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Who can we discuss this matter:

Billing inquires:

Nelson-Reade Law Office, P.C.
 Elder Law, Estate & Special Needs Planning
 813 Washington Avenue
 Portland, Maine 04103
 Telephone (207) 828-1597
 Facsimile (207) 828-1276
 www.pnrelderlaw.com

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Appointment Date:

Attorney:

Who attended meeting:

Attorneys

Patricia A. Nelson-Reade, R.N., CELA
 Kate L. Geoffroy, CELA
 Jennifer Frank

Office Manger
 Tammy A. Clifford

Judi Cressey, Paralegal
 Michelle Curneil, Paralegal
 Jennifer K. Barry, Paralegal
 Elizabeth A. O'Connell, Paralegal
 Debra Peers, Assistant
 Thomas Peers, Assistant

INFORMATION FORM

- * Leave blank what does not apply.
- * Type "same" to avoid giving identical information.

To protect your privacy, we suggest you send completed form via mail or fax. You may also print and bring to your appointment.

PERSONAL INFORMATION

NAME Gender M F

SPOUSE/ PARTNER Gender M F

<input type="text"/>	Full Name	<input type="text"/>
<input type="text"/>	Home Address	<input type="text"/>
<input type="text"/>	City, State, Zip	<input type="text"/>
<input type="text"/>	County of Residence	<input type="text"/>
<input type="text"/>	Home Phone	<input type="text"/>
<input type="text"/>	Cell Phone	<input type="text"/>
<input type="text"/>	Work Phone	<input type="text"/>
<input type="text"/>	Date of Birth	<input type="text"/>
<input type="text"/>	If deceased, Date of Death	<input type="text"/>
<input type="text"/>	Social Security #	<input type="text"/>
<input type="text"/>	Employer	<input type="text"/>
<input type="text"/>	Retirement Date	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Email Address	<input type="text"/>

Yes No

Do you prefer email bill to this email address?

Yes No

FAMILY INFORMATION

DATE OF MARRIAGE

Pre or Post Marital Agreement? Yes No

CHILDREN

1. Gender M F
First Name MI Last Name Age

Address (Street, City, State, Zip) Phone #

Spouse's Name No. Children Ages

2. Gender M F
First Name MI Last Name Age

Address (Street, City, State, Zip) Phone #

Spouse's Name No. Children Ages

3. Gender M F
First Name MI Last Name Age

Address (Street, City, State, Zip) Phone #

Spouse's Name No. Children Ages

4. Gender M F
First Name MI Last Name Age

Address (Street, City, State, Zip) Phone #

Spouse's Name No. Children Ages

(Family Information continued)

Do you or your spouse have any children by a previous marriage? Yes No

If yes, please explain:

Do you or your spouse have children who died leaving children? Yes No

If yes, please explain:

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

If yes, please explain:

MEDICAL – DISABILITY - BENEFITS

MEDICAL/DISABILITY

Is anyone in your household disabled? Yes No

If yes, please explain:

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes No

If yes, please explain:

PUBLIC BENEFITS

Is anyone in your household disabled? Yes No

Check what is applicable below.

SSI **Amount**

Medicare

Medicaid/MaineCare

SSDI **Amount**

Section 8 Housing

Food Assistance/SNAP **Amount**

Other (please list below)

PHYSICIAN INFORMATION

YOUR PHYSICIAN

Name:

Address:

City, State, Zip:

Phone No.:

Medical Group:

SPOUSE or PARTNER'S PHYSICIAN

Name:

Address:

City, State, Zip:

Phone No.:

Medical Group:

HEALTH INSURANCE

CLIENT

SPOUSE/PARTNER

Medicare

- Policy No.

Insurance from Employer

- Company

- Policy No.

Medicare Supplement

- Company

- Policy No.

Long Term Care Ins.

- Company

- Policy No.

Other

- Company

- Policy No.

HELPERS

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care: (List in order of priority.)

1. Name:

Address:

City, State, Zip:

Telephone:

2. Name:

Address:

City, State, Zip:

Telephone:

FINANCIAL INFORMATION

REAL ESTATE

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

CASH OR LIQUID ASSETS

Examples: Bank accounts, CDs, brokerage accounts, stocks, corporate or U.S. bonds.

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

PERSONAL PROPERTY

Examples: Autos, RVs, boats, antiques, heirlooms, jewelry, and collections.

Description of Property	Value	In Whose Name?

BUSINESS INTERESTS

Do you or your spouse have any interest in any business? Yes No If yes, please explain:

Monthly Income:	You	Spouse	Joint	Survivor benefit? If yes, state amount.
Social Security				
Employment				
Pension from				
IRA, annuity, etc.				
Rent				
Business Interest				
Interest and dividends				
Other				
TOTAL				

LIABILITIES/DEBTS OWED

Examples: Mortgages, notes to banks, notes to others, and loans on insurance.

Description	Balance Due	Monthly Payment	Maturity Date

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:

Owner	Description	Value	Designated Beneficiary

Do you or your spouse expect an inheritance? Yes No If yes, please explain:

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:

Have you ever filed a gift tax return or given gifts greater than \$10,000 Yes No
If yes, please explain:

Please bring the following documents (if you have them) 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.

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