



**IDAHO ESTATE PLANNING  
PERSONAL INFORMATION FORM  
VA Benefits**

**Please bring the completed form and copies of your documentation to your first appointment.**

**Idaho Estate Planning  
839 East Winding Creek Drive, Ste. 102  
Eagle, Idaho 83616  
208-939-7658 (office)  
208-939-3248 (fax)**

***Documents Needed***

- Completed Personal Information Form.
- Discharge/Separation Papers (DD-214). If you need to request military records, visit <http://www.archives.gov/veterans/military-service-records/> then look for the link for military records on right side. Full instructions are listed on that site.
- Copy of Marriage Certificate and all marital information if benefit is based on marriage.
- Information of all prior marriages (yours and your spouse) – Divorce Papers or Death Certificates
- Copy of Birth Certificate (s).
- If applicable, copy of the Death Certificate of Vet (for surviving spouse benefits).
- Copy of current Social Security Award Letter (the letter that your monthly amount will be for the following year).
- Proof of all income sources for you and your spouse (rent, pensions, retirement etc.)
- Two months bank and/or investment statements for accounts – Checking, Savings, CD's, Annuities, Life Insurance Policies with cash values (computer print outs are insufficient).
- If you are a court-appointed guardian of the veteran, a certified copy of the court.
- Proof of insurance premiums, including Medicare and supplemental insurance
- Proof of medications (printout from pharmacy for last 12 months), medical bills or any other medical expenses that are not reimbursed by insurance, Medicare, or Medicaid.
- Completed form 21-2680 and VSO3 signed by physician (attached)
- Completed Verification of Expenses, if you are in an assisted living or a memory care facility
- Employment history (does not apply if you are over 65).
- List of all doctors and hospitals visited in the last year.
- Voided Check from account where you would like to receive your VA benefits
- Last Year's Tax Return
- Copies of all deeds and current tax assessments to real property and timeshares.

Quitclaim Deeds are used to transfer property. There will be an additional charge of \$250.00 for each Warranty Deed. If a deceased spouse's/child's name is still on property, there will be an additional charge of \$500.00 for an Affidavit. If portions of your property, as described in the present deed, have been sold, an additional charge will be added to clean up the property description as required by County Assessor.

During the process of filling out this form, please call our Paralegal/Concierge, Patti Paz, with any questions or concerns. If you do not have access to a copy machine, please bring your original documents and we will make copies for you. Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior consent.

# PERSONAL INFORMATION

(Please Print)

## Client # 1

Date Completed: \_\_\_\_\_

Full Legal Name \_\_\_\_\_

How your name should appear on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-Mail address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Best Number to call \_\_\_\_\_

Currently Married:  Yes  No If yes, date of Marriage: \_\_\_\_\_

How were you married?  Clergyman or authorized official  Common-Law  Other \_\_\_\_\_

Previously Married:  Yes  No If yes, date of Divorce: \_\_\_\_\_

Widowed:  Yes  No If yes, date of Passing: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Lived in the following states: CA WA NV AZ NM TX ID LA WI

## Client # 2

Full Legal Name \_\_\_\_\_

How your name should appear on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-Mail address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Best number to call \_\_\_\_\_

Previously Married:  Yes  No If yes, date of Divorce: \_\_\_\_\_

Widowed:  Yes  No If yes, date: \_\_\_\_\_

Lived in the following states: CA WA NV AZ NM TX ID LA WI

# CHILDREN'S INFORMATION

## Children

Husband's  Wife's  Both

Child's Full Legal Name \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home address (If Different from Parents): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Special Needs:  Medical  Educational  Financial/ Married  Divorced  Widowed  Single

**Grandchildren's Names**

**Ages**

**Special Needs**

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

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

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Husband's  Wife's  Both

Child's Full Legal Name \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home address (If Different from Parents): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Special Needs:  Medical  Educational  Financial/ Married  Divorced  Widowed  Single

**Grandchildren's Names**

**Ages**

**Special Needs**

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

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

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Husband's  Wife's  Both

Child's Full Legal Name \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home address (If Different from Parents): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Special Needs:  Medical  Educational  Financial/ Married  Divorced  Widowed  Single

**Grandchildren's Names**

**Ages**

**Special Needs**

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

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

(Put additional children on back of this page)

# OTHER DEPENDENTS

Friends or relatives who are dependents.

## Dependents

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial  Married  Divorced  Widowed  Single

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Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial  Married  Divorced  Widowed  Single

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Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial  Married  Divorced  Widowed  Single

# OTHER PROFESSIONAL ADVISORS

Name of CPA: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Financial Advisor: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Family Attorney: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Stock Broker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Personal Banker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

# VETERAN CLIENTS

(Please provide information as accurate as possible)

## Military Service Information

Are you a Veteran?  Yes  No Are you a surviving spouse of a veteran?  Yes  No

If yes, which branch of service? \_\_\_\_\_

If you are the widow of a Veteran, what is your maiden name? \_\_\_\_\_

Veteran's date and place of birth (city and state) \_\_\_\_\_ Please provide birth certificate.

If Veteran is deceased, please provide Veteran's Social Security No. \_\_\_\_\_

Did the veteran serve in active duty during a state of war?  Yes  No

Which war and what dates (if known)? \_\_\_\_\_

Did the veteran receive an honorable discharge?  Yes  No Please provide discharge paperwork.

Have you ever filed a claim with the VA? \_\_\_\_\_ If so, for what? \_\_\_\_\_

What benefits or income are you currently receiving through the VA? \_\_\_\_\_

Did the veteran receive the purple heart? \_\_\_\_\_ Was the veteran a POW? \_\_\_\_\_

What is the highest level of education that the Veteran completed? \_\_\_\_\_

## Health Information

In your opinion, would a doctor certify that you or your spouse needs assistance with daily living?

Veteran  Yes  No Spouse  Yes  No

### VETERAN

ACTIVITIES OF DAILY LIVING			
Activity	Need No Help	Need Some Help	Unable to Do At All
Bathing			
Dressing			
Transferring from bed to chair			
Feeding Self			
Using the toilet			
Taking medications			

**SPOUSE**

<b>ACTIVITIES OF DAILY LIVING</b>			
<b>Activity</b>	<b>Need No Help</b>	<b>Need Some Help</b>	<b>Unable to Do At All</b>
Bathing			
Dressing			
Transferring from bed to chair			
Feeding Self			
Using the toilet			
Taking medications			

Are you now in: Assisted Living \_\_\_\_\_ Nursing Home \_\_\_\_\_ Independent Living \_\_\_\_\_

Is your spouse now in: Assisted Living \_\_\_\_\_ Nursing Home \_\_\_\_\_ Independent Living \_\_\_\_\_

What is the Date that you moved into your first facility? \_\_\_\_\_

What is the Date that your spouse moved into your first facility? \_\_\_\_\_

Are you receiving At-Home Care? \_\_\_\_\_ If so, what date did you begin receiving service? \_\_\_\_\_

Is your At-Home Care being provided without cost by an family member or friend? \_\_\_\_\_

If you are not currently receiving any care, will you soon be receiving care from any of the previous sources? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Is your spouse receiving At-Home Care? \_\_\_\_\_ If so, what date did service begin? \_\_\_\_\_

Is the At-Home Care being provided without cost by a family member or friend? \_\_\_\_\_

If your spouse is not currently receiving any care, will he or she soon be receiving care from any of the previous sources? \_\_\_\_\_ If so, which one? \_\_\_\_\_

What medical or health problems do you currently have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medical or health problems does your spouse currently have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of Medications

*Veteran:*

*Spouse:*

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

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

Name and address of your physician:

Name and address of your spouse's physician:

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

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

**Facility/Provider Information**

If you are currently in a facility or receiving care, please state the name of the facility:

\_\_\_\_\_  
Name of administrator: \_\_\_\_\_ Phone number: \_\_\_\_\_

Monthly cost of care: \$ \_\_\_\_\_ Do you have Long Term Care Insurance? \_\_\_\_\_

If you do, will it help pay for your current care? \_\_\_\_\_

Do you have Medicare (i.e. Part B)?  Yes  No Monthly Cost: \$ \_\_\_\_\_

Do you have Health Insurance (other than Medicare Part B etc.)? \_\_\_\_\_

What is the monthly cost of that insurance? \$ \_\_\_\_\_

What is the name of any Health Insurance Provider(s) (other than Medicare)? \_\_\_\_\_

If your spouse is currently in a facility or receiving care, please state the name of the facility:

\_\_\_\_\_  
Name of administrator: \_\_\_\_\_ Phone number: \_\_\_\_\_

Monthly cost of care: \$ \_\_\_\_\_

Does your spouse have Long Term Care Insurance? \_\_\_\_\_ Will it help pay for the cost of care? \_\_\_\_\_

Does your spouse have Medicare (i.e. Part B)?  Yes  No Monthly Cost: \$ \_\_\_\_\_

Does your spouse have Health Insurance (other than Medicare Part B etc.)? \_\_\_\_\_

What is the monthly cost of the Insurance? \$ \_\_\_\_\_

What is the name of any Health Insurance Provider(s) (other than Medicare)? \_\_\_\_\_

How much do you jointly spend on medications monthly? \$ \_\_\_\_\_



## **Financial Information**

*Your Monthly Income:*

Social Security: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

*Spouse's Monthly Income:*

Social Security: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Is spouse's income based on his/her employment?  Yes  No

Do you plan on selling any of the property in the near future?  Yes  No

Do you owe any money on the home you plan to sell?  Yes  No (If yes, how much) \$ \_\_\_\_\_

Do you own any rental properties?  Yes  No

Will you receive income from the operation of a farm with the next 18 months?  Yes  No

*Assets:*

House: \$ \_\_\_\_\_

IRA: \$ \_\_\_\_\_

Checking: \$ \_\_\_\_\_

CD's: \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_

Investment: \$ \_\_\_\_\_

Annuity: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

## **Other**

Have you ever applied for Medicaid?  Yes  No

Does Medicaid cover all or part of your nursing home costs?  Yes  No

Are you receiving supplemental social security income (SSI) or have you applied for SSI but no decision has been made?  Yes  No

Do you have any of the following documents in place?  Power of Attorney  Healthcare Power of Attorney  HIPAA Authorization  Living Will What date were these documents signed? \_\_\_\_\_

Quitclaim Deeds are used to transfer property. There will be an additional charge of \$250.00 for each Warranty Deed.

If a deceased spouse's/child's name is still on property, there will be an additional charge of \$500.00 for an Affidavit.

## **Notes of Interest**