

Appointment Date & Time: _____
Attorney: _____



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ASSET QUESTIONNAIRE

DATE _____

Section One

1. Name _____ Citizenship _____
Birth Date _____ Soc. Sec. No. _____
Telephone _____
Email address: _____
Graduate from high school - yes/no
Military Service - yes/no
Address _____
County & Township _____
Employer Name _____
2. Spouse's Name _____ Citizenship _____
Birth Date _____ Soc. Sec. No. _____
Telephone _____
Email address: _____
Graduate from high school - yes/no
Military Service - yes/no
Employer Name _____

Children's Names: (living and deceased)

#1 _____
Address _____
Birth Date: _____
Soc. Sec. No. _____
Married: Yes/No Spouse's name: _____
Children: Yes/No
Telephone _____
e-mail address _____
Employer & Occupation _____

Section One continued

Children's Names: (living and deceased) continued

#2 _____
Address _____
Birth Date: _____
Soc. Sec. No. _____
Married: Yes/No Spouse's name: _____
Children: Yes/No
Telephone _____
e-mail address _____
Employer & Occupation _____

#3 _____
Address _____
Birth Date: _____
Soc. Sec. No. _____
Married: Yes/No Spouse's name: _____
Children: Yes/No
Telephone _____
e-mail address _____
Employer & Occupation _____

#4 _____
Address _____
Birth Date: _____
Soc. Sec. No. _____
Married: Yes/No Spouse's name: _____
Children: Yes/No
Telephone _____
e-mail address _____
Employer & Occupation _____

#5 _____
Address _____
Birth Date: _____
Soc. Sec. No. _____
Married: Yes/No Spouse's name: _____
Children: Yes/No
Telephone _____
e-mail address _____
Employer & Occupation _____

****if additional children, please list on a separate page****

Section One continued

Please complete the following section on who you would like to handle certain affairs should you and/or your spouse pass away or become disabled

****Please list name, address & phone number for agents unless previously provided in this document****

Husband:

A. Your Health Care decisions: _____

B. Your Financial decisions: _____

Wife:

A. Your Health Care decisions: _____

B. Your Financial decisions: _____

If you have children under the age of eighteen (18) please complete the following:

Both:

Guardianship of Your Children: _____

SPECIAL POWER OF ATTORNEY (to handle medical decisions for minor children while you may be on vacation, etc.)

Names & Addresses: _____

Medical Information for children:

Family Physician: _____
Dentist/Orthodontist: _____
Allergies: _____
Pertinent Medical Information: _____

Section Two

INCOME

<u>Income Source</u>	<u>Husband</u> List amount	<u>Wife</u> List amount	<u>Joint</u> List amount	<u>Direct Deposit</u> (Y/N)
	Please list monthly amounts received			
Social Security				
Pension				
Additional Pension				
Other Income				
Other Income				

ASSETS

1. Real estate

2. Financial Accounts including, but limited to: Checking, Savings, Money Market, Certificate of Deposits. Please list name of bank and value of accounts

3. I.R.A.

Contact information for your agent:

4. Employee Benefits, such as Pension, Profit Sharing, 401(k) Plan, or Deferred Compensation (describe amount and beneficiary).

5 List any titled vehicles (including but not limited to Cars, Trucks, Motorcycles, Trailers, Boats, etc.)

6. Life Insurance – please complete the following information to the best of your knowledge

Company	Insured	Cash Value	Death Benefit	Beneficiary

If you have an agent, request a Change of Ownership and Change of Beneficiary Form.

Contact information for your life insurance agent(s): _____

7. Additional Assets – please list any additional assets you have that have not already been disclosed on this form (ex. Annuities, Membership Interest in business, inheritances)

Section Three

Only complete Section Three if client or spouse
is currently in or going into Assisted Living and/or Nursing Home.

1. Date entered the nursing home: _____
2. Daily nursing home rate: _____
Did you make a deposit to the nursing **Yes or No** If yes, what amount? _____
3. Does Nursing home take Medicaid? **Yes or No**
4. If receiving skilled nursing care, is Medicare paying? **Yes or No**
When does the 100 days expire? _____
Is there private "Medigap" coverage? _____
5. Is Burial Contract prepaid? **Yes or No**
If yes, please provide a copy.
6. Are veteran's benefits available? **Yes or No**
7. Do you have long term care insurance? **Yes or No**
If yes, bring policy information
8. If not yet institutionalized, when is that expected to occur? _____
9. What is the likelihood that the patient will return home? _____
Is a family member living in the patient's home? _____
If so, provide name and relationship: _____
10. What is the cost of your real estate taxes for the year: \$ _____
11. What is the cost of your house insurance per year: \$ _____

SECONDARY INSURANCE
with what company and amount paid per month

Section Three continued

List any gifts made by either spouse in the last five years:

Recipient	Amount	Date	Motive	Gift tax Return?

LIABILITIES

1. Mortgage _____

2. Home Equity Loan _____

3. Car Loan _____

4. Loan against life insurance _____

5. Credit Cards _____

6. Other debt and notes _____

7. Please note any other obligations or liabilities such as a home improvement contract, alimony payments, or medical bills.

8. Please note any needed or anticipated major expenses such as new appliances, home repairs, or elective medical-dental procedures.

