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Browning & Meyer Co., LPA

Serving the Elderly and Special Needs Population

Date: _____

- Married Divorced Widowed Single
 Veteran Spouse of Veteran
 Minor children Disabled children

ATTACH ADDITIONAL SHEETS, IF NECESSARY

Legal name: _____ **DOB** / / _____ **SSN:** _____
Spouse: _____ **DOB** / / _____ **SSN:** _____
Address: _____ **County** _____
Home #: () _____ **E-Mail** _____
Cell #: () _____
Work #: () _____ **Do you have long term care insurance?** _____

BENEFICIARIES (i.e. child, friend, relative, etc.)

1. Beneficiary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____ **Disabled** ___ **Yes** ___ **No** ___
SSN: _____ **Relationship** _____

2. Beneficiary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____ **Disabled** ___ **Yes** ___ **No** ___
SSN: _____ **Relationship** _____

3. Beneficiary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____ **Disabled** ___ **Yes** ___ **No** ___
SSN: _____ **Relationship** _____

FIDUCIARIES (i.e. executor, trustee, designee, power of attorney)

1. Fiduciary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____

2. Fiduciary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____

3. Fiduciary _____ **Phone:**() _____ **DOB** / / _____ **cc:** _____
Address: _____ **County** _____

FIXED INCOME: *Salary, Social Security, Pension, etc.*

\$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual
 \$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual
 \$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual

ASSETS: Please list any securities, bonds, mutual funds, bank accounts, CDs, retirement funds, life insurance, annuities, business interests or motor vehicles.

<u>Bank Accounts</u>	<u>Type of Acct.</u> (CD,Savings,Checking, IRA)	<u>Approx.</u> <u>Value</u>	<u>Owned by:</u> (Husband/Wife/Joint)
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____

<u>Securities/ Mutual Funds</u>	<u>Approx.</u> <u>Value</u>
_____	\$
_____	\$
_____	\$
_____	\$

<u>Life Insurance</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$

<u>Real Estate Address</u>	<u>Approx.</u> <u>Value</u>	<u>Mortgage</u>	<u>Owned By:</u> (Husband/Wife/Joint)
_____	\$	\$	_____
_____	\$	\$	_____

Motor Vehicles

LIABILITIES: Please list any debts you owe.

<u>Name of Institution</u>	<u>Description</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

SHORT FILE NAME _____	INTRO _____
TYPE OF FILE _____	RESP _____
	ASSIGN _____
FULL MATTER NAME _____	REFERRAL:
BILL TO:(if different) _____	____ ATTY ____ OTHER _____
	____ RADIO ____ WEBSITE ____ Y. PAGES
FEE: _____	____ Existing Client-New Matter ____ Existing Contact-New Matter