

CLARKE LAW FIRM, PLC

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ELDER LAW PLANNING

...about you

Your Name(s): _____

Your Address: _____ City, State, Zip: _____

Relationship to Incapacitated Person: _____

Telephone Nos: _____

Your Soc. Security Number: _____

Your Citizenship: _____ Employer: _____

Referred By: _____

Other Family Members who will be attending conference: _____

...about the incapacitated person

Name: _____

Description of Incapacity: _____

Current Address: _____ City, State, Zip _____

Birth date: _____ Social Security Number: _____

Citizenship: _____ Last Employer: _____

This information is accurate and complete to the best of my/our knowledge and the attorney may rely upon it.

Date: _____ Signed: _____

All information provided shall be held in the strictest confidence by the attorney.

MARITAL STATUS (Please ✓ one)

Single, Married, Divorced, Separated, Widowed, Living Together

Name(s) of former Spouse(s) and Date of Death or Divorce of incapacitated person):

CHILDREN (Please ✓ box to left of name if child is deceased)

	Name	DOB	Parent/s	City of Residence
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

OTHER FAMILY MEMBERS who will be named in the Documents:

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

Are any of the listed family members or friends dependent upon him/her for financial support at the present time? If so, please list their names, amount and type of support provided:

	Name	Amount	Type of Support
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE LIST INCAPACITATED PERSONS ADVISORS:

Accountant: _____ **Firm Name:** _____ **Telephone Number:** _____

Life Insurance Agent: _____ **Firm Name:** _____ **Telephone Number:** _____

Trust or Bank Officer: _____ **Bank Name:** _____ **Telephone Number:** _____

Investment Advisor: _____ **Brokerage or Firm Name:** _____ **Telephone Number:** _____

SAFETY DEPOSIT BOX INFORMATION:

Financial Institution where his/her safety deposit box is located: _____

Box Number: _____ Location of Keys: _____

Person(s) with access: Name: _____ Telephone No.: _____

Does he/she have a home safe: No; Yes If Yes; location: _____

Person(s) with access: _____ Telephone No.: _____

ESTATE PLANNING DOCUMENTS:

Does he/she have a current Will? No; Yes - Dated: _____ Located at: _____

Does he/she have a current Trust? No; Yes - Dated: _____ Located at: _____

SOURCES OF INCOME:

<i>SOURCE</i>	<i>YOURS</i>	<i>SPOUSE</i>	<i>JOINT</i>
<i>Salary</i>			
<i>Interest/dividends</i>			
<i>Social Security</i>			
<i>Retirement Benefits</i>			
<i>Other</i>			
<i>Total</i>			

ASSETS/PROPERTY/INVESTMENTS:

1. BANK ACCOUNTS, MONEY MARKET & CERTIFICATES OF DEPOSIT:

<i>Name of Institution</i>	<i>Account No.</i>	<i>Current Balance</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

2. MONIES OWED TO INCAPACITATED PERSON:

<i>Name of Debtor</i>	<i>Type of Debt</i>	<i>Current Amount</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

3. SECURITIES (MUTUAL FUNDS, STOCKS, BONDS – PLEASE PROVIDE COPY OF LAST STATEMENT):

BROKERAGE ACCOUNT WITH: *ACCOUNT No:*

BROKERAGE ACCOUNT WITH: *ACCOUNT No:*

BROKERAGE ACCOUNT WITH: *ACCOUNT No:*

4. CERTIFICATES HELD:

<i>No. Of Shares</i>	<i>fund, stock, bond</i>	<i>Current \$ Value</i>	<i>Name of Title</i>

5. REAL PROPERTY: (Please provide copies of Deeds)

Address:

Address:

Address:

6. VALUABLE PERSONAL PROPERTY: (BOATS, AIRPLANES, JEWELRY, ART, ANTIQUES)

<i>Asset</i>	<i>Location</i>	<i>Value \$</i>	<i>Owner</i>

7. LIFE INSURANCE POLICIES ON THE LIFE OF THE INCAPACITATED PERSON

<i>Company</i>	<i>Value</i>	<i>Beneficiary</i>

8. ANNUITY/RETIREMENT BENEFITS/IRA'S

<i>Company</i>	<i>Type of Plan</i>	<i>Current Value</i>

9. Debts (Mortgages, Medical Expenses, Credit Cards, Etc.) OWED TO OTHERS:

<i>Type:</i>	<i>Due To:</i>	<i>Balance Due: \$</i>