

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

Client Information Workbook for Singles, Divorced or Widowed

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

I. PERSONAL DATA

Today's Date: _____

Name: _____ Age: _____ DOB: _____ SS#: _____

Address: _____ Home Phone: _____ Cell Phone: _____

County: _____ E-mail: _____

Employer: _____ Retirement Date: _____ Veteran: Yes ___ No ___

Was your spouse a veteran? Yes ___ No ___

If widowed or divorced, please provide name of former spouse(s): _____

Date and county of Divorce _____ or Date of Death: _____

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

III. HEALTH INSURANCE

Medicare _____ YES _____ NO

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

V. 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.

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			

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			

	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:

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 have an interest in any business? yes _____ no _____

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

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

II. 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 or Satellite TV \$ _____
 Electric/Gas/Oil \$ _____
 Water/Sewer \$ _____
 Maint/Repairs \$ _____
 Trash \$ _____
 Yard Care \$ _____

MEDICAL

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

ENTERTAINMENT/RECREATION

Vacation \$ _____
 Eating Out \$ _____
 Clubs \$ _____

AUTOMOBILE

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

DEBTS

Credit Cards \$ _____
 Other \$ _____
 \$ _____
 \$ _____

CLOTHING

Purchases \$ _____
 Cleaners \$ _____

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 annuities.
- _____ 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

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

