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LONG TERM CARE PLANNING WORKSHEET

Please complete this worksheet to the best of your ability and bring it with you to our initial meeting. All information conveyed in this worksheet is confidential. All information is designed to assist us in creating the plan most suited for your objectives.

Client for Whom Planning is to be done:

<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	<i>Date of Birth</i>
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Permanent/Mailing Address: _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Residence Address: _____

(including assisted living or nursing home)

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Phone #: Home: _____ Cell: _____

Email (if any): _____ Soc. Sec. # (last 4 digits) ____ _

Marital Status: Married Divorced Separated Single (including widowed)

If married, please provide: _____

<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	<i>Date of Birth</i>
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Address _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Phone #: Home: _____ Cell: _____

Email (if any): _____ Soc. Sec. # (last 4 digits) ____ _

(please mark appropriate box for client and spouse, if any)	CLIENT		SPOUSE	
Presently have a will?	Yes	No	Yes	No
Presently have a trust?	Yes	No	Yes	No
Presently have a Power of Attorney?	Yes	No	Yes	No
Presently have a Health Care Proxy?	Yes	No	Yes	No

Please bring copies of any existing estate planning documents with you to our meeting.

U.S. citizen?	Yes	No	Yes	No
Veteran? If yes, which branch? _____	Yes	No	Yes	No
Have a long-term care insurance policy?	Yes	No	Yes	No
Any previous marriages?	Yes	No	Yes	No

Details: _____

Any serious illnesses, disabilities or health concerns?	Yes	No	Yes	No
Any mental health illnesses or concerns?	Yes	No	Yes	No
Any intended beneficiaries with mental health concerns?	Yes	No	Yes	No

Contact Person: _____
(person completing this form) *First* *Middle* *Last* *Relationship*

Address _____
Street *City* *State* *Zip*

Phone #: Home _____ Work _____

Cell _____ Email: _____

Preferred method of contact: Home Work Cell Email

Any instructions (where to leave messages, where NOT to leave messages, etc.)

**CHILDREN, FAMILY, FRIENDS, CHARITIES, OTHERS WHO MAY BE RELEVANT
TO THE DISCUSSION OR PLANNING)** *attach additional sheets if necessary*

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____

INCOME INFORMATION *(attach additional sheets if necessary)*

Approximate values are acceptable to enable us to make the proper recommendations.

Social Security (Client)		Monthly Amount	\$ _____
Social Security (Spouse)		Monthly Amount	\$ _____
Pension (Client)	<u>Company: _____</u>	Monthly Amount	\$ _____
Pension (Spouse)	<u>Company: _____</u>	Monthly Amount	\$ _____
RMD (Client)	<u>Company: _____</u>	Monthly Amount	\$ _____
RMD (Spouse)	<u>Company: _____</u>	Monthly Amount	\$ _____
Other Income (Client)	<u>Describe: _____</u>	Monthly Amount	\$ _____
Other Income (Spouse)	<u>Describe: _____</u>	Monthly Amount	\$ _____

ASSET INFORMATION - DO NOT INCLUDE ACCOUNT NUMBERS

(attach additional sheets if necessary)

Please list asset information in the appropriate category below. Attach a separate page if necessary. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

REAL ESTATE

Personal Residence Address: _____

Owned: Client only Spouse only Joint Other _____

Mortgage: Yes No

Vacant Land: _____

Owned: Client only Spouse only Joint Other _____

Mortgage: Yes No

Vacation Home: _____

Owned: Client only Spouse only Joint Other _____

Mortgage: Yes No

Other Real Property: _____

Owned: Client only Spouse only Joint Other _____

Mortgage: Yes No

BANK AND CREDIT UNION ACCOUNTS

1. Bank Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

2. Bank Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

3. Bank Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

4. Bank Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

BROKERAGE/INVESTMENT ACCOUNTS (NON-RETIREMENT MONEY ONLY)

5. Institution's Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

6. Institution's Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

7. Institution's Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

8. Institution's Name: _____ Approximate Value: \$ _____

Owned: Client only Spouse only Joint Other _____

LIFE INSURANCE

9. Company's Name: _____ Person Insured: _____
Death Benefit: \$ _____ Cash Value: \$ _____
Beneficiary/Beneficiaries: _____

10. Company's Name: _____ Person Insured: _____
Death Benefit: \$ _____ Cash Value: \$ _____
Beneficiary/Beneficiaries: _____

RETIREMENT ACCOUNTS

11. Institution's Name: _____ Approximate Value: \$ _____
Owned: Client only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

12. Institution's Name: _____ Approximate Value: \$ _____
Owned: Client only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

13. Institution's Name: _____ Approximate Value: \$ _____
Owned: Client only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

14. Institution's Name: _____ Approximate Value: \$ _____
Owned: Client only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

BUSINESS OWNERSHIP

15. Business Name _____ Owner(s): _____
Type: C Corp S Corp LLC Partnership Other
Description/details: _____

OTHER ASSETS

DEBTS AND LIABILITY INFORMATION (*attach additional sheets if necessary*)

Please list approximate debts and liabilities. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

Debts: _____

GIFTS

Have gifts ever been made?	Yes	No	Unsure
Have gift tax returns ever been filed?	Yes	No	Unsure

If yes, please provide a basic description of the types of gifts, frequency of gifts, recipients, and any particular purposes for gifting:

OBJECTIVES FOR PLANNING

Please identify the primary objective in engaging in long term care planning (i.e., paying for care, asset preservation, providing for spouse or disabled children, etc.). There are no 'right' or 'wrong' answers, but understanding objectives will enable us to design the most suitable plan.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate, or note and questions you may have.
