



BETH A. PRATHER, P.A. ELDER LAW ATTORNEY

These questions pertain to the person for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. You have an appointment at: _____ on _____ . Please provide us with your completed intake as early as possible before your appointment date. The intake may be mailed or dropped off at our office. This information may be emailed or faxed if you prefer. Please call us at 239-208-3050 if you have any questions or concerns about completing this form.

PERSONAL DATA

Please Print

Date of marriage: _____

City, County, State: _____

Husband

Legal Name: _____

Wife

Legal Name: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Birthdate: _____ Age: _____

Birthdate: _____ Age: _____

Retirement Date: _____

Retirement Date: _____

Social Security #: _____

Social Security #: _____

Are you a U.S. Citizen? Yes ☐ No ☐

Are you a U.S. Citizen? Yes ☐ No ☐

Are you a Florida Resident? Yes ☐ No ☐

Are you a Florida Resident? Yes ☐ No ☐

Were you referred to our firm? Yes ☐ No ☐ If so, by whom? Name: _____

If not referred, what made you choose our firm? _____

What is the primary purpose of your visit? _____

Please indicate the name of the person who completed this form: _____

PERSONAL INFORMATION

Husband

Wife

Living Trust

☐☐

Last Will & Testament

☐☐

Durable Power of Attorney

☐☐

Health Care Surrogate

☐☐

Living Will

☐☐

Pre/Post Nuptial Agreement

☐☐

1. Did you file tax returns with the IRS last year? Yes ☐ No ☐
2. Who prepares your taxes? _____ Phone: _____
May speak with this person about you if needed? Yes ☐ No ☐
3. Who is your financial advisor? _____ Phone: _____
May speak with this person about you if needed? Yes ☐ No ☐
4. What is the location of your important papers? _____
5. Do you have a safety deposit box? Yes ☐ No ☐ If yes, what is the box number? _____
Where is it located? _____
Whose names are on the card? _____
6.

<p>Husband</p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p>	<p>Wife</p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p>
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7. Are either of you a veteran? Yes ☐ No ☐
If yes to either, did you serve during wartime*? Yes ☐ No ☐ What branch? _____
*WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975
(or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time period);
Persian Gulf–08/1990
8. Do you need help with any of the following activities?

	Husband	Wife
Bathing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transferring from bed to chair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeding yourself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doing laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Managing money	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do either one of you have medical conditions we should be aware of? Yes ☐ No ☐
If yes, please explain:
Husband: _____
Wife: _____
10. What medications do you take and what are they for?
Husband: _____
Wife: _____
11. Who is your family physician? _____
12. Do either of you have any other legal issues which we should be aware of? Yes ☐ No ☐
If yes, please explain: _____

13. CHILDREN

Please list names as they properly appear on legal documents. List any children who predeceased you, and their children.

Husband

Wife

a) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

a) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

d) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

e) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

f) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

d) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

e) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

f) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Spouse's name/age: _____

Children's names/ages: _____

May we speak with this person if needed? Yes ☐ No ☐

14. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes ☐ No ☐

If yes, please indicate the type and the amount: _____

15. HEALTH INSURANCE

Medicare:

If yes, do you also have **Part D** coverage?

Medicare Supplement:

If yes, list company: _____

Private Health Insurance:

If yes, list company: _____

Retirement Health Insurance:

If yes, list company: _____

Prescription Coverage:

If yes, list company: _____

Long Term Care Insurance:

If yes, list company: _____

Husband

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Wife

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

16. If you were unable to make medical decisions for yourself, whom would you want to do so for you?
(i.e. name as your health care surrogate) Please list in order of priority; include your spouse.

Husband

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

Wife

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

Husband

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Wife

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

17. Do you wish to be an organ donor?

18. If you were having a heart attack, would you want to be resuscitated (given CPR)?

19. If you were seriously ill or in a comatose state, would you want to have a feeding tube?

20. If you were unable to carry out your financial business, who would you want to manage your assets?
(i.e. name as your Power of Attorney) Please list in order of priority; include your spouse.

Husband

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

Wife

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

c) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

FINANCIAL

21. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months? Yes ☐ No ☐
Have you added a person's name to real property or other asset within the last 60 months? Yes ☐ No ☐
If yes, please complete the following: (use separate page if necessary)

Husband

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

Wife

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

22. Do you have any life insurance policies? (Do not list annuities here)
If yes, please complete the following:

Yes ☐ No ☐

Husband

- a) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- b) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- c) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- d) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____

Wife

- a) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- b) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- c) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- d) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____

TOTAL CASH SURRENDER VALUES (#22): \$ _____ \$ _____

23. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques):

Description of property	Value	How titled?

Total Value of Personal Property (#23): \$ _____

24. REAL ESTATE

(Please provide a copy of the deed or title for all real property)

a) Primary Residence Address: _____

Is this a manufactured home? Yes ☐ No ☐

If yes:

Do you own the ground? Yes ☐ No ☐ Own a share of the park? Yes ☐ No ☐

Is the park a cooperative? Yes ☐ No ☐ Have you retired the title? Yes ☐ No ☐

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

b) Secondary Residence Address (if applicable): _____

Is this a manufactured home? Yes ☐ No ☐

If yes:

Do you own the ground? Yes ☐ No ☐ Own a share of the park? Yes ☐ No ☐

Is the park a cooperative? Yes ☐ No ☐ Have you retired the title? Yes ☐ No ☐

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

c) Other Real Property Owned:

i) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

ii) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

Total Value of Real Estate: \$ _____

Less Outstanding Mortgages: \$ _____

Equity in Real Estate (#24): \$ _____

25. INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 1234
Company Name: Checking Account
How is it titled?: John Doe & Mary Doe
Beneficiary: Children of John & Mary Doe
Value: \$1,000.00 Maturity Date: 01/22/2014 Interest Rate: 1.5%

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- e) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

- f) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- g) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- h) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- i) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- j) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- k) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____

Total Value of Intangible Assets (#25): _____

26. RETIREMENT FUNDS:
(IRAS, KEOGHS, OR 401K PLANS)

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

Total Value of Retirement Funds (#26): \$ _____

27. Total cash surrender value of life insurance (#22): \$ _____
Total value of personal property (#23): \$ _____
Total equity value of real estate (#24): \$ _____
Total value of intangible assets (#25): \$ _____
Total value of retirement accounts (#26): \$ _____
- TOTAL VALUE OF ALL ASSETS:** \$ _____

27. MONTHLY INCOME
(Please list income from all sources)

	Husband	Wife
<u>Social Security:</u>	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Disability:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Pension(s):</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Veteran's Admin.:</u>	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Employment:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____

Annuity: (in pay mode) From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

Other: (Rent, Mortgages, IRA, etc.)

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

From: _____

Gross: \$ _____

Deductions: \$ _____

Net: \$ _____

Direct deposit to: _____

Total GROSS Monthly Income: \$ _____ \$ _____

28. Which sources of income have a benefit for a surviving spouse upon the first death? _____

29. Does your monthly income cover your monthly expenses?

Yes ☐ No ☐

30. LIABILITIES

Mortgages: \$ _____

Notes to Others: \$ _____

Credit Card Debt: \$ _____

Notes to Banks: \$ _____

Unpaid Medical: \$ _____

Other: \$ _____

Total Liabilities: \$ _____

30. Who, other than your spouse, shall receive the balance of your estate? (Give percentages if more than one)

31. Who do you want to serve as your personal representative? (This must be a blood relative or a Florida Resident. Please list in order of preference)

Husband

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

Wife

a) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

b) Name: _____

Relationship: _____

Contact Number: _____

May we speak with this person if needed? Yes ☐ No ☐

33. If you were ill and required assistance with care, would you want your designated agent to transfer your resources so that you could qualify for Medicaid/VA government programs? Yes ☐ No ☐

Although email is not the primary method of communication by the attorney and staff of Beth A. Prather, P.A., it is occasionally appropriate and serves to expedite communications. May we contact you, or anyone else on your behalf, via email? Yes ☐ No ☐

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Husband

Wife

Date

Date

DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

A copy of the following for your loved one and spouse:

- ☐ A valid driver license or some other government issued photo identification (front and back).

	Husband		Wife	
	Original	Copy	Original	Copy
<input type="checkbox"/> Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Last Will & Testament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Designation of Health Care Surrogate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pre/Post Nuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>