



AYRES PRESSER

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ELDER LAW CONSULTATION
FINANCIAL WORKSHEET

Please complete this worksheet to the best of your ability and return it to our office at least 1 week prior to your initial consultation. If you have scheduled this meeting for another person, such as your parents, please complete the worksheet using their information (not yours). If you are not married, you can disregard the information requested for the spouse. All information is strictly confidential.

This information is necessary for effective planning and to have a productive appointment with the attorney. If you need assistance completing this worksheet, you may call our office for assistance. **DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO YOUR BEST.** In addition to this worksheet, please provide our office with the following information prior to your initial consultation:

1. Any existing Wills, Powers of Attorney, Living Wills, Trusts, or other estate planning documents.
2. Deeds to all real estate you own, including vacant lots, out-of-state property, and property jointly owned with other people.

YOUR NAME: _____

YOUR SPOUSE'S NAME: _____

ADDRESS: _____

BEST PHONE NUMBER: _____

EMAIL: _____

Your Last Name: _____

ASSETS

Please show the approximate values of the following assets in the appropriate column. You may provide additional details, if necessary, on a separate sheet. Where indicated, please also note if the asset is owned by you, your spouse, or joint (you and your spouse together).

Bank Accounts (Checking, Savings, Money Market, CDs)

Bank	Type of Account	Current Value	You/Spouse/Joint

Do you have beneficiaries named on any of the above bank accounts? If so, please list the account(s) and the beneficiary names (and relation to you).

*If you are planning for yourself (and your spouse), and you own an account with someone else (like your parent), please list that account here:

Your Last Name: _____

Retirement Accounts (IRA, Roth IRA, 401(k), Other)

Type of Account	Bank/Financial Company	Current Value	Owner	Beneficiary

Investment Accounts (Mutual Funds, Brokerage Accounts)

Bank/Financial Company	Current Value	You/Spouse/Joint

Do you have beneficiaries named on any of the above investment accounts? If so, please list the account(s) and the beneficiary names (and relation to you).

Your Last Name: _____

Stock

Type of Stock	No. of Shares	You/Spouse/Joint

U.S. Savings Bonds

Bond Series (E, EE, I, H)	No. of Bonds	You/Spouse/Joint	Current Value (if known)

*We encourage you to calculate the current value of your savings bonds. Although not required, you can calculate the value of your savings bonds using the Treasury Direct savings bond calculator at:

https://www.treasurydirect.gov/indiv/tools/tools_savingsbondcalc.htm#Worth

Are any of your U.S. Savings Bonds “POD” (Pay on Death) to anyone? If so, please list the beneficiary names (and relation to you).

Your Last Name: _____

Annuities (Non-qualified – if you have an IRA annuity, please list it in the IRA section)

Financial Company	Current Value	Owner (You/Spouse/Joint)	Beneficiary (if any)

Life Insurance

Insurance Co. and Policy No.	Owner (You/Spouse)	Cash Value	Death Benefit	Beneficiary

Are you still paying a premium on any life insurance policy? If so, please list the policy no. and premium amount/frequency:

Your Last Name: _____

Real Estate (Please provide copies of all deeds)

1. Primary Residence

Address: _____

Borough/Township: _____ County: _____

Owner(s): _____

Who lives at this residence? _____

Public sewer? Y N

If Yes, has your sewer system been tested and/or repaired? Y N

If Yes, what year was the sewer tested and/or repaired? _____

Mortgage? Y N If yes, principal owed and lender: _____

Are there adjacent lots NOT on this deed? If so, please explain and provide
copies of those deeds: _____

2. Non-resident Real Estate:

Address: _____

Borough/Township: _____ County: _____

Owner(s): _____

Is this a vacant lot? Y N

If No, does anyone live here? If so, who? _____

Public sewer? Y N

If Yes, has the sewer system been tested and/or repaired? Y N

If Yes, what year was the sewer tested and/or repaired? _____

Mortgage? Y N If yes, principal owed and lender: _____

Your Last Name: _____

3. Non-resident Real Estate:

Address: _____

Borough/Township: _____ County: _____

Owner(s): _____

Is this a vacant lot? Y N

If No, does anyone live here? If so, who? _____

Public sewer? Y N

If Yes, has the sewer system been tested and/or repaired? Y N

If Yes, what year was the sewer tested and/or repaired? _____

Mortgage? Y N If yes, principal owed and lender: _____

*If you are planning for yourself (and your spouse), and if you have an ownership interest in your parent's house, please provide information for that property above (or on a supplemental sheet).

Is any of your real estate income-producing? If so, please explain: _____

Automobiles (Cars, Trucks, Motorcycles)

Make/Model/Year	Owner (You/Spouse/Joint)	Value (if known)

Your Last Name: _____

**We encourage you to calculate the current value of your vehicle(s). Although not required, you can calculate the value of your vehicles on Kelley Blue Book: www.kbb.com

Income (Monthly)

Source	Amount	Recipient (You/Spouse)

*Please include all sources of monthly income – Social Security, Veterans’ benefits, pensions, work earnings, annuity income, etc.

Miscellaneous Information

1. Do you and your spouse have a pre-paid funeral account or irrevocable burial CD?

Funeral Home: _____

Bank (for burial CD): _____

Amount (You): _____

Amount (Spouse): _____

2. Do you have Long Term Care Insurance? Y N

If Yes, does the policy cover both you and your spouse? Y N

*If we are planning for immediate nursing home or in-home care in the near future, please provide a copy of the policy.

Your Last Name: _____

3. Are you or your spouse a U.S. Veteran? Y N

If Yes....Thank you for your service to our country!

Also if Yes, what branch? _____

Dates of service? _____

Did you receive an honorable discharge? Y N

4. Do your children or other potential beneficiaries of your estate have any physical or mental special needs or disabilities? If yes, please explain: _____

5. Within the past 5 years, have you or your spouse made any large gifts (\$500 or more in value), transferred any property into a trust, or transferred any real estate for less than fair market value? If yes, please provide the date and amount of each gift or transfer: _____

6. Do you or your spouse have a safe deposit box? If yes, where is it located?

7. Are there any special issues that you want the attorney to know about? For example, concerns about cognitive decline in your spouse, blended family issues, family arguments, or concerns about substance abuse in a potential estate beneficiary.

*If an issue is listed, the attorney may ask for more detailed information during your appointment.