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These questions pertain to the person for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. Please provide us with your completed intake before your appointment date and the sooner the better. The intake may be mailed or dropped off at our office. This information may also be faxed if you prefer to 239-288-5570. We do not recommend e-mailing the intake because of the personal information collected on this form. Please call us at **(239) 208-3040** if you have any questions or concerns about completing this form.

PERSONAL DATA

Please Print

Legal Name:

Address:

Email address:

Home Phone:

Cell Phone:

Date of Birth:

Social Security #:

Mother's Maiden Name:

Are you a U.S. Citizen? Yes No

Are you a Florida Resident? Yes No

Were you referred to our firm? Yes No

If so, by whom? Name:

If not referred, what made you choose our firm?

What is the primary purpose of your visit?

Please indicate the name of the person who completed this form:

If widowed, please complete the following regarding your deceased spouse:

Name:

Birthdate:

Date of Death:

City/State of death:

Was your spouse a U.S. Citizen? Yes No

If divorced, please complete the following regarding your former spouse:

Name:

Divorce Date:

State where divorced:

PERSONAL INFORMATION

Place a checkmark by the documents that you currently have.

Living Trust

Last Will and Testament

Durable Power of Attorney

Health Care Surrogate

Living Will

Pre/Post Nuptial Agreement

1. Are you a veteran? Yes No If widowed, was your spouse a veteran? Yes No
If yes to either, did you/they serve during wartime*? Yes No What branch?

* WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975
(or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time-period);
 Persian Gulf–08/1990 Iraq/Afghanistan 09/11/2001 to ...)

2. Do you have any legal issues we should be aware of? Yes No

If yes, please explain:

3. Do you have a safe deposit box? Yes No If yes, what is the box number?

Where is it located?

Whose names are on the card?

4. Do you need help with any of the following activities?

Bathing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transferring from bed to chair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeding yourself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Using the toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Doing laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Managing money	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Do you have any medical conditions we should be aware of? Yes No

If yes, please explain:

6. What medications do you take and what are they for?

7. If you were unable to make *medical* decisions for yourself, who would you want to do so?
(i.e. Name as your health care surrogate) Please list in order of priority.

a) Name:

Relationship:

Contact Number:

May we speak with this person if needed? Yes No

b) Name:

Relationship:

Contact Number:

May we speak with this person if needed? Yes No

c) Name:

Relationship:

d) Contact Number:

May we speak with this person if needed? Yes No

8. Do you wish to be an organ donor? Yes No

9. If you were having a heart attack, would you want to be resuscitated (given CPR)? Yes No

10. If you were seriously ill or in a comatose state, would you want to have a feeding tube? Yes No

11. When you pass away, do you want to be buried or cremated?

Are the arrangements paid for? Yes No

CHILDREN

12. Please list names as they would appear on legal documents. Also, list children who have predeceased you, if any, and their children. You should also list any children from which you are estranged and note that you do not want them to benefit from your estate, if that is your wish.

a) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

Spouse's name/age:

Children's names/ages:

b) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

Spouse's name/age:

Children's names/ages:

c) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

d) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

Spouse's name/age:

Children's names/ages:

Spouse's name/age:

Children's names/ages:

e) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

f) Name/Age:

Date of birth:

May we speak with this person if needed? Yes No

Address:

Contact number:

Spouse's name/age:

Spouse's name/age:

Children's names/ages:

Children's names/ages:

13. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes No
 If yes, please indicate who that is and the type and the amount of benefit:

HEALTH INSURANCE

14. Do you have any of the following?

Yes No **Medicare;**

Yes No **Part D;** (prescription) coverage If yes, list company:

Yes No **Medicare Supplement;** If yes, list company:

Yes No **Private Health Insurance;** If yes, list company:

Yes No **Retirement Health Insurance;** If yes, list company:

Yes No **Prescription Coverage;** If yes, list company:
(Not Medicare Part D)

Yes No **Long Term Care Insurance;** If yes, list company:

FINANCIAL

15. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months? Yes No
 Have you added a person's name to real property or other asset within the last 60 months? Yes No
 If yes, please complete the following: (use separate page if necessary)

a) Gift Recipient:

Date of gift:

Gift/transfer value:

b) Gift Recipient:

Date of gift:

Gift/transfer value:

c) Gift Recipient:

Date of gift:

Gift/transfer value:

d) Gift Recipient:

Date of gift:

Gift/transfer value:

16. Do you have any **life insurance policies**? (*Do not list annuities here*) Yes No
 If yes, please complete the following:

a) Company Name:

Owner:

Insured:

Beneficiary:

Policy Number:

Face Value:

Cash Surrender Value:

Contingent Beneficiary:

b) Company Name:

Owner:

Insured:

Beneficiary:

Policy Number:

Face Value:

Cash Surrender Value:

Contingent Beneficiary:

c) Company Name:

Policy Number:

Owner:
Insured:
Beneficiary:

Face Value:
Cash Surrender Value:
Contingent Beneficiary:

d) Company Name:
Owner:
Insured:
Beneficiary:

Policy Number:
Face Value:
Cash Surrender Value:
Contingent Beneficiary:

17. Total Cash Surrender Values of Life Insurance: \$ _____

18. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques).

Description of property:

Value of property:

How is property titled?:

19. Total Value of Personal Property: \$

REAL ESTATE

(Please provide a copy of the deed or title for all real property)

20. a) Primary Home Address:

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title:

Current value:

Purchase price:

Mortgage balance:

b) Address of Second Home:

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title:

Current value:

Purchase price:

Mortgage balance:

c) Other Real Property

(i) Property Address:

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title:

Current value:

Purchase price:

Mortgage balance:

(ii) Property Address:

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title:

Current value:

Purchase price:

Mortgage balance:

Total Value of Real Estate: \$

Less Outstanding Mortgages: \$

21. Equity in Real Estate: \$

INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds)

Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 1234

Company Name: ABC Bank

How is it titled?: John Doe & Mary Doe

Beneficiary: Children of John & Mary Doe

Value: \$1,000.00 Maturity Date: 01/22/2014 Interest Rate: 1.5%

22. Intangible Assets:

a) Asset Type:

Last 4 digits of Account #:

Company Name:

- | | |
|------------------------|--|
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| b) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| c) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| d) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| e) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| f) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |
|
 | |
| g) Asset Type: | Last 4 digits of Account #: |
| Company Name: | |
| How is account titled? | *Important – Look at bank statement for title information. |
| Beneficiary: | Maturity Date: |
| Interest Rate: | Value: |

23. Total Value of Intangible Assets: _____

RETIREMENT FUNDS
(IRAS, KEOGHS, OR 401K PLANS)

24. Retirement

- a) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary: Value:
Interest Rate:
- b) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary:
Interest Rate: Value:
- c) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary: Value:
Interest Rate:
- d) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary: Value:
Interest Rate:
- e) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary: Value:
Interest Rate:
- f) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement for title information.**
How is account titled? Maturity Date:
Beneficiary: Value:
Interest Rate:
- g) Asset Type: Last 4 digits of Account #:
Company Name: ***Important – Look at bank statement**
How is account titled?

Beneficiary:
Interest Rate:

for title information.
Maturity Date:
Value:

h) Asset Type:
Company Name:
How is account titled?

Last 4 digits of Account #:

***Important – Look at bank statement for title information.**

Beneficiary:
Interest Rate:

Maturity Date:
Value:

i) Asset Type:
Company Name:
How is account titled?

Last 4 digits of Account #:

***Important – Look at bank statement for title information.**

Beneficiary:
Interest Rate:

Maturity Date:
Value:

25. Total Value of Retirement Funds: \$

26. Totals (refer to corresponding numbers for totals)

Total cash surrender value of life insurance (#17)

Total value of personal property (#19): \$

Total equity value of real estate (#21): \$

Total value of intangible assets (#23): \$

Total value of retirement accounts (#25): \$

TOTAL VALUE OF ALL ASSETS: \$

MONTHLY INCOME

27: (Please list income from all sources)

Social Security Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	

Disability Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	

Pension #1 Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Pension is from:	

Pension#2 Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Pension is from:	

Pension Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Pension is from:	

Veterans Administration Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Pension is from:	

Employment Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Pension is from:	

Annuity (in pay mode) Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

Annuity (in pay mode) Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

IRA Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	

Primary Beneficiary:	Contingent Beneficiary:
IRA Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

IRA Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

IRA Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

IRA Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Direct Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

OTHER: (*Rent, Mortgages, etc.*)

Income Type:	
Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

Income Type:	
Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

Income Type:	
Gross Monthly Amount:	
Monthly Deduction:	()
Net Monthly Income:	
Deposit to:	
Primary Beneficiary:	Contingent Beneficiary:

Total GROSS Monthly Income: \$

28. Does your monthly income cover your monthly expenses? Yes No

29. LIABILITIES

Mortgages:	\$	\$
Notes to banks:	\$	\$
Notes to others:	\$	\$
Credit card debt:	\$	
Other:	\$	

Total Liabilities: \$

30. If you were unable to carry out your *financial* business, who would you want to manage your assets? (*i.e. Name as your Power of Attorney*) Please list in order of priority.

- a) Name: Relationship:
Contact Number: May we speak with this person if needed? Yes No
- b) Name: Relationship:
Contact Number: May we speak with this person if needed? Yes No
- c) Name: Relationship:
Contact Number: May we speak with this person if needed? Yes No

31. Who do you want to serve as your personal representative? (**This must be a blood relative or a Florida Resident.** Please list in order of preference)

- a) Name: Relationship:
Contact Number: May we speak with this person if needed? Yes No
- b) Name: Relationship:
Contact Number: May we speak with this person if needed? Yes No
- c) Name: Relationship:

Contact Number:

May we speak with this person if needed? Yes No

32. Who shall receive the balance of your estate? Please list each person or organization's name, their contact number, the share of your estate you want them to inherit, and their relationship to you. You use the tables below or type this information in paragraph form here:

a) Name:

Relationship:

Contact Number: Share:

May we speak with this person if needed? Yes No

b) Name:

Relationship:

Contact Number: Share:

May we speak with this person if needed? Yes No

c) Name:

Relationship:

Contact Number: Share:

May we speak with this person if needed? Yes No

d) Name:

Relationship:

Contact Number: Share:

May we speak with this person if needed? Yes No

*Please mark the box if we are not authorized to contact you, or anyone else on your behalf, via email. No

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

Please provide copies of the following for your loved one and spouse, if married:

- A valid driver license or some other government issued photo identification (front and back).
(required)

	Original	Copy
<input type="checkbox"/> Trust	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Last Will & Testament	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Designation of Health Care Surrogate	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Living Will	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pre/Post Nuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>

- Most recent statement (not a computer printout) for all bank accounts, brokerage accounts, stock certifications, IRAs, annuities policies, Certificates of Deposit, Mortgages, promissory notes or any other assets.

Notes: