



BRATTON
ESTATE & ELDER CARE ATTORNEYS

Elder Law Financial Summary – Married

Using this organizer will assist us in designing a plan that meets your goals. All information provided is strictly confidential.

Please fill out to the best of your ability. You may always update information as you receive it. If possible, please return the completed worksheet to our office at the time of your appointment. Please ask any questions you may have about the requests.

FINANCIAL SUMMARY

Partner/Spouse #1's Legal Name: _____

(name most often used to title property and accounts)

Also Known As: _____

(other names used to title property and accounts)

Prefer to be called: _____ Birth Date: _____ US Citizen? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ County of Residence: _____

E-mail Address: _____

It is okay to communicate with me via e-mail

Date of Marriage: _____

Partner/Spouse #2's Legal Name: _____

(name most often used to title property and accounts)

Also Known As: _____

(other names used to title property and accounts)

Prefer to be called: _____ Birth Date: _____ US Citizen? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ County of Residence: _____

E-mail Address: _____

It is okay to communicate with me via e-mail

Primary Contact: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____

E-mail Address: _____

It is okay to communicate with me via e-mail

Children and Other Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "1" if Partner/Spouse #1 is the parent, "2" if Partner/Spouse #2 is the parent, "S" if a single parent.)

Name	Birth date	Parent
_____	_____	_____
Comments:		

Comments:		

Comments:		

Comments:		

Comments:		

Comments:		

Bank Accounts (savings and checking) [attach copies of statements]

	Partner/Spouse #1	Partner/Spouse #2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Real Estate (residence) [attach copy of deed]

Address of Residence: _____

Fair Market Value: _____ Mortgage Balance: _____

Owner: Partner/Spouse # 1: _____ Partner/Spouse #2: _____ Joint: _____

Real Estate (other) [attach copies of all deeds]

Address of All Other Real Estate and Time Shares: _____

Fair Market Value: _____ Mortgage Balance: _____

Owner: Partner/Spouse # 1: _____ Partner/Spouse #2: _____ Joint: _____

Address: _____

Fair Market Value: _____ Mortgage Balance: _____

Owner: Partner/Spouse # 1: _____ Partner/Spouse #2: _____ Joint: _____

Address: _____

Fair Market Value: _____ Mortgage Balance: _____

Owner: Partner/Spouse # 1: _____ Partner/Spouse #2: _____ Joint: _____

Certificates of Deposit (CDs) [attach copies of statements]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stocks, Bonds, Mutual Funds (Not held by broker) [attach copies of all certificates]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stocks, Bonds, Mutual Funds (Held by broker) [attach copies of all certificates]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Inheritance, etc.

	Partner/Spouse #1	Partner/Spouse # 2	Joint	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Automobiles

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Jewelry and Collection

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-IRA Tax-Qualified Retirement Plans [attach copies of statements]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IRA [attach copies of statements]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance [attach copies of all policies]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Annuities [attach copies of all policies]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Assets [attach copies of documentation pertaining to such assets]

	Partner/Spouse #1	Partner/Spouse # 2	Joint	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Monthly Income	Partner/Spouse #1's Monthly Income	Partner/Spouse #2's Monthly Income
Social Security Benefits (include Medicare Part B & D Deduction, if applicable)	\$ _____	\$ _____
Pension/Retirement Benefits (Gross/Net)	\$ _____ / _____	\$ _____ / _____
Employment	\$ _____	\$ _____
Veterans Disability Income	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

If there is a pension, please list the **gross and net pension amount**, including any monies taken out for federal income taxes, health insurance, or any other reason.

Do not include interest and dividend income on this form.

Current Financial Needs

Item	Amount
Property Tax	
Home maintenance and upkeep	
Homeowners insurance	
Utilities (gas, electric, water & sewer, security)	
Residential facility	
Private health care services	
Telephone	
Cable television	
Auto operation (gas and maintenance)	
Auto insurance	
Clothing	
Groceries and other household	
Hair cuts, personal grooming	
Laundry and cleaning	
Checking account charges/bank fees	
Newspapers and magazines	
Recreation, vacation, entertainment	
Health insurance (such as Medicare supplement)	
Unreimbursed medical expenses (such as for drugs)	
Life insurance	
Charitable contributions	
Total Monthly Expenses	

Do you currently have estate planning documents? Yes No

*If yes please provide a copy

