionnaire is to help prepare for our upcoming consultation. This preparation provides us with important personal information about you, your family and your trusted advisors. The last page of this questionnaire asks for an estimated value of the estate assets. Your complete answers will help enable us to most effectively advise you on your situation.

It will be very helpful if you can complete and return this Personal Information Questionnaire to our office prior to our initial consultation meeting.

LAW OFFICES OF
MALL MALISOW & COONEY, P.C.
HOLISTIC ESTATE & ELDERCARE ATTORNEYS
30445 NORTHWESTERN HWY., SUITE 250
FARMINGTON HILLS, MICHIGAN 48334
(248) 538-1800 (248) 538-1801 FACSIMILE
(866)-699-1800 TOLL FREE

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Served in Military: Yes No Dates Served: _____

Client # 2

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Served in Military: Yes No Dates Served: _____

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____ Male Female

Parents of child #1 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____ Male Female

Parents of child #2 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____ Male Female

Parents of child #3 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____ Male Female

Parents of child #4 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 5

Child's Full Legal Name _____ Male Female

Parents of child #5 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 6

Child's Full Legal Name _____ Male Female

Parents of child #1 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

(Friends or relatives who are dependents)

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____

Law Firm _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Stock Broker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered “NO,” are either you or your spouse a resident or a non-resident alien?		

Estimated Asset Valuation Sheet

ASSETS*	<i>AMOUNT</i>	
	CLIENT #1	CLIENT #2
Cash Accounts		
Investment Accounts		
Stocks		
Automobiles and Recreational Vehicles		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Homestead		
Other Real Property		
Oil, Gas, and Mineral Interests		
Business Interests: (S Corp, LLC, Partnership)		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Pre-Paid Funeral/Burial Costs/Plots		
Other Assets		
TOTAL ASSETS		
	CLIENT #1	CLIENT #2
	<i>AMOUNT</i>	
LIABILITIES		
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
	CLIENT #1	CLIENT #2
ANNUAL INCOME		

- Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column

CARE STATUS

(FOR PERSON IN NEED OF CARE)

What is the diagnosis? _____

Is the person in need of care competent to express his/her wishes? Yes _____ No _____

Who is providing care now? _____

How is care being paid for? _____

If known, what does person in need of care want to have happen now ? _____

How and where is that documented? _____

What does family want? (Note if there are conflicts) _____

Please provide the following information / documentation:

Copy of assessment, care plan, recent medical reports (if available).

Copy of contact information for all medical and care providers.

Copies of all estate planning documents (if available):

Will, Trust, Durable Power of Attorney, Patient Advocate Designation (Living Will).

Copies of Court documents if Guardian and/or Conservator appointed.

IMPORTANT FAMILY QUESTIONS

(FOR PERSON IN NEED OF CARE)

Please Check “Yes” or “No” for Your Answer	YES	NO
Does person needing services have a child with learning disability?		
Does person needing services have a child who receives governmental support or benefits?		
Do any of their children have special education, medical, or physical needs?		
Are any of their children institutionalized?		
Is person in need of services or their spouse receiving social security, disability, or other governmental benefits?		
Does person in need of services provide primary or other major financial support to adult children?		
Is person in need of services making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Has person in need of services signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Has person in need of care or their spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Has person in need of services completed Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Has person in need of services completed wills, trusts, or estate planning? (Please furnish copies.)		
Is person in need of services a United States citizen?		
If you answered “NO,” is he or she a resident or a non-resident alien?		

Government Benefits – FOR PERSON IN NEED OF CARE

Medicaid YES NO CASE # _____
Medicare YES NO CASE# _____
SSI YES NO
SSDI YES NO

For all benefits checked “YES”- Please provide a copy of Medicaid and/or Medicare card, or evidence of SSI or SSDI payment if applicable.

Medicaid (Family Independence Agency) Information

Name of caseworker assigned to file: _____

Address of FIA office: _____

Telephone Number: _____

Please provide a copy of recent communications from FIA (i.e., approval letter, verification request, etc...) including a copy of information submitted to FIA (annual account, etc...)

Community Mental Health Information

Name of worker assigned to file: _____

Address of CMH office: _____

Telephone number: _____

Please provide a copy of recent communications from CMH (i.e., person centered plan)

Social Security Information

Name of caseworker assigned to file: _____

Office Address: _____

Telephone Number: _____