

# GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue • PO Box 806 • Cookeville, Tennessee 38503

Phone (931) 526-4045 • Facsimile (931) 526-4055

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## CONFIDENTIAL LONG-TERM CARE PLANNING QUESTIONNAIRE

**Client's Full Legal Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

*City*

*State*

*Zip*

*County*

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation/Employer (former if retired): \_\_\_\_\_

Is Client a resident of a nursing home or assisted living? \_\_\_\_\_

Is Client a Veteran? \_\_\_\_\_

**Spouse's Full Legal Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation/Employer (former if retired): \_\_\_\_\_

Is Spouse deceased? If so, date of death: \_\_\_\_\_

Is/was Spouse a resident of a nursing home? \_\_\_\_\_

Is/was Spouse a Veteran? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Prior Marriages: (Client) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Any legal obligations from a previous marriage, i.e., life insurance? If so, please bring a copy of your divorce decree with you. \_\_\_\_\_

Is there a prenuptial agreement or postnuptial agreement for any marriage? If so, please bring a copy of your prenuptial or postnuptial agreement with you. \_\_\_\_\_

Do any of your family members have special needs? \_\_\_\_\_

Have you and/or your spouse ever filed for bankruptcy? \_\_\_\_\_

### **Full Legal Names of Children:**

A. \_\_\_\_\_ Age: \_\_\_\_\_

Name of child's spouse (if any): \_\_\_\_\_

Grandchildren and Ages: \_\_\_\_\_

B. \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of child's spouse (if any): \_\_\_\_\_  
 Grandchildren and Ages: \_\_\_\_\_

C. \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of child's spouse (if any): \_\_\_\_\_  
 Grandchildren and Ages: \_\_\_\_\_

D. \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of child's spouse (if any): \_\_\_\_\_  
 Grandchildren and Ages: \_\_\_\_\_

Do you have an existing will? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please bring a copy)

Have you ever signed a living trust? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please bring a copy)

Do you anticipate receiving an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give approximate amount: \$ \_\_\_\_\_

Do you have an Irrevocable Life Insurance Trust? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please bring a copy)

Do you have a safe deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any property in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

**Advisors:**

Accountant: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_

Were you referred by anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

Is it ok for us to thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_

**IDENTIFICATION OF ASSETS/INCOME**

*(Attach additional pages if necessary)*

**Ownership/Approximate Values**

**Real Estate:**

Residence: *(Please bring a copy of your deed with you.)*

Client            Spouse            Joint

\_\_\_\_\_

Approximate mortgage balance on home: \_\_\_\_\_

Estimated value of furnishings: \_\_\_\_\_

Other real estate:

*(Please give location, acreage, and improvements.*

*Please bring a copy of your deeds with you.)*

Client            Spouse            Joint

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**Bank Accounts, Certificates of Deposit,**

**Money Market Funds, etc.:**

*(Please give name of bank or institution, type of account, any co-owners, beneficiaries/PODs\*, and approximate balance.)*

Client            Spouse            Joint

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

\* Pay on death designation

**Retirement Accounts, IRAs, 401(k):**

*(Please give name of bank or institution, type of account, any co-owners, beneficiaries/PODs\*, and approximate balance.)*

Client            Spouse            Joint

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

\* Pay on death designation

**Stocks, Bonds, Mutual Funds:**

*(Please bring copies of most recent statements.)*

Client                  Spouse                  Joint

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**Ownership of Business:**

*(Examples: Corporation, LLC, Partnership)*

Name of Business and Percentage of Ownership

*(Please attach copies of documentation.)*

Client                  Spouse                  Joint

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**Automobiles, Trucks, Boats:**

A. \_\_\_\_\_

Client                  Spouse                  Joint

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

E. \_\_\_\_\_

\_\_\_\_\_

**Farm Equipment/Livestock:**

A. \_\_\_\_\_

Client                  Spouse                  Joint

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**Accounts Receivable:**

*(Mortgages, notes, or debts owed to you. Please list debtor's name, date loan made, and approximate balance remaining.)*

Client                  Spouse                  Joint

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**Digital Assets:**

*(Examples: digital assets, such as domain names, blogs, etc.)*

Client                  Spouse                  Joint

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**Do you own any forms of cryptocurrency? (ex: Bitcoin):**    Yes \_\_\_\_\_ No \_\_\_\_\_

**Debts:**

*(List any mortgages or other substantial debts owed by you that are not shown above.)*

Client                  Spouse                  Joint

A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

**Life Insurance Policies:**

Company	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Loan Against Policy
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____	_____

**All Sources of Income:**

Source	Payable to	Amount	Frequency
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____
H.	_____	_____	_____

We certify that all of our assets and income are listed on this form.

_____	Date: _____
Client	

_____	Date: _____
Spouse	

**WAIVER OF POTENTIAL CONFLICT**

You have asked me to provide estate planning services for both of you, and I must explain that married spouses may have conflicting interests when estate planning is being done that concerns their various property interests. This is especially true in situations where there are children from a previous marriage or relationship. In acting as attorney for both of you, I must act in your mutual best interests, and I cannot be an advocate for either of you against the other, or in any way favor one of you to the detriment of the other. In obtaining the confidential information necessary to provide estate planning services for you both, I cannot keep any of that information confidential from either of you. I will make recommendations that affect your property interests now and after your deaths, and those recommendations may be more beneficial for one of you than for the other. Estate planning recommendations could affect the income, property, and support provisions in the event that you were ever divorced, as well as upon the death of one or both of you.

In the event the two of you were to become divorced, you consent to my representation of one or both of you regarding your estate planning after your divorce is final.

If after reading this information you wish for me to represent only one of you, please call my office and let us know. If not, please sign below and bring with you to our first meeting.

We understand the above information and we ask that you represent both of us in our estate planning.

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_