



CZEPIGA DALY POPE & PERRI

Estate Planning | Elder Law | Special Needs | Litigation | Probate

It's Time. Plan Today for Your Tomorrow.

Thank you for choosing Czepiga Daly Pope & Perri to help you plan for your future. In order for us to provide you the best service, please provide all information requested on the following pages.

Note: Please provide spellings of names as they should appear on legal documents

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Primary Email _____	Primary Email _____

Client Certification

The enclosed contains a complete listing of all property and assets in which I have an ownership interest and has been completed to the best of my ability. I understand that Czepiga Daly Pope & Perri will rely on this in making recommendations and/or in preparing my estate plan and that if the information included in this form is not complete or accurate the recommendations and estate plan made in reliance on this questionnaire may be adversely affected or inappropriate.

(Signature)

(date)

(Signature)

(date)

CLIENT QUESTIONNAIRE

1) **Client 1 Name** _____ SS# _____ Date of Birth _____
(for Medicaid purposes only)
Client 2 Name _____ SS# _____ Date of Birth _____
(for Medicaid purposes only)
Date of Marriage _____

2) **Was Client 1 Married Previously?** Yes ___ No ___ **Client 2?** Yes ___ No ___

3) **Is Client 1 a U.S. Citizen?** Yes ___ No ___ **Client 2?** Yes ___ No ___

4) **Is Client 1 a Veteran?** Yes ___ No ___ **Client 2?** Yes ___ No ___

Branch: **Client 1** _____ **Client 2** _____

Dates of Service: **Client 1** _____ Were You on Active Duty? _____

Dates of Service: **Client 2** _____ Were You on Active Duty? _____

5) **Does Client 1 or Client 2 Have Children who are Deceased?** Yes ___ No ___

6) **Children — Names and Addresses:** *Note: Please provide spellings of names as they should appear on legal documents*

1. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

Children? Yes ___ No ___

How Many? _____ Ages _____

4. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

Children? Yes ___ No ___

How Many? _____ Ages _____

2. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

Children? Yes ___ No ___

How Many? _____ Ages _____

5. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

Children? Yes ___ No ___

How Many? _____ Ages _____

3. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

Children? Yes ___ No ___

How Many? _____ Ages _____

6. Name _____

Address _____

Cell Phone _____

Date of Birth _____

Primary Email _____

Married? Yes ___ No ___

2 Children? Yes ___ No ___

How Many? _____ Ages _____

7) **Do you or does anyone in your immediate family have a disability? If so, who and what is the nature of the disability?**

Name _____

Disability _____

Date of onset _____

Are they receiving Social Security Disability Income (SSDI)? Yes _____ No _____

Are they receiving Supplemental Security Income (SSI)? Yes _____ No _____

Are you or any family members on any programs through the Connecticut Department of Social Services (DSS)?

Yes (please explain) _____ No _____

8) **Does anyone to whom you are leaving part of your estate require help or protection in managing money or other property? If so, please explain the nature of your concern:**

Name _____

Concern _____

9) **Do you have any pets that you wish to provide for when you pass away? Yes _____ No _____**

If, yes, what type of pet? _____

10) Assets:

A) Residence _____

Sole/Joint/Trust Owners _____

Market Value \$ _____ Mortgage Amount \$ _____ Purchase Price \$ _____

B) Other Real Estate _____

Sole/Joint/Trust Owners _____

Market Value \$ _____ Mortgage Amount \$ _____ Purchase Price \$ _____

C) Other Real Estate _____

Sole/Joint/Trust Owners _____

Market Value \$ _____ Mortgage Amount \$ _____ Purchase Price \$ _____

D) Other Real Estate _____

Sole/Joint/Trust Owners _____

Market Value \$ _____ Mortgage Amount \$ _____ Purchase Price \$ _____

E) Other Real Estate _____

Sole/Joint/Trust Owners _____

Market Value \$ _____ Mortgage Amount \$ _____ Purchase Price \$ _____

G) Life Insurance:

1. Sole/Joint Owners _____	Insured _____
Company _____	Policy No. _____
Group Term/Whole _____	Cash Value _____
Face Value _____	Designated Beneficiary _____
2. Sole/Joint Owners _____	Insured _____
Company _____	Policy No. _____
Group Term/Whole _____	Cash Value _____
Face Value _____	Designated Beneficiary _____
3. Sole/Joint Owners _____	Insured _____
Company _____	Policy No. _____
Group Term/Whole _____	Cash Value _____
Face Value _____	Designated Beneficiary _____

H) Have You Made Any Gifts in the last five years?

Type of Asset	To Whom	Value of Gift	Year
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
TOTAL VALUE OF GIFTS:		\$ _____	

I) Have you filed a Gift Tax Return? Yes ____ No ____

J) Other Assets (i.e. leases, debts owed to you, other): _____

K) Business Interests:

1. _____
2. _____

L) Trusts: _____

M) Monthly Income:	Client 1	Client 2
Social Security — Retirement	\$ _____	\$ _____
Social Security Disability (SSDI)	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Veterans Administration Benefits	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____

11) Health Insurance:

A) Medicare:

Client 1's Number _____	Client 2's Number _____
Effective Date _____	Effective Date _____
Premium \$ _____	Premium \$ _____

B) Insurance from Employer:

Name of Company _____	Name of Company _____
Policy Number _____	Policy Number _____
Group Number _____	Group Number _____
Effective Date _____	Effective Date _____
Premium \$ _____	Premium \$ _____

C) Medicare Supplement:

Name of Company _____	Name of Company _____
Policy Number _____	Policy Number _____
Group Number _____	Group Number _____
Effective Date _____	Effective Date _____
Premium \$ _____	Premium \$ _____

D) Long Term Care Insurance:

Client 1

Name of Company _____ Name of Company _____

Are there policy time limits? Yes ___ No ___ If yes, how many years? _____

What are the policy dollar limits? (Total dollar amount, daily amount) \$ _____

Is this a CT Partnership Policy? Yes ___ No ___

Client 2

Name of Company _____ Name of Company _____

Are there policy time limits? Yes ___ No ___ If yes, how many years? _____

What are the policy dollar limits? (Total dollar amount, daily amount) \$ _____

Is this a CT Partnership Policy? Yes ___ No ___

E) Medicaid (Title XIX):

Client 1's Number _____ Client 2's Number _____

Type _____ Type _____

12) Prepaid Funeral:

Client 1's Funeral Home _____ \$ _____

Client 2's Funeral Home _____ \$ _____

13) Liabilities:

No ___ Yes ___ Please describe _____

Please bring the following documents with you to your meeting with the Attorney:

1. Wills and Trusts
2. Living Wills
3. Appointment of Healthcare Agents or Representatives
4. Powers of Attorney
5. Long-Term Care Policies
6. Deeds to Real Estate
7. Annuities
8. Life Insurance Policies
9. Current Bank, IRA, Investment and Annuity Account Statements
Bank statements for Medicaid purposes only

How did you hear about us? (check *ALL* that apply)

- I am an Existing Client
- Attorney (Name) _____
- Client Referral (Name) _____
- Financial Planner (Name) _____
- Czepiga Daly Pope & Perri Employee (Name) _____
- Website of Czepiga Daly Pope & Perri
- Webinar (Name) _____
- Seminar (Name) _____
- Adult Education (Town) _____
- Television
- Non-Profit or Assoc./Civic or Charity (Name) _____
- Print Ad (Where) _____
- Nursing Home/Assisted Living (Name) _____
- Healthcare Professional (Name) _____
- CPA (Name) _____
- Radio
- Professional Organization (Name) _____
- Government Agency (Name) _____
- Other (Please Specify) _____

