

GOTHARD WATERS

ATTORNEYS AT LAW

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

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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.)

A. _____

B. _____

C. _____

Client Spouse Joint

Ownership of Business:

(Examples: Corporation, LLC, Partnership)

Name of Business and Percentage of Ownership

(Please attach copies of documentation.)

A. _____

B. _____

C. _____

Client Spouse Joint

Automobiles, Trucks, Boats:

A. _____
B. _____
C. _____
D. _____
E. _____

Client Spouse Joint

Farm Equipment/Livestock:

A. _____
B. _____
C. _____

Client Spouse Joint

Accounts Receivable:

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

A. _____
B. _____
C. _____

Client Spouse Joint

Digital Assets:

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

A. _____
B. _____
C. _____

Client Spouse Joint

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: _____