



**BETH A.  
PRATHER, P.A.**  
ELDER LAW ATTORNEY

These questions pertain to the person for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. Please provide us with your completed intake as early as possible before your appointment date. The intake may also be mailed or dropped off at our office. This information may also be emailed or faxed if you prefer. Please call us at 239-208-3050 if you have any questions or concerns about completing this form.

**PERSONAL DATA**

*Please Print*

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Are you a U.S. Citizen?

Yes  No

Are you a Florida Resident?

Yes  No

Were you referred to our firm?

Yes  No

If so, by whom? Name: \_\_\_\_\_

If not referred, what made you choose our firm? \_\_\_\_\_

What is the primary purpose of your visit? \_\_\_\_\_

Please indicate the name of the person who completed this form: \_\_\_\_\_

*If widowed*, please complete the following regarding your deceased spouse:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death: \_\_\_\_\_

City/State of death: \_\_\_\_\_

*If divorced*, please complete the following regarding your former spouse:

Name: \_\_\_\_\_

Date of divorce: \_\_\_\_\_



**PERSONAL INFORMATION**

Place a checkmark by the documents that you currently have.

- |  |   |
|--|---|
| <input type="checkbox"/> Living Trust              | <input type="checkbox"/> Last Will and Testament    |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Health Care Surrogate      |
| <input type="checkbox"/> Living Will               | <input type="checkbox"/> Pre/Post Nuptial Agreement |

1. Are you a veteran? Yes  No  If widowed, was your spouse a veteran? Yes  No   
If yes to either, did you/they serve during wartime\*? Yes  No  What branch? \_\_\_\_\_  
\*WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975  
(or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time period);  
Persian Gulf–08/1990

2. Do you have any legal issues we should be aware of? Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a safe deposit box? Yes  No  If yes, what is the box number? \_\_\_\_\_  
Where is it located? \_\_\_\_\_  
Whose names are on the card? \_\_\_\_\_

4. Do you need help with any of the following activities?

Bathing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transferring from bed to chair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeding yourself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Using the toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using the telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Doing laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Managing money	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Do you have any medical conditions we should be aware of? Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. What medications do you take and what are they for? \_\_\_\_\_  
\_\_\_\_\_

7. If you were unable to make *medical* decisions for yourself, who would you want to do so?  
(i.e. Name as your health care surrogate) Please list in order of priority.

a) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Do you wish to be an organ donor? Yes  No
9. If you were having a heart attack, would you want to be resuscitated (given CPR)? Yes  No
10. If you were seriously ill or in a comatose state, would you want to have a feeding tube? Yes  No
11. When you pass away, do you want to be buried or cremated? \_\_\_\_\_  
 Are the arrangements paid for? Yes  No

**CHILDREN**

12. Please list names as they would appear on legal documents. Also, list children who have predeceased you, if any, and their children. You should also list any children from which you are estranged and note that you do not want them to benefit from your estate, if that is your wish.

a) Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact number: \_\_\_\_\_

Spouse's name/age: \_\_\_\_\_

Children's names/ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we speak with this person if needed? Yes  No

c) Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact number: \_\_\_\_\_

Spouse's name/age: \_\_\_\_\_

Children's names/ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we speak with this person if needed? Yes  No

b) Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact number: \_\_\_\_\_

Spouse's name/age: \_\_\_\_\_

Children's names/ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we speak with this person if needed? Yes  No

d) Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact number: \_\_\_\_\_

Spouse's name/age: \_\_\_\_\_

Children's names/ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we speak with this person if needed? Yes  No

e) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

f) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

13. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes  No   
If yes, please indicate who that is and the type and the amount of benefit:

\_\_\_\_\_

### HEALTH INSURANCE

14. Do you have any of the following?

Yes  No  **Medicare;**  
Yes  No  **Part D;** (prescription) coverage If yes, list company: \_\_\_\_\_  
Yes  No  **Medicare Supplement;** If yes, list company: \_\_\_\_\_  
Yes  No  **Private Health Insurance;** If yes, list company: \_\_\_\_\_  
Yes  No  **Retirement Health Insurance;** If yes, list company: \_\_\_\_\_  
Yes  No  **Prescription Coverage;** If yes, list company: \_\_\_\_\_  
(Not Medicare Part D)  
Yes  No  **Long Term Care Insurance;** If yes, list company: \_\_\_\_\_

### FINANCIAL

15. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months? Yes  No   
Have you added a person's name to real property or other asset within the last 60 months? Yes  No   
If yes, please complete the following: (use separate page if necessary)

a) Gift Recipient: \_\_\_\_\_  
Date of gift: \_\_\_\_\_  
Value of gift or transfer: \_\_\_\_\_  
c) Gift Recipient: \_\_\_\_\_  
Date of gift: \_\_\_\_\_  
Value of gift or transfer: \_\_\_\_\_

b) Gift Recipient: \_\_\_\_\_  
Date of gift: \_\_\_\_\_  
Value of gift or transfer: \_\_\_\_\_  
d) Gift Recipient: \_\_\_\_\_  
Date of gift: \_\_\_\_\_  
Value of gift or transfer: \_\_\_\_\_

16. Do you have any **life insurance policies**? (Do not list annuities here)

Yes  No

If yes, please complete the following:

- |           |                     |                               |
|-----------|---------------------|-------------------------------|
| <b>a)</b> | Company Name: _____ | Policy Number: _____          |
|           | Owner: _____        | Face Value: _____             |
|           | Insured: _____      | Cash Surrender Value: _____   |
|           | Beneficiary: _____  | Contingent Beneficiary: _____ |
| <b>b)</b> | Company Name: _____ | Policy Number: _____          |
|           | Owner: _____        | Face Value: _____             |
|           | Insured: _____      | Cash Surrender Value: _____   |
|           | Beneficiary: _____  | Contingent Beneficiary: _____ |
| <b>c)</b> | Company Name: _____ | Policy Number: _____          |
|           | Owner: _____        | Face Value: _____             |
|           | Insured: _____      | Cash Surrender Value: _____   |
|           | Beneficiary: _____  | Contingent Beneficiary: _____ |
| <b>d)</b> | Company Name: _____ | Policy Number: _____          |
|           | Owner: _____        | Face Value: _____             |
|           | Insured: _____      | Cash Surrender Value: _____   |
|           | Beneficiary: _____  | Contingent Beneficiary: _____ |

**17. Total Cash Surrender Values of Life Insurance: \$** \_\_\_\_\_

18. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques):

Description of property

\_\_\_\_\_  
\_\_\_\_\_

Value of property: \_\_\_\_\_

How is property titled?: \_\_\_\_\_

**19. Total Value of Personal Property: \$** \_\_\_\_\_

**REAL ESTATE**

(Please provide a copy of the deed or title for all real property)

20. a) Primary Residence Address: \_\_\_\_\_

Is this a manufactured home? Yes  No

If yes:

Do you own the ground? Yes  No  Own a share of the park? Yes  No

Is the park a cooperative? Yes  No  Have you retired the title? Yes  No

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

b) Secondary Residence Address (if applicable): \_\_\_\_\_

Is this a manufactured home? Yes  No

If yes:

Do you own the ground? Yes  No  Own a share of the park? Yes  No

Is the park a cooperative? Yes  No  Have you retired the title? Yes  No

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

c) Other Real Property Owned:

i) Address or Description: \_\_\_\_\_

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

ii) Address or Description: \_\_\_\_\_

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

**Total Value of Real Estate:** \$ \_\_\_\_\_

**Less Outstanding Mortgages:** \$ \_\_\_\_\_

**21. Equity in Real Estate:** \$ \_\_\_\_\_

**INTANGIBLE ASSETS**

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

**EXAMPLE:**

Type of Asset: Checking Account Last 4 digits of Account #: 1234  
Company Name: ABC Bank  
How is it titled?: John Doe & Mary Doe  
Beneficiary: Children of John & Mary Doe  
Value: \$1,000.00 Maturity Date: 01/22/2014 Interest Rate: 1.5%

**22. Intangible Assets:**

- a) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- b) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- c) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- d) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- e) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

- f) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- g) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- h) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- i) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- j) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- k) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**23. Total Value of Intangible Assets:** \_\_\_\_\_



**RETIREMENT FUNDS**  
(IRAS, KEOGHS, OR 401K PLANS)

**24. Retirement**

- a) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- b) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- c) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- d) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**25. Total Value of Retirement Funds:** \$ \_\_\_\_\_

**26. Totals (refer to corresponding numbers for totals)**

- Total cash surrender value of life insurance (#17): \$ \_\_\_\_\_  
Total value of personal property (#19): \$ \_\_\_\_\_  
Total equity value of real estate (#21): \$ \_\_\_\_\_  
Total value of intangible assets (#23): \$ \_\_\_\_\_  
Total value of retirement accounts (#25): \$ \_\_\_\_\_

**TOTAL VALUE OF ALL ASSETS:** \$ \_\_\_\_\_

**MONTHLY INCOME**

27: (Please list income from all sources)

Social Security:      Gross: \$ \_\_\_\_\_      Medicare Deduction: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Disability:      From: \_\_\_\_\_  
Gross: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Pension(s):      From: \_\_\_\_\_      From: \_\_\_\_\_  
Gross: \$ \_\_\_\_\_      Gross: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Net:    \$ \_\_\_\_\_  
Deductions: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Direct deposit to: \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Veteran's Admin.:      Gross: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Employment:      From: \_\_\_\_\_  
Gross: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Annuity: (in pay mode) From: \_\_\_\_\_      From: \_\_\_\_\_  
Gross: \$ \_\_\_\_\_      Gross: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Net:    \$ \_\_\_\_\_  
Deductions: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Direct deposit to: \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Other: (Rent, Mortgages, IRA, etc.)  
From: \_\_\_\_\_  
Gross: \$ \_\_\_\_\_      Deductions: \$ \_\_\_\_\_  
Net:    \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

**Total GROSS Monthly Income: \$ \_\_\_\_\_**

28. Does your monthly income cover your monthly expenses?      Yes  No

**29. LIABILITIES**

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Debt:	\$ _____	Other:	\$ _____
<b>Total Liabilities: \$ _____</b>			

**30.** If you were unable to carry out your *financial* business, who would you want to manage your assets? (i.e. Name as your Power of Attorney) Please list in order of priority.

a) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

**31.** Who shall receive the balance of your estate? (Please give percentages if more than one): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**32.** Who do you want to serve as your personal representative? (**This must be a blood relative or a Florida Resident.** Please list in order of preference)

a) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	Relationship: _____
Contact Number: _____	May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Please mark the box if we are not authorized to contact you, or anyone else on your behalf, via email. No

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

**Please provide copies of the following for your loved one and spouse, if married:**

- |                          |  |                                      |                                  |
|--------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> | A valid driver license or some other government issued photo identification (front and back).<br><i>(required)</i> |                                      |                                  |
| <input type="checkbox"/> | Trust  | Original<br><input type="checkbox"/> | Copy<br><input type="checkbox"/> |
| <input type="checkbox"/> | Last Will & Testament  | <input type="checkbox"/>             | <input type="checkbox"/>         |
| <input type="checkbox"/> | Durable Power of Attorney  | <input type="checkbox"/>             | <input type="checkbox"/>         |
| <input type="checkbox"/> | Designation of Health Care Surrogate   | <input type="checkbox"/>             | <input type="checkbox"/>         |
| <input type="checkbox"/> | Living Will  | <input type="checkbox"/>             | <input type="checkbox"/>         |
| <input type="checkbox"/> | Pre/Post Nuptial Agreement   | <input type="checkbox"/>             | <input type="checkbox"/>         |