

GUARDIANSHIP QUESTIONNAIRE

Your name _____
Your relationship to the protected person _____
Your telephone number (work) _____ (home) _____
Your address (street & number) _____
City _____ State _____ Zip _____
Your date of birth: _____ Your S.S. # _____ - _____ - _____

Co name _____
Co relationship to the protected person _____
Co telephone number (work) _____ (home) _____
Co address (street & number) _____
City _____ State _____ Zip _____
Co date of birth: _____ Co S.S. # _____ - _____ - _____

VITAL STATISTICS

Protected person's name _____

Protected person's social security number _____

Present residence _____

Date of birth _____ Present age _____

Name and address of hospital _____

Protected person's marital status (please circle one)

- | | |
|----------|-------------------|
| Single | Married |
| Divorced | Legally separated |
| Widow | Widower |

Protected person's disability _____

Length of protected person's illness _____

Name and address of physician _____

OCCUPATIONAL STATUS

Are employee disability benefits provided by the employer? (Please circle one) Yes No

If yes, please answer the following:

Name of protected person's employer _____

Is the protected person retired? (Please circle one) Yes No

SPOUSE

If there is a spouse, please answer the following:

Spouse's name _____

Spouse's address _____

Spouse's social security number _____

If the spouse is not surviving, please give the date and place of the spouse's death _____

FAMILY

Name/relationship _____ Address _____

WILL

Does the protected person have a will? (Please circle one) Yes No.

If yes, please bring a copy of the will to our office if possible.

Known beneficiaries:

Name/relationship _____

If the protected person does not have a will or if the following persons are not named in the will, please answer the following: (Please provide the name, address and S.S. no. for each)

Surviving Spouse _____

Protected person's children _____

Children of any deceased child of the protected person _____

If the protected person does not have children or descendants of deceased children, please provide the name, address and social security number of the protected person's parents:

If the protected person does not have a spouse, children or descendants of deceased children, please provide the name, address and S.S. no. of all other heirs at law, including all brothers and sisters of the protected person, children of deceased brothers and sisters, grandparents, aunts and uncles:

REAL ESTATE LOCATED IN COUNTY

Does the protected person own any real estate in the county of residence? Yes No

If yes, please answer the following:

Type of property: (circle one) Residence Commercial Farm Other

Description (street address or other information)

Name(s) on deed _____

(Please attach a copy of the deed to this questionnaire)

Estimated fair market value \$ _____

Assessed value \$ _____

If the protected person has other real estate in the county of residence, please provide the above information for each piece of property on a separate sheet of paper and attach it to this questionnaire along with a copy of the deed.

REAL ESTATE LOCATED OUTSIDE COUNTY

Does the protected person own property in any state or county other than that of residence?

Yes No

If yes, please answer the following:

City, County and State where property is located: _____

Name(s) on deed _____

(Attach copy)

BANK ACCOUNTS IN PROTECTED PERSON'S NAME ONLY

Does the protected person have any bank accounts in his or her name only? Yes No

If yes, please answer the following:

Checking accounts in protected person's name only:

<u>Account Number</u>	<u>Name of bank/location</u>	<u>Balance</u>
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1. _____

2. _____

3. _____

Savings accounts (including CDs, IRAs, etc.) in protected person's name only:

	<u>Account Number</u>	<u>Name of bank/location</u>	<u>Balance</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

List any named beneficiaries to these accounts:

SAFE DEPOSIT BOX

Does the protected person have a safe deposit box? Yes No.

If yes, please answer the following:

Name of bank, address and box number _____

JOINT BANK ACCOUNTS

Does the protected person have any bank accounts that are titled jointly with another person?

Yes No

If yes, please answer the following:

Joint Checking Accounts

	<u>Account Number</u>	<u>Name of bank/location</u>	<u>Balance</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Names on Account

Address/relation of co-owner

1. _____
2. _____
3. _____

How much of the balance in each account was contributed by the protected person?

1. _____ 2. _____ 3. _____

Joint Savings Accounts:

Account Number

Name of bank/location

Balance

1. _____
2. _____
3. _____

Names on account

Address/relation of co-owner

1. _____
2. _____
3. _____

VEHICLES

Does the protected person have any automobiles, trucks, boats, trailers or other vehicles?

Yes No

If yes, please answer the following:

Year

Model and Make

Name(s) on the title

1. _____
2. _____
3. _____

Fair Market Value (as of date of guardianship)

Date next insurance premium due

1. _____
2. _____
3. _____

INSURANCE

Does the protected person have any insurance on his or her life? Yes No

If yes, please answer the following:

Name and address of company

Policy No.

Policy Owner

1. _____
2. _____
3. _____

Beneficiary of policy

Face amount

1. _____
2. _____
3. _____

Does the protected person own insurance on anyone else? Yes No

STOCKS, BONDS AND ANNUITIES

Does the protected person own any stocks, bonds or annuities? Yes No

If yes, please answer the following:

Stocks:

No. Shares

Name of company

Common/Preferred

Cert. No.

1. _____
2. _____
3. _____

Name(s) on certificate

Estimated Value

1. _____
2. _____
3. _____

Bonds:

Face Value

Issuer

Issue date

Serial No.

1. _____
2. _____
3. _____

Name(s) on Bond

Estimated Value

1. _____
2. _____
3. _____

Annuities:

Does the protected person own or receive any money from an annuity? Yes No.

LIFETIME GIFTS AND TRUSTS

Has the protected person created any trusts? Yes No

If yes, please describe _____

TAX INFORMATION

Did the protected person file federal and state income tax returns for last year? Yes No

If yes, please attach copies of the returns to this questionnaire.

Does the protected person make estimated tax payments? Yes No

INCOME INFORMATION

Social Security \$ _____

Pension \$ _____

Interest* \$ _____

Other** \$ _____

Is the protected person applying for Medicaid? Yes No

Is the protected person receiving Medicaid? Yes No

* Please list the source of interest income by name of payor and account number

** Please list each source of other income _____

DEBTS

Please list any mortgages, notes, contract payments, accounts payable, credit cards, medical bills and all other unpaid bills:

<u>Creditor Name</u>	<u>Address</u>	<u>Description</u>	<u>Amount</u>
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MISCELLANEOUS PERSONAL PROPERTY

Does the protected person own any of the following:

<u>Item</u>	<u>Description</u>	<u>Estimated Value</u>
Cash	_____	_____
Furniture	_____	_____
Household goods	_____	_____
Clothing	_____	_____
Antiques	_____	_____
Jewelry	_____	_____
Stamp Collection	_____	_____
Coin Collection	_____	_____
Silverware	_____	_____
China	_____	_____
Tools	_____	_____
Partnership	_____	_____
Proprietorship	_____	_____
Promissory Notes	_____	_____
Land Sale Contracts	_____	_____

PROFESSIONAL ADVISORS

Accountant's name and address _____

Stockbroker's name and address _____

Trustee's name and address _____

Insurance agent's name and address _____

Attorney's name and address _____

MISCELLANEOUS

Names of physicians who have treated the protected person within the last three years:

Any other information you think we should know
