

Law Offices of Nancy Catalini Chew

270 Ayer Road, Post Office Box 667, Harvard, Massachusetts 01451
(978) 772-2442 telephone, (978) 456-9233 facsimile, attychew.com

LONG-TERM CARE INFORMATION

PERSONAL INFORMATION

Your name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Spouse's name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Date of marriage: _____ If divorced, are there any lingering obligations
under divorce judgments? _____

If widowed, late spouse's date of death: _____

Are you, current spouse, or deceased spouse a veteran? N / Y—whom: _____

If so, when did service occur? _____

Address: _____

Telephone: (home) () _____

(cell - you) () _____

(cell - spouse) () _____

If in assisted living or skilled-nursing facility, daily rate: _____

Date admitted: _____

Email address: _____

How did you learn about this firm? _____

FAMILY INFORMATION (Please note special circumstances related to your children,
including divorce, separation, physical/mental impairments, and/or estrangements)

Child #1 (of you/spouse/both—circle one)

Legal name: _____ Date of birth: _____

Address: _____

Telephone: _____

Child's spouse: _____

Child's children (names and ages): _____

Child #2 (of you/spouse/both—circle one)

Legal name: _____ Date of Birth: _____

Address: _____

Telephone: _____

Child's spouse: _____

Child's children names and ages: _____

Child #3 (of you/spouse/both—circle one)

Legal name: _____ Date of birth: _____

Address: _____

Telephone: _____

Child's spouse: _____

Child's children names and ages: _____

ASSET INFORMATION

Real Estate (please provide copies of deeds and tax bills)

(1) Property address: _____

Owners: _____ Fair Market Value: _____

Mortgage Balance: _____ Tax-assessed Value: _____

Year Acquired: _____ Purchase Price: _____

Annual Taxes: _____ Insurance Premium: _____

Do you have a Homestead? _____ (If so, please attach a copy.)

Do you have a home equity line? _____ How much is drawn out? _____

(2) Property address: _____

Owners: _____ Fair Market Value: _____

Mortgage Balance: _____ Tax-assessed Value: _____

Year Acquired: _____ Purchase Price: _____

Annual Taxes: _____ Insurance Premium: _____

Do you have a Homestead? _____ (If so, please attach a copy.)

Do you have a home equity line? _____ How much is drawn out? _____

Bank Accounts

	Owners	Name of bank	Type (ckg/sav/CD)	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

IRAs/401(k)s/other retirement benefits

	Owner	Name of institution	Beneficiaries	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

Stocks/Bonds/Mutual Funds

	Owners	Name of company	Original cost	# Shares	Current value
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____

Life insurance

	Insured	Name of company	Face value	Cash surrender	Death benefit
(1)	_____	_____	_____	_____	_____
	Beneficiaries: _____		Type (if term, until when?) _____		
(2)	_____	_____	_____	_____	_____
	Beneficiaries: _____		Type (if term, until when?) _____		
(3)	_____	_____	_____	_____	_____
	Beneficiaries: _____		Type (if term, until when?) _____		
(4)	_____	_____	_____	_____	_____
	Beneficiaries: _____		Type (if term, until when?) _____		
(5)	_____	_____	_____	_____	_____
	Beneficiaries: _____		Type (if term, until when?) _____		

Who is your CPA? _____
 Who is your investment/financial planner? _____
 Who is your insurance agent? _____
 Do you need a referral to any of the above professionals? _____

Automobiles/boats/motor homes/trailers

	How titled	Year/make/model	Loan value	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Are all of these vehicles registered? _____

Are all registered vehicles registered in Massachusetts? _____

Other Assets (all business interests, art/collectibles/antiques of significant value)

	How titled	Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Are you anticipating any inheritances/gifts of significance? When? _____

INCOME INFORMATION

Please list *monthly* gross income figures (i.e., before any deductions).

	You (occupation:_____)	Spouse (occupation:_____)
<u>Type</u>		
Wages	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

HEALTH INSURANCE (e.g., Medicare/Medex coverage)

Company: _____ Premium: _____ How paid/under whom? _____

Company: _____ Premium: _____ How paid/under whom? _____

MISCELLANEOUS PERTINENT INFORMATION