

McAndrews Law Offices, P.C.



30 Cassatt Avenue
Berwyn, Pennsylvania 19312
Phone: 610 648 9300
Fax: 610 648 0433
www.mcandrewslaw.com

ATTORNEYS AT LAW

ELDER LAW QUESTIONNAIRE

PERSONAL DATA (PERSON IN NEED) _____ Today's Date: _____

Name: _____ DOB: ____/____/____ SSN: ____-____-____

Address: _____ Phone: _____ E-mail: _____

_____ County of Residence: _____

Employer: _____ Retirement date: _____ Veteran: Yes__No__

Spouse: _____ DOB: ____/____/____ SSN: ____-____-____

Employer: _____ Retirement date: _____ Veteran: Yes__No__

Date of Marriage: _____ Have you/ your spouse been married before? _____

If yes, are there any children from this previous marriage? _____

CHILDREN:

First Name MI Last Name Age Address Telephone Disability (Y/N)

Spouse's Name Names and Ages of Grandchildren

First Name MI Last Name Age Address Telephone Disability (Y/N)

Spouse's Name Names and Ages of Grandchildren

First Name MI Last Name Age Address Telephone Disability (Y/N)

Spouse's Name Names and Ages of Grandchildren

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MEDICAL/DISABILITY

Is anyone in your family disabled or may require help or protection in managing money or other property?

yes____ no____

If yes, please explain: _____

Your Doctor: _____ Spouse's Doctor: _____
Name Address Name Address

Have you or your spouse recently entered a hospital or skilled nursing facility? yes____ no____

Person in facility: _____ Date of admission: _____

Name of facility: _____ Diagnosis: _____

Funding source (private pay, Medical Assistance, etc.): _____

HEALTH INSURANCE

	YOU	SPOUSE
Medicare	_____	_____
	Number	Number
Insurance from Employer	_____	_____
Medicare Supplement	_____	_____
Long-Term Care Insurance	_____	_____
Medical Assistance	_____	_____
Other	_____	_____

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GIFTING

During the last 60 months, have either you or your spouse made any large gifts (\$500.00 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? Yes [] No [].

If yes, please list each action and explain when and why the transfer was made:

FINANCIAL

LIQUID ASSETS:

Checking or Savings accounts, CDs, Brokerage Accounts, Corporate or U.S. Bonds, Other

Description & Location of Property Value Account No. In Whose Name?

Description & Location of Property	Value	Account No.	In Whose Name?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE:

Address Purchase Date Purchase Price Current Value How Titled Principal Residence Y/N

Address	Purchase Date	Purchase Price	Current Value	How Titled	Principal Residence Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or your spouse have an interest in any business? Yes _____ No _____

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LIFE INSURANCE:

Whose Life Insured?	Owner	Death Benefit	Cash Value	Term/Whole	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PROPERTY WITH DESIGNATED BENEFICIARIES:

Do you have IRAs, 401Ks, vested pension plan, annuities, or other assets that would pass on your death to a particular beneficiary that you have designated?

Description	Value	Designated Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or your spouse the beneficiary of any trust? Yes ____ No ____

PERSONAL PROPERTY (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.):

Description of Property	Value	In whose name?
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES: (mortgages, notes to banks, notes to others, loans on insurance, other)

Description	Balance Due	Monthly Payment	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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MONTHLY INCOME

	You	Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc.	_____	_____	_____
Rents	_____	_____	_____
Business Interest	_____	_____	_____
Other _____	_____	_____	_____

Which sources of income have a benefit for a surviving spouse? _____

MONTHLY EXPENSES (Average)

HOUSING

Rent/Mortgage _____
 Property Taxes _____
 Condo/HOA fees _____
 Insurance _____
 Telephone _____
 Cable TV _____
 Electric/Gas _____
 Water/Sewer _____
 Maint/Repairs _____

AUTOMOBILE

Loan Payments _____
 Insurance _____
 Gas/Oil _____
 Maint/Repairs _____

ENTERTAINMENT/OTHER

Vacation _____
 Eating Out _____
 Clubs _____
 Credit Card/Debit _____

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MEDICAL (not reimbursed by insurance)

Insurance _____
Doctor/Dentist _____
Prescriptions _____
Home Health Care _____

Other _____

ESSENTIALS

Clothing _____
Food _____
Other _____

LEGAL

	Date Made	Location of
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Advance Medical Directive	_____	_____
Living Trust/Other	_____	_____

I am the legally appointed guardian of: _____

I have been appointed under a power of attorney from: _____

Do you and spouse have a prepaid funeral or burial account? _____

Does a child, sibling, or other family member reside with you? If yes, who and for how long? _____

Other legal concerns: _____

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Please bring copies of the following documents with you to your meeting with the attorney:

1. Will, codicils, Trust Agreements
2. Real estate deeds, appraisals
3. Admission agreements to hospitals and nursing homes
4. Divorce decrees, prenuptial agreements, adoption papers
5. Guardianship documents
6. Living will, health care declaration or power of attorney, durable powers of attorney
7. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers, and advisors

How were you referred to McAndrews Law Offices, P.C.?