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MEMORANDUM

TO: Clients inquiring about Public Aid Planning

FROM: Davies-McGrath Law Office, P.C.

Attached to this Memorandum is Public Aid Planning Organizer. It would be helpful to me if you could fill out this information in advance of your appointment. This information will enable a more thorough evaluation of the potential benefits, drawbacks, and challenges of each public aid planning option in your particular case.

If you have any questions on filling out this organizer please don't hesitate to contact any member of my staff. They would be glad to assist you. If some of the questions do not apply to you, simply skip those questions. However, please try to fill out the information as completely as possible. Also, please sign and date last page acknowledging that all information you have given to this law firm is complete and accurate.

Thanks again. I look forward to meeting with you to review your case in detail.

NURSING HOME PLANNING ORGANIZER

BACKGROUND INFORMATION – CLIENT 1

CLIENT 1: _____ SOCIAL SECURITY NO. _____

STREET ADDRESS: _____ P.O. Box # _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

Who referred you to this office? _____

FAMILY INFORMATION – CLIENT 1

1. Parents Names:

(CIRCLE)

a) Mother: _____ Alive or Deceased?

b) Father: _____ Alive or Deceased?

2. Siblings:

a) _____ Alive or Deceased?

b) _____ Alive or Deceased?

c) _____ Alive or Deceased?

d) _____ Alive or Deceased?

e) _____ Alive or Deceased?

3. Prior Marriages:

a) _____ Death or Divorce?

b) _____ Death or Divorce?

c) _____ Death or Divorce?

BACKGROUND INFORMATION – CLIENT 2

CLIENT 2: _____ SOCIAL SECURITY NO. _____

Check here if Client 2's address the same as Client #1, and skip address section below

STREET ADDRESS: _____ P.O. Box # _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____

WORK Phone #: _____

MOBILE #: _____

FAX #: _____

DATE OF BIRTH: _____

EMPLOYER: _____

Who referred you to this office? _____

FAMILY INFORMATION – CLIENT 2

1. Parents Names:

(CIRCLE)

a) Mother: _____

Alive or Deceased?

b) Father: _____

Alive or Deceased?

2. Siblings:

a) _____

Alive or Deceased?

b) _____

Alive or Deceased?

c) _____

Alive or Deceased?

d) _____

Alive or Deceased?

e) _____

Alive or Deceased?

3. Prior Marriages:

a) _____

Death or Divorce?

b) _____

Death or Divorce?

c) _____

Death or Divorce?

ASSETS

1. Real Estate

Location	Describe	Estimated Value	How titled	Use (homestead?)

2. Bank Accounts

Type of Acct.	Name of Bank	Current Balance	How titled?

3. Life Insurance

Name of Company	Policy #	Face Value	Cash Value	Type	Owner	Beneficiary

4. Personal property that has a significant value:

Describe?	Value?	Where kept?	How identify?

5. Stocks, bonds, IRA's, 401 K's, Keogh's

Describe	Where located?	Value?

6. Miscellaneous; Contract for Deed, Inheritance, Trust? YES OR NO?

a. If yes described specifics and bring copy of relevant documents to appointment:

INCOME

1. Government benefits – SSI, SSDI, Social Security

Source	Amount	Account #	Frequency	Who “owns” source

2. Retirement benefits (Pension payments, IRA payments, etc.)

Source	Amount	Account #	Frequency	Who “owns” source

3. Employment income

Source	Amount	Account #	Frequency	Who “owns” source

4. Investment income (dividends, interest, annuity payments)

Source	Amount	Account #	Frequency	Who "owns" source

5. Other sources of income (trust payments, rental income, etc.)

Source	Amount	Account #	Frequency	Who "owns" source

LIABILITIES

1. Debts:

Who owes?	Reason for borrowing?	Lien on what?	What owe?

2. Contingent debts? (Have you co-signed a loan for a child or someone else?) Y/N

*If yes describe:

3. Have you made a gift of any significant amount of money or property within the past 5 years, or have you paid a significant debt for another person within the past 5 years? If yes, describe (amount, to whom, for what reason).
