

Leslie Wizelman, CELA  
*Certified Elder Law Attorney*  
 243 Second Street, P.O. Box 114  
 Wyalusing, PA 18853  
 570-746-3844

Client Information Workbook For Couples

This form is extremely important. Your accuracy and completeness will help us represent you.

**I. PERSONAL DATA**

Today's Date: \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_ Veteran: Yes \_\_\_ No \_\_\_

Husband's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_ Veteran: Yes \_\_\_ No \_\_\_

**II. FAMILY**

Please list all children and grandchildren below. (Use back of page if extra space is needed.)

First Name	MI	Last Name	Address (street, town, state and zip)	Phone
Spouse's Name			Names and ages of Grandchildren	

First Name	MI	Last Name	Address (street, town, state and zip)	Phone
Spouse's Name			Names and ages of Grandchildren	

First Name	MI	Last Name	Address (street, town, state and zip)	Phone
Spouse's Name			Names and ages of Grandchildren	

First Name	MI	Last Name	Address (street, town, state and zip)	Phone
Spouse's Name			Names and ages of Grandchildren	

Have you or your spouse been married before? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, do you or your spouse have any children from this previous marriage? yes \_\_\_\_\_ no \_\_\_\_\_

Do you or your spouse have children who have died leaving children? yes \_\_\_\_\_ no \_\_\_\_\_

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? yes \_\_\_\_\_ no \_\_\_\_\_

Do you and your spouse have a pre-nuptial or post-nuptial agreement? yes \_\_\_\_\_ no \_\_\_\_\_

Is anyone in your family disabled? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain:

**III. HEALTH INFORMATION**

**WIFE**

Doctor: \_\_\_\_\_  
Name Address

1) What medical or health problems do you currently have?

2) What medical problems have you had in the past?

3) Does your family have a history of health problems (for example, heart disease, cancer, Alzheimer's,...)

4) For the *Wife*, tell us about your parents:                      Mother                      Father  
Age of Death:                      \_\_\_\_\_                      \_\_\_\_\_  
Cause of Death:                      \_\_\_\_\_                      \_\_\_\_\_

**HUSBAND:**

Doctor: \_\_\_\_\_  
Name Address

1) What medical or health problems do you currently have?

2) What medical problems have you had in the past?



#### IV. FUNCTIONAL LIMITATIONS AND SUPPORT

The term "activities of daily living" refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devices (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of the activities of daily living is critical because the more assistance people need with their daily activities, the more likely are they to be admitted to a nursing home or other living arrangement; to use paid home care; to use hospitals and doctors; and to die sooner rather than later.

Please place an X in the box that most applies for each activity.

#### *Wife's Activities of Daily Living*

Activity	Need No Help	Need Some Help	Unable To Do At All
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding self			
Using the toilet			
Grooming			

#### *Wife's Instrumental Activities of Daily Living*

Activity	Need No Help	Need Some Help	Unable To Do At All
Using the telephone			
Getting out by car or public transport			
Grocery shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

Please place an X in the box that most applies for each activity.

### Husband's Activities of Daily Living

Activity	Need No Help	Need Some Help	Unable To Do At All
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding self			
Using the toilet			
Grooming			

### Husband's Instrumental Activities of Daily Living

Activity	Need No Help	Need Some Help	Unable To Do At All
Using the telephone			
Getting out by car or public transport			
Grocery shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

Please list the names of all persons who provide assistance or caregiving for you:

---



---

Couples	Place Where You Live	Since When?
<input type="checkbox"/>	Single-family home	
<input type="checkbox"/>	Same, but someone assists you there with above activities	
<input type="checkbox"/>	Apartment or retirement living community	
<input type="checkbox"/>	Assisted-living facility	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Nursing home	

Please list the names of all persons who provide assistance or caregiving for you:

---



---

**V. HEALTH INSURANCE**

Husband

Medicare \_\_\_\_\_ YES \_\_\_\_\_ NO

Supplemental Insurance:	Company	Premium
Medicare Supplement	_____	_____
Insurance from Employer	_____	_____
Prescription Drug Plan (Part D)	_____	_____
Long-Term Care Insurance	_____	_____

Wife

Medicare \_\_\_\_\_ YES \_\_\_\_\_ NO

Supplemental Insurance:	Company	Premium
Medicare Supplement	_____	_____
Insurance from Employer	_____	_____
Prescription Drug Plan (Part D)	_____	_____
Long-Term Care Insurance	_____	_____

**VI. FINANCIAL**

**Nonretirement Accounts:**

Nonretirement Checking & Savings Accounts, Bank accounts, CDs, Brokerage Accounts, Stocks, Annuities or U.S. Bonds:

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

TOTAL: \$ \_\_\_\_\_

**Retirement Accounts:**

Do you have IRAs, 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
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Burial Accounts:**

Where Held	Value	Owner
_____	\$ _____	_____
_____	\$ _____	_____

Have you or your spouse made any transfers or gifts of \$500.00 or more during the past five years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Real Estate & Gas Interests:**

Description of Property	Purchase Date	Purchase Price	Value	In Whose Name?
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Do you or your spouse have an interest in any business?  
 Do you or your spouse have a gas lease or interest?  
 Are you receiving royalties?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly Income:	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRAs, Annuities, etc. _____	\$ _____	\$ _____	\$ _____
Rents _____	\$ _____	\$ _____	\$ _____
Business Interest _____	\$ _____	\$ _____	\$ _____
Gas Royalties _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

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

\_\_\_\_\_

\_\_\_\_\_

**Life Insurance:**

Whose Life?	Company	Face Value	Cash Value	Policy No.	Beneficiary
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Do you or your spouse expect an inheritance?                      yes \_\_\_\_\_ no \_\_\_\_\_

Are you or your spouse the beneficiary of any trust?                      yes \_\_\_\_\_ no \_\_\_\_\_

Liabilities: (mortgages, loan from banks or others, loans on insurance, credit cards, other)



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

**VII. PERSONAL PROPERTY (Autos, ATV's, RVs, boats, antiques, heirlooms, jewelry, collections, etc.)**

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

**VIII. LEGAL**

	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

Location of other important papers: \_\_\_\_\_

I am the legally appointed guardian of: \_\_\_\_\_

I have been appointed under a power of attorney from: \_\_\_\_\_

I am serving as executor or administrator of an estate: \_\_\_\_\_

I am involved in a lawsuit: \_\_\_\_\_

Other legal concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX. MONTHLY EXPENSES (Average)**

Complete only in connection with Asset Protection Planning

HOUSING

Rent/Mortgage \$ \_\_\_\_\_  
Property Taxes \$ \_\_\_\_\_  
Home Insurance \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cable/Satellite TV \$ \_\_\_\_\_  
Electric/Gas/Oil \$ \_\_\_\_\_  
Water/Sewer \$ \_\_\_\_\_  
Maint/Repairs \$ \_\_\_\_\_  
Trash \$ \_\_\_\_\_  
Yard Care \$ \_\_\_\_\_

AUTOMOBILE

Loan Payments \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
Gas/Oil \$ \_\_\_\_\_  
Maint/Repairs \$ \_\_\_\_\_

DEBTS

Credit Cards \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

MEDICAL

Health Insurance \$ \_\_\_\_\_  
Doctor/Dentist \$ \_\_\_\_\_  
Prescriptions \$ \_\_\_\_\_  
Home Health Care \$ \_\_\_\_\_  
Long Term Care Ins \$ \_\_\_\_\_

CLOTHING

Purchases \$ \_\_\_\_\_  
Cleaners \$ \_\_\_\_\_

ENTERTAINMENT/RECREATION

Vacation \$ \_\_\_\_\_  
Eating Out \$ \_\_\_\_\_  
Clubs \$ \_\_\_\_\_

MISCELLANEOUS

Gifts \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

OTHER MISCELLANEOUS EXPENSES

Type

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

PLEASE REMOVE THIS PAGE (DOCUMENT CHECKLIST) TO BRING WITH YOU ALONG WITH COPIES OF THE DOCUMENTS.

Should you have any questions or need help in completing this form, please call our office at 570-746-3844.

Document Checklist

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

- \_\_\_\_\_ 1. Will, codicil, trust agreements
- \_\_\_\_\_ 2. Real estate deeds, appraisals (if any), gas lease
- \_\_\_\_\_ 3. Current Year Real Estate Tax Bills
- \_\_\_\_\_ 4. Admission agreements to hospitals and health facilities
- \_\_\_\_\_ 5. Divorce decrees, prenuptial agreements, adoption papers
- \_\_\_\_\_ 6. Guardianship documents
- \_\_\_\_\_ 7. Living will, health care declaration or power of attorney, durable powers of attorney
- \_\_\_\_\_ 8. Life Insurance policies and annuity contracts
- \_\_\_\_\_ 9. Most recent investment and IRA or other retirement account statements
- \_\_\_\_\_ 10. 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

# THANK YOU!

We appreciate your taking the time to fill in this information!

Please be assured that all of your information is confidential once we receive it. However, if you return the document by email, we cannot guarantee confidentiality.

If you filled out the form on your computer, please make sure to save the document. Once saved, you can print the form and send it through the mail or by fax.

If you printed this form and filled it out by hand, please mail or fax to the address below.

**Mailing Address:**

Attn: Rosemary Kachmarsky  
Law Office of Leslie Wizelman  
243 Second Street  
PO Box 114  
Wyalusing, PA 18853

Fax: 570-746-3699

Email: [rosemary@lesliewizelman.com](mailto:rosemary@lesliewizelman.com)

If you have any questions, please call us 570-746-3844

