



Referred by: _____

Date _____

AN ASSET PROTECTION AND WEALTH PRESERVATION LAW FIRM

SATELLITE OFFICE
 4909 Williams Drive
 Georgetown, Texas 78633
 (512) 766-3782

PRINCIPAL OFFICE
 1105 S. W. 28th Street
 SAN ANTONIO, TEXAS 78228
 (210) 530-4278

SATELLITE OFFICE
 2232 Lawrence Blvd.
 Alamogordo, New Mexico 88310
 (575) 430-2353

Prospective Elder Law Client Questionnaire

Please complete this form and return it to our office before you meet with us by faxing it to 210-247-9396, 512-766-3782 or emailing it to **Lori@marquardtlawfirm.com**. If you have any questions, please call **210-530-4278** or **512-766-3782** and ask for **Lori**.

What topics would you like to discuss at your appointment?				
Full Legal Name & Date of Birth				Spouse Page 2
What level of care is recommended by your physician? (circle one)	In-home Care	Assisted Living	Memory Care	Nursing Home
Estimated monthly income?	\$			
Estimated total assets/net worth?	\$			
Estimated monthly out-of-pocket medical expenses?	\$			
Which services are you seeking? (you may circle more than one)	a. Medicaid Benefits for Nursing Home b. Protecting the home from Medicaid Estate Recovery (MERP) c. VA Benefits for Veteran or Surviving Spouse (A&A) d. Estate Planning (Power of Attorney, Wills, Trusts) e. Probate/Guardianship/Trust Administration			
Home Address (street)				
City, State Zip Code				
Citizenship				
Home Phone				

Marquardt Law Firm, P.C. Questionnaire

Cell Phone	
E-mail address	
Occupation/Name of Employer	
Military Service? Yes or No	When did you serve?
Have you ever made a will or trust?	
Safe Deposit Box?	
Status of Marriage? (circle one)	happily married, separated, divorced, widowed?
Date & Place of most recent Marriage	
Recent pre-nuptial Agreement?	
Termination of previous marriages?	Date of termination: _____ Terminated by death, divorce, annulment?
Signature used on legal documents _____→	

Please inform us of your current spouse or the spouse of your last marriage

Full Legal Name & Date of Birth	
Home Address (street)	
City, State Zip Code	
Citizenship	
Home Phone Cell Phone	
E-mail address	
Occupation	
Name of Employer	
Military Service?	When did you serve?
Have you ever made a will or trust?	
Safe Deposit Box?	
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Signature used on legal documents _____→	

we would appreciate it if you could help us by bringing copies of your existing will(s) (and trust documents, if any).

Marquardt Law Firm, P.C. Questionnaire

Name of Accountant/CPA	
Previous attorney	
Life Insurance Agent	
Financial Advisor	
Long-Term Care Insurance	
Auto/Home Insurance	
Religious affiliation	

PLEASE INCLUDE ALL CHILDREN - EVEN CHILDREN WHO ARE NOW DECEASED

full legal name:	Gender (male or female)	
Address:	Date of Birth:	
	Phone number:	
Disabled? or Deceased? or Disinherited?	Adopted?	Step-child?
Does this child have children of his or her own (names of your grandchildren)?		
Does this child have significant assets of his or her own?		

full legal name:	Gender (male or female)	
Address:	Date of Birth:	
	Phone number:	
Disabled? or Deceased? or Disinherited?	Adopted?	Step-child?
Does this child have children of his or her own (names of your grandchildren)?		
Does this child have significant assets of his or her own?		

full legal name:	Gender (male or female)	
Address:	Date of Birth:	
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Marquardt Law Firm, P.C. Questionnaire

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full legal name:	Gender (male or female)	
Address:	Date of Birth:	
	Phone number:	
Disabled? or Deceased? or Disinherited?	Adopted?	Step-child?
Does this child have children of his or her own (names of your grandchildren)?		
Does this child have significant assets of his or her own?		
<ul style="list-style-type: none"> If you have more than five children, please list them on the back of the page. 		

Please list your ESTIMATED monthly income:

	Self	Spouse
Employment Income	\$	\$
Social Security income	\$	\$
Pension income	\$	\$
Annuity income	\$	\$
Rental income	\$	\$
Dividends and interest	\$	\$
Royalties	\$	\$

Marquardt Law Firm, P.C. Questionnaire

Please list ESTIMATED values of your assets (*it is important for us to properly diagnose any unforeseen or unanticipated problems*):

	Self	Spouse
Real Estate: Home	\$	\$
Real Estate: Other	\$	\$
Oil, Gas, Royalties	\$	\$
Stocks/Bonds/Mutual Funds	\$	\$
Checking Account	\$	\$
Checking Account	\$	\$
Savings Account	\$	\$
Savings Account	\$	\$
CDs/Money Market	\$	\$
Annuities	\$	\$
IRA's & 401k, 403b	\$	\$
Automobile	\$	\$
Life Insurance	\$	\$
Prepaid burial and funeral	\$	\$
Firearms/Art/Gold	\$	\$
Ownership in a business	\$	\$
Digital Assets	\$	\$
Digital Currency	\$	\$
Gifts, asset name changes, sales for less than fair market value	\$	\$

Marquardt Law Firm, P.C. Questionnaire

PEOPLE YOU TRUST TO MAKE DECISIONS IN CASE OF INCAPACITY AND DEATH

Guardian FOR YOUR CHILDREN	Full Name:	Phone:
	Address:	Relationship to you:

Financial & legal decisions (fiduciary): Grants your agent the power and authority to sign your name if you are unable because of heart attack, stroke, Alzheimer's or dementia, etc. Please name three individuals who will accept responsibility in succession.

1st Agent	Full Name:	Phone:
	Address:	Relationship to you:
2nd Agent	Full Name:	Phone:
	Address:	Relationship to you:
3rd Agent	Full Name:	Phone:
	Address:	Relationship to you:

Medical & health care decisions: Grants your agent authority to choose your provider and course of treatment if you are unable to do so because of heart attack, stroke, Alzheimer's or dementia. Please name three individuals who will accept responsibility in succession.

1st Agent	Full Name:	Phone:
	Address:	Relationship to you:
2nd Agent	Full Name:	Phone:
	Address:	Relationship to you:
3rd Agent	Full Name:	Phone:
	Address:	Relationship to you:

Marquardt Law Firm, P.C. Questionnaire

Directive to Physician, Living Will, Organ Donor, Burial & Cremation

- Do you have a strong preference to **withhold life support** if you are in a coma or vegetative state?

- Do you have a strong preference for **continuing all treatment** if you are in a coma or vegetative state?

- Do you have a religious or cultural belief regarding medical care and treatment?

- Do you have a strong preference for organ donation?

- Do you have a strong preference for burial or cremation?

Another part of the estate planning process is the disposition of your assets and personal belongings at your death. We will be discussing what items you want to leave and to whom.

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- Is there anyone important to your estate plan who is not a U.S. citizen?

 - Do you expect to receive an inheritance or gift (from any source)?

 - Have any of your assets appreciated in value (since you acquired them) such that capital gains taxes would make it difficult to liquidate them?

 - Are you worried about the federal estate tax, state inheritance tax, capital gains tax, or income tax?

 - Which charitable, religious, educational, or scientific organization has made a positive impact on you?

 - Which college, fraternal, social, service, medical, military, veteran, or other organization would you like to "pay forward" because of the values and causes they represent?

 - How would you like to be remembered by your family, friends, and others with whom you have interacted in your life?

 - What legacy would you like to leave for future generations?

 - Are you interested in leaving a gift to a charitable organization so that your gift to your family will be without taxes?

 - Are you interested in learning more about how you can maximize your legacy to your family by including a charitable gift in your estate plan?

 - What specific heirlooms would you like to leave to a specific person?

 - If you had to divide up everything you had today, what fractions or percentages would use?
