



ELVILLE  
AND ASSOCIATES

*Planning for Life, Planning for Legacies*

## ELDER LAW QUESTIONNAIRE

### **CLIENT #1**

Date Completed: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Married: \_\_\_\_\_  Divorced: \_\_\_\_\_  Widowed: \_\_\_\_\_  Single

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

### **CLIENT #2**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Married: \_\_\_\_\_  Divorced: \_\_\_\_\_  Widowed: \_\_\_\_\_  Single

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



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**Child # 1**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Parent:  Client #1  Client #2  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

**Child # 2**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Parent:  Client #1  Client #2  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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



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**Child #3**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Parent:  Client #1  Client #2  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

**Child #4**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Parent:  Client #1  Client #2  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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



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**Dependent #1**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

**Dependent #2**

Full Legal Name: \_\_\_\_\_ Pronoun \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

(or education if not employed) \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_



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**PROFESSIONAL ADVISORS**

**CPA:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**FINANCIAL ADVISER:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**STOCK BROKER:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**LIFE INSURANCE AGENT:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



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**IMPORTANT FAMILY AND HEALTH QUESTIONS**

Please Check "Yes" or "No" for Your Answer and Explain	Client #1	Client #2
Does anyone in your family have a learning disability? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family receive governmental support or benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any adopted children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family have special education, medical, or physical needs? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your family institutionalized? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse receiving social security, disability, or other governmental benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide primary or other major financial support to adult children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? *If yes, please list the dates and please furnish executed copies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse completed previous wills, trusts, or estate planning? *If yes, please furnish executed copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**IMPORTANT FAMILY AND HEALTH QUESTIONS**

Please Check "Yes" or "No" for Your Answer and Explain	Client #1	Client #2
Do either of you have Long Term Care Insurance? *If yes, name: (Client #1) _____ *If yes, name: (Client #2) _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Do either of you have Medicaid Benefits? *If yes, name: (Client #1) _____ *If yes, name: (Client #2) _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Do either of you have Veterans Benefits? *If yes, name: (Client #1) _____ *If yes, name: (Client #2) _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? *If yes, please list the dates and please furnish executed copies: Client #1: _____ Client #2: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Have you or your spouse completed previous wills, trusts, or estate planning? *If yes, please list the dates and please furnish executed copies: Client #1: _____ Client #2: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Do you own a burial plot? *If yes, location of plot: (Client #1) _____ *If yes, location of plot: (Client #2) _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Do either of you have a Pre-Need Burial Contract? *If yes, please list the dates and please furnish executed copies: Client #1: _____ Client #2: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No



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### **HEALTH CARE AGENT INFORMATION - CLIENT #1**

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

#### FIRST

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

#### SECOND

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

#### THIRD

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_





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**HEALTH CARE AGENT INFORMATION - CLIENT #2**

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

**FIRST**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECOND**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**THIRD**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_



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**FINANCIAL AGENT INFORMATION - CLIENT #1**

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

**FIRST**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECOND**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**THIRD**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_



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**FINANCIAL AGENT INFORMATION - CLIENT #2**

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

**FIRST**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECOND**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_

**THIRD**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: \_\_\_\_\_  
Email: \_\_\_\_\_



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### CASH ACCOUNTS

**TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD".**

(Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No



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### CASH ACCOUNTS (Continued)

**TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD".**

(Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are Funds Electronically Withdrawn or Deposited to this account  Yes  No



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### INVESTMENT ACCOUNTS

**• DO NOT LIST IRAS/401KS OR ANY OTHER TYPE OF RETIREMENT ACCOUNTS HERE •**

**TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".**

*(Indicate type below for all investment and street accounts.)* If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No



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### INVESTMENT ACCOUNTS

**• DO NOT LIST IRAS/401KS OR ANY OTHER TYPE OF RETIREMENT ACCOUNTS HERE •**

**TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".**

*(Indicate type below for all investment and street accounts.)* If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No

Name of Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Current Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Are funds electronically deposited or withdrawn from this account?  Yes  No

Is this Account pledged as collateral on any loans?  Yes  No



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## STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock Company \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_  
Is this Stock pledged as collateral on any loans?  Yes  No

Name of Stock Company \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_  
Is this Stock pledged as collateral on any loans?  Yes  No

Name of Stock Company \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_  
Is this Stock pledged as collateral on any loans?  Yes  No





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### STOCKS (Continued)

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock Company \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Is this Stock pledged as collateral on any loans?  Yes  No

Name of Stock Company \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Is this Stock pledged as collateral on any loans?  Yes  No

Name of Stock Company \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Is this Stock pledged as collateral on any loans?  Yes  No



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## BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*)

If you are named as a co-owner on any bonds owned by or with someone else  
(i.e. parents, siblings, children, grandchildren, etc.) Please indicate the name of the co-owner

TYPE	OWNER	SOCIAL SECURITY NO.	FACE VALUE ON BOND
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

## MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you

*(Please provide a copy of any promissory notes.)*

NAME OF DEBTOR	DATE DUE & OWED TO	CURRENT BALANCE	PROMISSORY NOTE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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## PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.  
*(Please provide a copy of the Partnership Agreement.)*

Name of Entity: \_\_\_\_\_  
General Partner/Managing Member: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Value: \_\_\_\_\_ Who holds the papers: \_\_\_\_\_  
Professional Partnership or LLC?  Yes  No  
Entity Type:  General Partnership  Limited Partnership  Limited Liability **Company**

Name of Entity: \_\_\_\_\_  
General Partner/Managing Member: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Value: \_\_\_\_\_ Who holds the papers: \_\_\_\_\_  
Professional Partnership or LLC?  Yes  No  
Entity Type:  General Partnership  Limited Partnership  Limited Liability **Company**

## CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.  
*(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)*

Name of Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_  
Professional Corporation?  Yes  No  
"S" Corporation?  Yes  No  
Is there a Buy/Sell Agreement:  Yes  No

Name of Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_  
Professional Corporation?  Yes  No  
"S" Corporation?  Yes  No  
Is there a Buy/Sell Agreement:  Yes  No



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### SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Value: \_\_\_\_\_ Professional Corporation?  Yes  No  
 Business Insurance Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Value: \_\_\_\_\_ Professional Corporation?  Yes  No  
 Business Insurance Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

### OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest  
 ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \_\_\_\_\_



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### PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property.

*(Indicate type below and give a lump sum value for miscellaneous items.)*

TYPE	OWNER (for vehicles list primary driver as well)	CURRENT VALUE	LIEN AGAINST ASSET?
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Car Insurance Company: \_\_\_\_\_

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

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

Telephone / Facsimile: \_\_\_\_\_

Policy No.: \_\_\_\_\_



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### REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS)

♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE)

***(Please provide a copy of the Deed or Agreement and Title Insurance Policy relating to each property)***

Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Year House Purchased: \_\_\_\_\_ Owner:  Client #1,  Client #1,  Joint  
Initial Mortgage: \_\_\_\_\_ Current Mortgage: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Mortgage Co.: \_\_\_\_\_  
Loan No.: \_\_\_\_\_

Other Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Year House Purchased: \_\_\_\_\_ Owner:  Client #1,  Client #1,  Joint  
Initial Mortgage: \_\_\_\_\_ Current Mortgage: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Mortgage Co.: \_\_\_\_\_  
Loan No.: \_\_\_\_\_

Other Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Year House Purchased: \_\_\_\_\_ Owner:  Client #1,  Client #1,  Joint  
Initial Mortgage: \_\_\_\_\_ Current Mortgage: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Mortgage Co.: \_\_\_\_\_  
Loan No.: \_\_\_\_\_



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### INSURANCE POLICIES

**TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability  
♦ Long Term Care**

*(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").*

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Cash Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Cash Value: \_\_\_\_\_



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### INSURANCE POLICIES (continued)

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability  
♦ Long Term Care

(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company Name: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

Cash Value: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

Cash Value: \_\_\_\_\_





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### RETIREMENT PLANS

**TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (Indicate type below.)**

Please provide a copy of your Retirement Plan Summary Agreement.

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO



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### RETIREMENT PLANS (Continued)

**TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (Indicate type below.)**

Please provide a copy of your Retirement Plan Summary Agreement.

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO



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## PENSION PLANS

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

Company Name: \_\_\_\_\_

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

Type of Account: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO



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## ANNUITIES

Please provide a copy of each annuity contract

Company Name: \_\_\_\_\_

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

Account Owner: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Value: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Are you receiving any regular distributions from this annuity contract?  YES  NO

If yes, do the distributions have "survivorship" or "period certain" provisions?  YES  NO

Survivorship  Period Certain

Company Name: \_\_\_\_\_

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

Account Owner: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Value: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Are you receiving any regular distributions from this annuity contract?  YES  NO

If yes, do the distributions have "survivorship" or "period certain" provisions?  YES  NO

Survivorship  Period Certain

Company Name: \_\_\_\_\_

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

Account Owner: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Value: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Are you receiving any regular distributions from this annuity contract?  YES  NO

If yes, do the distributions have "survivorship" or "period certain" provisions?  YES  NO

Survivorship  Period Certain



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## **ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

Type: Gifts or inheritances that you expect to receive at some point in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

DESCRIPTION	VALUE
	\$ _____
	\$ _____

## **OTHER ASSETS**

Type: Any property you own that does not fit into any other listed category.

DESCRIPTION	OWNER	CURRENT VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____



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<b>ASSETS*</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
	<b>AMOUNT</b>	
Cash Accounts	_____	_____
Investment Accounts	_____	_____
Stocks	_____	_____
Personal Effects	_____	_____
Retirement Accounts	_____	_____
Pension Plans	_____	_____
Life Insurance Policies	_____	_____
Annuities	_____	_____
Bonds	_____	_____
Monies Owed to You	_____	_____
Partnership & LLC Interests	_____	_____
Corporate Business Interests	_____	_____
Sole Proprietorship Interests	_____	_____
Anticipated Inheritance, Gift or Judgment	_____	_____
Oil, Gas & Mineral Interests	_____	_____
Other Assets	_____	_____
Real Property	_____	_____
<b>TOTAL ASSETS</b>	_____	_____
<b>LIABILITIES</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
	<b>AMOUNT</b>	
Loans Payable	_____	_____
Accounts Payable	_____	_____
Real Estate Mortgages Payable	_____	_____
Unpaid Taxes	_____	_____
Other Obligations	_____	_____
<b>TOTAL LIABILITIES</b>	_____	_____
<b>NET ESTATE</b>	_____	_____
<b>ANNUAL INCOME</b>	_____	_____

*\* The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.*