

**** Confidential Planning Information (for Individual-Short Form) ****

For Use by Priority Elder Law and Estate Planning, PLC

Your appointment with this office is: _____.

Our address is 7 West Square Lake Road, Bloomfield Hills, MI 48302.

These questions pertain to the person ("you") for whom we are planning. Please do your best, but don't worry if some of the information you need to complete this form is not available to you.

Please call us at (800) 475-1729 if you have any questions or concerns about completing this form.

Date: _____

Referred by: _____

I. Personal Information

Your Name: _____

Your Spouse: _____

Address: _____

Date of birth: _____

Place of birth: _____

Phone: _____

Date of death: _____

Email: _____

Place of death: _____

County: _____

SSN: _____

Date of birth: _____

U. S. citizen?: ` Yes ` No

Place of birth: _____

Veteran?: ` Yes ` No

SSN: _____

U. S. citizen?: ` Yes ` No

Veteran?: ` Yes ` No

Marriage Information:

Date and place of marriage: _____

Children (names, addresses, ages):

1. _____

2. _____

3. _____

4. _____

If you are not living at home:

Name of facility: _____

Date of admission: _____

Please describe your major health problems (if any) :

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)?: _____

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)? Yes No

If yes, who?: _____

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities? Yes No

If yes, who?: _____

II. Resources

Monthly Income

Do not list interest or dividend income.

Source	
Social Security:	
Pension:	
Other:	
Total:	

Real Estate You Own

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____

Purchase Price: _____

Current Value: _____

Tax-Appraised Value: _____

Mortgage Balance: _____

B. Other Real Estate

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____

Purchase Price: _____

Current Value: _____

Tax-Appraised Value: _____

Mortgage Balance: _____

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

Life Insurance	Policy 1	Policy 2
Company Name		
Owner of Policy		
Insured		
Beneficiary		
Death Benefit (face value)		
Current Cash Value (if any)		
Loan Against Policy (if any)		

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes No

If yes, describe the arrangements: _____

Have you given away any money or property within the last 60 months? Yes No

If you have, what did you give away and when? _____

Do you have any of the following documents?	
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you do, please bring them with you to the meeting.