



FRANKLIN & KYLE ELDER LAW

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CONFIDENTIAL PLANNING INFORMATION

For use by Franklin & Kyle Elder Law, LLC (Formerly Monica Franklin & Associates)

Appointment Date and Time: _____ Referred by: _____

May we contact the person who referred you and thank him/her? Yes No

Please fill out this packet completely, even if you are bringing documentation to the consult.

These questions pertain to the person(s) for whom we are planning. We ask a lot of questions because we need a lot of information in order to offer the best planning advice. Please call us if you have any questions.

1. INFORMATION ABOUT POTENTIAL CLIENT(S):

Name:	Name of Spouse/Partner
SSN:	SSN:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Residence: <input type="checkbox"/> Home <input type="checkbox"/> Facility	Residence: <input type="checkbox"/> Home <input type="checkbox"/> Facility
Residence Address:	Residence Address:
City, State, Zip:	City, State, Zip:
County:	County:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Mobile:	Mobile:
Email:	Email:
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Veteran, Dates of Service:	If Veteran, Dates of Service:
Branch of Military:	Branch of Military:
	Is this person living? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what is the date of death? _____
Name/Phone of Primary Contact:	

****Please add additional sheets if needed. Please do not write on the back of the pages.**

2. INFORMATION ON MARRIAGE:

Date and Place of Marriage:

Any previous marriages? Yes No Who:

If yes, name of previous spouse(s):

How did this marriage end? Spouse died Divorce Date:

3. INFORMATION ABOUT CHILDREN (*Please list all*)

If you are not a child but are completing this packet on someone's behalf, please list your information and relationship to the prospective client. *Please add additional sheets if needed.*

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Spouse's Name:	Spouse's Name:
Children (indicate birthdates):	Children (indicate birthdates):
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Spouse's Name:	Spouse's Name:
Children (indicate birthdates):	Children (indicate birthdates):

Do you have any dependents (someone who depends on you, in whole or in part, for their support)?

Yes No If yes, who?

Are any of your children or other family members receiving Supplemental Security Income, Social Security Disability; or, if not, do they have any major disabilities? Yes No If yes, who?

4. INFORMATION ABOUT YOUR HEALTH:*What are your medical or health problems that might impact planning?***CLIENT****SPOUSE/PARTNER****5. INFORMATION ABOUT INCOME & ASSETS:**Even though you may bring a spreadsheet or statements, **PLEASE** complete our form.**Monthly Income:**

SOURCE	CLIENT INCOME	SPOUSE/PARTNER INCOME	JOINT
Social Security			
Retirement Pension			
VA Pension/Benefit			
Wages			
IRA Distribution			
Annuity Payment			
Other			
Other			
TOTAL			

Personal Residence:

Address of Property:

Names as they appear on the Deed:

Date Acquired:

Purchase Price:

Current Value:

Tax Appraised Value:

Mortgage Balance:

Mortgage Company:

Other Real Estate: (continued on next page)

Address of Property:

Names as they appear on the Deed:

Date Acquired:

Purchase Price:

Current Value:

Tax Appraised Value:

Mortgage Balance:

Mortgage Company:

Other Real Estate: (continued)	
Address of Property:	
Names as they appear on the Deed:	
Date Acquired:	Purchase Price:
Current Value:	Tax Appraised Value:
Mortgage Balance:	Mortgage Company:

Address of Property:	
Names as they appear on the Deed:	
Date Acquired:	Purchase Price:
Current Value:	Tax Appraised Value:
Mortgage Balance:	Mortgage Company:
<i>**Please add additional sheets if needed</i>	

Personal Property?	
List large items of personal property that you own (cars, boats, RVs, farm equipment) or any valuable collections (antiques, coins, stamps, guns, etc.)	
Item:	Value:
Item:	Value:
Item:	Value:
Item:	Value:

Life Insurance: (Including any policies through your employer)	
Company Name:	Policy Owner:
Insured:	Beneficiary(s):
Death Benefit:	Cash Surrender Value:

Loan Against Policy (if any)	
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Company Name:	Policy Owner:
Insured:	Beneficiary(s):
Death Benefit:	Cash Surrender Value:

Loan Against Policy (if any)	
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Company Name:	Policy Owner:
Insured:	Beneficiary(s):
Death Benefit:	Cash Surrender Value:

Loan Against Policy (if any)	
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Do you have Long Term Care Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Policy Carrier Name:	Monthly Premium
Daily Benefit:	Maximum Payout:

Other Assets: (bank accounts, CDs, annuities, stocks, Individual Retirement Accounts, 401Ks, other retirement, etc.)	Value:
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
Type of Asset:	
Company Name:	
Name(s) on the Account:	
Beneficiaries:	
TOTAL VALUE OF ASSETS ON THIS PAGE:	

******Please add additional pages if needed. Please do not write on the back of the page. Thank you!***

7. INFORMATION ABOUT DEBT:

Do you or your spouse/partner owe any amounts to creditors? (i.e. car loans, credit cards, mortgage, reverse loans, HELOC, outstanding medical bills) Yes No

If yes, please provide the information below for each debt:

Creditor's Name:	Amount Owed:
Creditor's Name:	Amount Owed:
Creditor's Name:	Amount Owed:
Creditor's Name:	Amount Owed:
Creditor's Name:	Amount Owed:

8. INFORMATION ABOUT GIFTS OR TRANSFERS:

Have you or your spouse/partner made any gifts or transfers over \$500.00 to any person or trust in the past 60 months? Yes No

If yes, please provide the information below for each gift or transfer:

To whom:	To whom:
Date of gift/transfer:	Date of gift/transfer:
Item:	Item:
Value:	Value:
To whom:	To whom:
Date of gift/transfer:	Date of gift/transfer:
Item:	Item:
Value:	Value:

9. INFORMATION ABOUT FUNERAL ARRANGEMENTS:

CLIENT	SPOUSE/PARTNER
Do you want to be <input type="checkbox"/> Buried <input type="checkbox"/> Cremated?	Do you want to be <input type="checkbox"/> Buried <input type="checkbox"/> Cremated?
Do you have prepaid funeral/burial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list info below:	Do you have prepaid funeral/burial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list info below:
Funeral Home:	Funeral Home:
Phone:	Phone:
Do you have a cemetery plot or similar? <input type="checkbox"/> Yes <input type="checkbox"/> No Value:	Do you have a cemetery plot or similar? <input type="checkbox"/> Yes <input type="checkbox"/> No Value:
Location	Location
Do you wish to be an organ donor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Do you wish to be an organ donor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

10. ESTATE PLANNING:

Check any of the following documents that you have and please bring these into the meeting.

DOCUMENT	CLIENT		SPOUSE/PARTNER	
Durable Power of Attorney (POA Finances)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advance Directives/Healthcare POA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revocable Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide the following information only if the above documents are not in place or you want to make changes to these documents in our planning process. (If you aren't sure what you want to do, you don't have to make the choices right now, we can discuss your choices at the meeting.)

CLIENT	SPOUSE/PARTNER
POA Finances: <i>If you were unable to carry out your financial business, who would you want to take care of your legal, business, personal, and financial affairs?</i>	
1. Name:	1. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
2. Name:	2. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
POA Health Care: <i>If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care?</i>	
1. Name:	1. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
2. Name:	2. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
Will Details: <i>Who do you want to serve as your executor?(continued on next page)</i>	
1. Name:	1. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:

2. Name:	2. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
<i>Will Details: If you want a trust set up for your children, grandchildren, or anyone else, who do you want for the trustee of the trust?</i>	
1. Name:	1. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
2. Name:	2. Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
<i>Will Details: Briefly describe who you would like your estate/belongings to go to upon your death</i>	

11. IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE FOR US TO KNOW?

12. WHAT QUESTIONS WOULD YOU LIKE ADDRESSED AT THE CONSULT?