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FEE FREE CONSULTATION

In anticipation of our phone conference for your fee free consultation, this letter will assist you in compiling the information and documents necessary to determine IF there is a need for Estate, tax or asset preservation planning and IF our services can benefit them.

Please complete the information, provide to us and keep a copy. Then call our office to schedule the consultation or provide your telephone number below and we will call you.

1. Name, age, marital and present health status of elder/disabled clients; at home or in facility; _____
2. Ages of children, phone/email of contact person: _____
3. Do they have a Will, Date: _____ Power of Attorney: _____ Date: _____ Health Care Directive: Date: _____
4. If they have long term care insurance, what is daily benefit amount _____ years of coverage _____
5. Name of supplemental Medicare insurance and drug plan, name of company and amount of monthly premium. _____
6. What is their fixed monthly income from Social Security _____, pension _____ other (annuity, etc.) _____
7. If they own a home, what was the original purchase price; the current sales value; the balance due on mortgage/equity line of credit _____
8. IRA/401(k)/Qualified Retirement Plan value _____
9. In addition to the home and IRA/QRP above, what is the estimated value of all other assets (bank accounts, stocks, bonds, etc.) _____
10. Have they made any transfers or gifts over \$500.00 per year to anyone within the last 5 years? If so, how much and when? _____
11. Are they still filing Federal Income Tax? _____
12. What is the face amount of any private life insurance policies? _____
13. Is either spouse a veteran? _____