ELDER LAW at
AHRENS DEANGELI
LAW GROUP

Confidential Planning Workbook

Planning for Married Couple

Thank you for completing the Planning Workbook. The information in this workbook provides us with important information about you and your goals. It allows our first meeting to be productive and well-organized. Please feel free to skip sections that do not apply to you or leave some choices blank if you need more information or are having trouble making a decision.

Please call us at (208) 387-0729 if you have any questions about completing this form.

Date:_____Referred by:_____

1. Spouse 1 Name_____

Name you want us to call you: _____

Date of Birth: _____/_____/_____

Are You a Veteran? ☐ **Yes** ☐ **No**

Cell Phone:_____ Email:_____

2. Spouse 2 Name_____

Name you want us to call you: _____

Date of Birth: _____/_____/_____

Are You a Veteran? ☐ **Yes** ☐ **No**

Cell Phone:_____ Email:_____

Address: _____

Date of Marriage: _____ Number of Years Married _____

3. Monthly Income:

Gross Monthly Income

Monthly Income Source	Spouse 1	Spouse 2
Social Security Income:		
Pension (From Previous Employer):		
VA Income:		
Employment Income/Other Income:		
Total:		

Assets: Use your best estimate of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset.

Asset	Value/Notes
Your Home	
2nd Home/Cabin/Land	
Checking:	
Savings:	
CDs:	
Investments (stocks/bonds):	
Annuities:	
IRA/401k:	
Business/LLCs etc.:	
Life Insurance:	
Prepaid Funeral Plan:	
Car 1:	
Car 2:	
Other Vehicles:	
Other _____:	
Other _____:	
Other _____:	
Other _____:	
Other _____:	
Total:	

4. Real Estate:

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Current Value: _____

B. If you own Other Real Estate/Land/Rental Properties, etc.

Address of property: _____

Names as they appear on deed: _____

Current Value: _____ Tax-Appraised Value: _____

5. Gifts and Transfers

Have you made any gifts or transfers to any individuals within the last 5 years? Gifts and transfers include money, property or goods given away or sold for less than fair market value and include charitable contributions. *(Use additional sheet if necessary):*

☐ **Yes** ☐ **No** **<u>If yes, please furnish the indicated information for each gift or transfer:</u>**

Name:		**Name:**	
Month/Year:		**Month/Year:**	
Item:		**Item:**	
Value:		**Value:**	
Name:		**Name:**	
Month/Year:		**Month/Year:**	
Item:		**Item:**	
Value:		**Value:**	

6. Information About Your Health:

SPOUSE 1

A. **Do you have any health problems associated with long term care?**

_____

_____

B. **Name of your personal physician(s):**

Name: _____

Medical specialty: _____ Telephone #: _____

Address: _____

Name: _____

Medical specialty: _____ Telephone #: _____

Address: _____

SPOUSE 2

A. **Do you have any health problems associated with long term care?**

_____

_____

B. **Name of your personal physician(s):**

Name: _____

Medical specialty: _____ Telephone #: _____

Address: _____

Name: _____

Medical specialty: _____ Telephone #: _____

Address: _____

7. Your Children:

Child #1 √ if deceased ☐

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? ☐ Spouse 1 Child ☐ Spouse 2 Child ☐ Both Spouses

Address: _____

Phone #: _____E-mail address: _____

Child #2 √ if deceased ☐

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? ☐ Spouse 1 Child ☐ Spouse 2 Child ☐ Both Spouses

Address: _____

Phone #: _____E-mail address: _____

Child #3 √ if deceased ☐

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? ☐ Spouse 1 Child ☐ Spouse 2 Child ☐ Both Spouses

Address: _____

Phone #: _____E-mail address: _____

Child #4 √ if deceased ☐

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? ☐ Spouse 1 Child ☐ Spouse 2 Child ☐ Both Spouses

Address: _____

Phone #: _____E-mail address: _____

Are any of your children or grandchildren disabled? ☐ Yes ☐ No

If yes, please list their names:_____