



REBECCA W. GEYER
— & ASSOCIATES, PC —
Compassionate Counsel For Every Generation

11550 N. Meridian Street, Ste. 200, Carmel, IN 46032

Elder Law Consultation Form

Part I. CLIENT INFORMATION

Name:
(First, MI, Last)

Date of Birth:

Social Security Number:

Address:

City, State,
Zip Code:

Home Phone:

Work Phone:

Date of
Marriage:

Spouse Name:

Address:

City, State,
Zip Code:

Date of Birth:

Social Security Number:

Living? Yes
 No

If spouse is deceased,
date of death:

Primary
Contact:

Address:

City, State,
Zip Code:

Phone:

E-mail Address:

PART II. FAMILY INFORMATION

Number of
Children:

Child Name 1:

Phone:

Age:

Child
of:

Husband
Wife
Both

Address:

City, State,
Zip Code:

Child Name 2:

Phone:

Age:

Child
of:

Husband
Wife
Both

Address:

City, State,
Zip Code:

Child Name 3:

Phone:

Age:

Child
of:

Husband
Wife
Both

Address:

City, State,
Zip Code:

Child Name 4:

5. Does the potential Medicaid recipient have a Last Will and Testament or a Trust?

Yes

No

Not sure

6. Has the potential Medicaid recipient signed a Power of Attorney?

Yes

No

Not sure

7. Has the potential Medicaid recipient and/or his or her spouse made any gifts to any person other than his or her spouse from any trust within the last five (5) years?

Yes

No

8. Has the potential Medicaid recipient and/or his or her spouse made any gifts to any person other than their spouse from any trust within the last five (5) years?

Yes

No

9. Provide the following information concerning any gifts described in questions 7 and 8:

10. Is the client or spouse a veteran?

Yes

No

Part IV. MONTHLY INCOME

Client Name:

Social Security
Income:
(per month)

Pension
Income:
(per month)

Other Income:
(per month)

Spouse Name:

Social Security
Income
(per month)

Pension
Income
(per month)

Other Income:
(per month)

Part V. FINANCIAL INFORMATION

Checking, Savings, Certificates of Deposit, Money Market Accounts

Descriptions and Current Values:

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |
| 3. | Ownership: | Husband
Wife
Joint |
| 4. | Ownership: | Husband
Wife
Joint |
| 5. | Ownership: | Husband
Wife
Joint |

Total Value:

Stocks, Bonds, Mutual Funds, Investment Accounts

Descriptions and Estimated Fair Market Values:

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |

- | | | |
|----|------------|--------------------------|
| 3. | Ownership: | Husband
Wife
Joint |
| 4. | Ownership: | Husband
Wife
Joint |
| 5. | Ownership: | Husband
Wife
Joint |

Total Value:

Retirement Plans and Accounts
(Pension, Profit Sharing, Retirement Annuities, 401(k), 403B, H.R., IRA)

Companies/Custodians, Types of Plan, Current Values

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |
| 3. | Ownership: | Husband
Wife
Joint |
| 4. | Ownership: | Husband
Wife
Joint |
| 5. | Ownership: | Husband
Wife
Joint |

Total Value:

Real Estate

Descriptions and Estimated Fair Market Values:

- | | | |
|----|---------------------------------|--------------------------|
| 1. | Mortgage
Pay /
Ownership: | Husband
Wife
Joint |
| 2. | Mortgage
Pay /
Ownership: | Husband
Wife
Joint |
| 3. | Mortgage
Pay /
Ownership: | Husband
Wife
Joint |
| 4. | Mortgage
Pay /
Ownership: | Husband
Wife
Joint |
| 5. | Mortgage
Pay /
Ownership: | Husband
Wife
Joint |

Total Value:

Business Interests

(include all interests in any sole proprietorship, partnership, limited liability company and/or closely held corporation stock)

Descriptions and Fair Market Values:

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |
| 3. | Ownership: | Husband
Wife
Joint |

4. Ownership: Husband
Wife
Joint

5. Ownership: Husband
Wife
Joint

Total Value:

Life Insurance

Companies, Insured names, Death Proceeds Beneficiary(ies), Current Cash Surrender Values

1.

2.

3.

4.

5.

Total Cash
Surrender
Value:

Annuities

Companies, Owners, Beneficiary(ies), Current Cash Surrender Values

1.

2.

3.

4.

5.

Total Cash
Surrender
Value:

Debts Owed to You

Names of Debtors, Current Balances, Dates of Debt, Due Dates

1.	Owed to:	Husband Wife Joint
2.	Owed to:	Husband Wife Joint
3.	Owed to:	Husband Wife Joint
4.	Owed to:	Husband Wife Joint
5.	Owed to:	Husband Wife Joint

Total Value:

Other Personal Property

Descriptions, Estimated Fair Market Values, Lien Pay-off

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |
| 3. | Ownership: | Husband
Wife
Joint |
| 4. | Ownership: | Husband
Wife
Joint |
| 5. | Ownership: | Husband
Wife
Joint |

Total Value:

All Other Property Not Previously Described

Descriptions, Estimated Fair Market Values, Lien Pay-off

- | | | |
|----|------------|--------------------------|
| 1. | Ownership: | Husband
Wife
Joint |
| 2. | Ownership: | Husband
Wife
Joint |
| 3. | Ownership: | Husband
Wife
Joint |

