

R. F. MEYER & ASSOCIATES, LLC

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James G. Nibert, Probate Clerk
Roger K. McIntyre, Accounts Clerk

I 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.)

<p>1. Beneficiary _____ Address: _____ SSN: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____ Disabled ___ Yes ___ No ___ Relationship _____</p>
<p>2. Beneficiary _____ Address: _____ SSN: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____ Disabled ___ Yes ___ No ___ Relationship _____</p>
<p>3. Beneficiary _____ Address: _____ SSN: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____ Disabled ___ Yes ___ No ___ Relationship _____</p>

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

<p>1. Fiduciary _____ Address: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____</p>
<p>2. Fiduciary _____ Address: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____</p>
<p>3. Fiduciary _____ Address: _____</p>	<p>Phone: () _____ DOB ___/___/___ cc: _____ County _____</p>

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

\$ _____	D Monthly	D Yearly	Source: _____	DHusband	DWife	DIndividual
\$ _____	D Monthly	D Yearly	Source: _____	DHusband	DWife	DIndividual
\$ _____	D Monthly	D Yearly	Source: _____	DHusband	DWife	DIndividual

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 _____
FULL MATTER NAME _____	ASSIGN _____
BILL TO:(if different) _____	REFERRAL:
FEE: _____	___ ATTY ___ OTHER _____
	___ RADIO ___ WEBSITE ___ Y. PAGES
	Existing Client-New Matter Existing Contact-New Matter