

Law Office of Patricia A. Nelson-Reade, R.N.  
Elder Law and Estate Planning

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Certified Elder Law Attorney

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Attorney At Law

For office use only  
Appointment Date:  
\_\_\_\_\_

**CLIENT  
INFORMATION  
FORM**

For office use only  
Who attended meeting:  
\_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_ Veteran: \_\_\_\_\_  
Spouse: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_ Veteran: \_\_\_\_\_

Email Address \_\_\_\_\_

I prefer billing by email: yes  no

**FAMILY**

Date of marriage: \_\_\_\_\_

Children:

1. \_\_\_\_\_  
first name MI last name age address  
\_\_\_\_\_  
spouse's name no. children ages
2. \_\_\_\_\_  
first name MI last name age address  
\_\_\_\_\_  
spouse's name no. children ages
3. \_\_\_\_\_  
first name MI last name age address  
\_\_\_\_\_  
spouse's name no. children ages
4. \_\_\_\_\_  
first name MI last name age address  
\_\_\_\_\_  
spouse's name no. children ages



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: (List in order of priority.)

1. \_\_\_\_\_  

Name	Address	Telephone
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2. \_\_\_\_\_  

Name	Address	Telephone
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**FINANCIAL**

**Income-Producing Assets**

For example, bank accounts, CDs, brokerage accounts, stocks, or corporate or U.S. bonds.

Description and Location of Property	Value	Acct. No.	In Whose Name?
TOTAL			

**Real Estate**

Description and Location of Property	Value	Mortgage	Price	In Whose Name?

Do you or your spouse have any interest in any business? yes[], no[]. If yes, please explain:

<b>Monthly Income:</b>	You	Spouse	Joint
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Social Security			
Employment			
Pension from			
IRA, annuity, etc.			
Rent			
Business Interest			
Interest and dividends			
Other			
TOTAL			

Which sources of income provide benefits for a surviving spouse:

**Life Insurance**

Whose Life?	Company	Face Value	Cash Value	Policy Number	Yearly Cost	Beneficiary

Are the owners of any policy different from the person whose life is insured: yes[], no[]. If yes, please explain:

**Other Property with Designated Beneficiaries**

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? yes[], no[]. If yes, please provide the following information:

Description	Value	Designated Beneficiary

Do you or your spouse expect an inheritance: yes[], no[]. If yes, please explain:

**Liabilities/Debts Owed**

For example, mortgages, notes to banks, notes to others, and loans on insurance.

Description	Balance Due	Monthly Payment	Maturity Date

**Personal Property**

For example, autos, RVs, boats, antiques, heirlooms, jewelry, and collections.

Description of Property	Value	In Whose Name?

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

**Miscellaneous**

Do you have any financial obligations arising from the dissolution of a marriage or support actions? yes[], no[]. If yes, please explain:

Are you a legally appointed guardian? yes [], no[]. If yes, please explain:

Have you been appointed under a power of attorney? yes[], no[]. If yes, please explain:

Do you currently serve as executor or administrator of an estate? yes[], no[]. If yes, please explain:

Are you currently involved in a lawsuit? yes[], no[]. If yes, please explain:

Do you have other legal concerns? yes[], no[]. If yes, please explain:

Please bring the following documents with you to your meeting with the attorney:

1. Will, codicil, trust agreements
2. Real estate deeds, appraisals
3. Gift tax returns
4. Life insurance and annuity policies
5. Living wills, health care declaration or power of attorney, durable powers of attorney
6. If not otherwise set forth in this questionnaire, a list of full names, addresses, and telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors.