



BRENNAN & ROGERS PLLC

Informed and compassionate legal care
279 York Street, No. 2
York, Maine 03909
(207) 361-4680

Estate and Entitlement Planning Information

Dated Prepared: _____

This questionnaire is intended to elicit preliminary information necessary to help us with estate and entitlement planning pertinent to your particular circumstances. The more complete and accurate your responses, the better we will be able to serve you. Feel free to attach extra sheets if necessary.

Please feel free to send us the completed form before our first meeting or bring it with you. Please also try to bring to the first meeting copies of any wills, trusts, deeds, powers of attorney, and other legal papers you may have. Please feel free to contact me with any questions in the interim. We look forward to working with you.

PERSONAL DATA

Name: _____

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

Address: _____

Day phone: _____ Evening phone: _____

County of residence: _____

Employer: _____ Retirement date: _____

Veteran: Yes No

Spouse: _____

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

Employer: _____ Retirement date: _____

Veteran: Yes No

Smilie G. Rogers, Esq.
Licensed in Maine, Massachusetts & New Hampshire
Phone: (207) 361- 4680
E-mail: sgr@brennanrogers.com

Mary Kathryn Brennan, Esq.
Licensed in Maine
Phone: (207) 361- 4680
E-mail: mkb@brennanrogers.com

If Client is Currently in a Healthcare Facility:

Name of Facility	
Address	
Type of Facility	
Level of Care	
Date of Admission to Current Facility: Date of Admission to Previous Facility if Applicable:	
Funding Source(s)	
Client's Health Status	

If Client's Spouse is Currently in a Healthcare Facility:

Name of Facility	
Address	
Type of Facility	
Level of Care	
Date of Admission to Current Facility:	

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Date of Admission to Previous Facility if Applicable:	
Funding Source(s)	
Client's Health Status	

FAMILY

(Also list any individual dependent upon you for support and provide general information as to the reason for and the extent of support provided.)

Child's Name	Date of Birth	Residence	Marital Status	Special Concerns (Disability, etc.)

PROPERTY

Property Referenced	Value / Response
Family Residence <ul style="list-style-type: none"> • Tax Assessed Value • Mortgage Balance • Year of Purchase • Purchase Price 	\$ _____ \$ _____ _____ \$ _____

<ul style="list-style-type: none"> • How held? 	
<p>General Household Items</p> <ul style="list-style-type: none"> • Furniture and Furnishings • Household Effects of Special Value • Automobiles (Year, Make, Model) • Automobile Loan Balances (Allocate) 	<p>\$ _____</p> <p>\$ _____</p> <p>_____</p> <p>\$ _____</p>
<p>Other Real Estate</p> <ul style="list-style-type: none"> • Where? • Tax Assessed Value • Mortgage Balance • Year of Purchase • Purchase Price • How held? 	<p>_____</p> <p>\$ _____</p> <p>\$ _____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p>
<p>Bank Savings or Money Market Accounts</p> <ul style="list-style-type: none"> • Bank/Acct. No. _____ • Bank/Acct. No. _____ • Bank/Acct. No. _____ 	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>Bank Checking Accounts</p> <ul style="list-style-type: none"> • Bank/Acct. No. _____ • Bank/Acct. No. _____ 	<p>\$ _____</p> <p>\$ _____</p>

<p>Bank Certificates of Deposit</p> <ul style="list-style-type: none"> • Bank/Acct. No. _____ • Bank/Acct. No. _____ • Bank/Acct. No. _____ 	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>Mutual Funds</p> <ul style="list-style-type: none"> • Acct. No. _____ • Acct. No. _____ • Acct. No. _____ 	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>Stocks and Bonds</p> <ul style="list-style-type: none"> • Type: _____ • Date of Purchase: _____ • Cost • Type: _____ • Date of Purchase: _____ • Cost 	<p>\$ _____</p> <p>\$ _____</p>
<p>IRAs, Keoughs, 401(K) Plans, Annuities, etc.</p> <ul style="list-style-type: none"> • Account: _____ • Account: _____ • Account: _____ 	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>Business Interests (Limited Partnerships, Realty Trusts, Closely</p>	

Held Corporations, Royalty Rights, etc.)	\$ _____
<ul style="list-style-type: none"> • Describe: _____ 	
Prepaid Funeral	
<ul style="list-style-type: none"> • Burial Account: _____ 	\$ _____
<ul style="list-style-type: none"> • Burial Insurance: _____ 	\$ _____
<ul style="list-style-type: none"> • Plot/Headstone: _____ 	\$ _____
Other Assets (Excluding Life Insurance)	
<ul style="list-style-type: none"> • Describe: _____ 	\$ _____
<ul style="list-style-type: none"> • Describe: _____ 	\$ _____

LIFE INSURANCE

Kind (Whole/ Term)	Owner	Beneficiary	Life	Face Amount	Cash Value (Less Outstanding Loans)

EXPECTED INHERITANCE / POWERS OF APPOINTMENT

Description of Inheritance / Power of Appointment	Value
	\$ _____
	\$ _____

DEBTS (EXCLUDING MORTGAGE DEBT)

Creditor	Amount Due
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Is the client or the spouse the beneficiary of any trust? Yes No

If yes, please enclose a photocopy of a signed version of the trust, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

Is any of the property or income of the client or the spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or nonmarketable?
Yes No

If yes, explain briefly:

During the last 60 months, have either you or your spouse made any large gifts (\$1,000.00 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:

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INCOME

Source	You	Your Spouse
Work Earnings		
Social Security Retirement		
Social Security Disability		
Supplemental Security Income		
Veterans' Benefits		
Private Pension		
Annuity		
Public Employment Pension		
Railroad Retirement		
Support from Spouse		
Regular Support from Others		
Unemployment Compensation		
Worker's Compensation		
Regular Income from Trust		
Rental Income		
Interest and Dividends		
Other Income (Describe)		

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HEALTH INSURANCE

Type of Insurance	Company	ID or Policy Number
Medicare	N/A	
Medicare for Spouse	N/A	
Medicare Supplemental Insurance for Self		
Medicare Supplemental Insurance for Spouse		
MaineCare for Self		
MaineCare for Spouse		
Long Term Care Insurance for Self or Spouse?		
Other Health Insurance for Self or Spouse?		

Have either you or your spouse, during the last 90 days had substantial medical expenses, such as nursing home or hospital bills, which have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance or other insurance?
 Yes No

Please provide details and explain:

Have any of your children or brothers or sisters lived with you during the last two years?
 Yes No

If so, please describe the circumstances of the individual, the reason for the arrangement and how it was handled financially:

Are you or your spouse a veteran? Yes No

Veteran Spouse	Branch	Dates of Service

NOTES

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