For office use only

Who can we discuss this matter:

Billing inquires:

Lanman Rayne
NELSON READE

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Appointment Date:

Attorney:

Who attended meeting:

* Leave blank what does not apply.
* Type "same" to avoid giving identical information.

To protect your privacy, only type the last 4 digits of your social security number or any account numbers.

PERSONAL INFORMATION

NAME Gender ☐ M ☐ F		**SPOUSE** Gender ☐ M ☐ F **PARTNER** Gender ☐ M ☐ F
	Full Name	
	Home Address	
	City, State, Zip	
	County of Residence	
	Home Phone	
	Cell Phone	
	Work Phone	
	Date of Birth	
	If deceased, Date of Death	
	Social Security #	
	Employer	
	Retirement Date	
Yes ☐ No ☐	Veteran	Yes ☐ No ☐
Yes ☐ No ☐	U.S. Citizen?	Yes ☐ No ☐
	Email Address	

DATE OF MARRIAGE

Pre or Post Marital Agreement? Yes ☐ No ☐

261 US Route 1, Suite 201, Falmouth, Maine 04105
Phone: (207) 828-1597 | Fax: (207) 828-1276 | www.lanmanrayne.com

FAMILY INFORMATION

CHILDREN

1. First Name ____ MI ____ Last Name ____ Age ____ Gender ☐ M ☐ F

Address (Street, City, State, Zip) ____ Phone # ____

Spouse's Name ____ No. Children ____ Ages ____

2. First Name ____ MI ____ Last Name ____ Age ____ Gender ☐ M ☐ F

Address (Street, City, State, Zip) ____ Phone # ____

Spouse's Name ____ No. Children ____ Ages ____

3. First Name ____ MI ____ Last Name ____ Age ____ Gender ☐ M ☐ F

Address (Street, City, State, Zip) ____ Phone # ____

Spouse's Name ____ No. Children ____ Ages ____

4. First Name ____ MI ____ Last Name ____ Age ____ Gender ☐ M ☐ F

Address (Street, City, State, Zip) ____ Phone # ____

Spouse's Name ____ No. Children ____ Ages ____

(Family Information continued)

Do you or your spouse have any children by a previous marriage? Yes ☐ No ☐
If yes, please explain:

Do you or your spouse have children who died leaving children? Yes ☐ No ☐
If yes, please explain:

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes ☐ No ☐
If yes, please explain:

MEDICAL – DISABLITY - BENEFITS

MEDICAL/DISABILITY

Is anyone in your household disabled? Yes ☐ No ☐
If yes, please explain:

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes ☐ No ☐
If yes, please explain:

PUBLIC BENEFITS

Is anyone in your household disabled? Yes ☐ No ☐

Check what is applicable below.

- ☐ **SSI** **Amount** ______
- ☐ **Medicare**
- ☐ **Medicaid/MaineCare**
- ☐ **SSDI** **Amount** ______
- ☐ **Section 8 Housing**
- ☐ **Food Assistance/SNAP** **Amount** ______
- ☐ **Other (please list below)**

PHYSICIAN INFORMATION

YOUR PHYSICIAN

Name: ______

Address: ______

City, State, Zip: ______

Phone No.: ______

Medical Group: ______

SPOUSE or PARTNER'S PHYSICIAN

Name:

Address:

City, State, Zip:

Phone No.:

Medical Group:

HEALTH INSURANCE

CLIENT | **SPOUSE/PARTNER**

Medicare
- Policy No.

Insurance from Employer
- Company
- Policy No.

Medicare Supplement
- Company
- Policy No.

Long Term Care Ins.
- Company
- Policy No.

Other
- Company
- Policy No.

HELPERS

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care: (List in order of priority.)

1. Name:
   Address:
   City, State, Zip:
   Telephone:

2. Name:
   Address:
   City, State, Zip:
   Telephone:

FINANCIAL INFORMATION

REAL ESTATE

Description and Location of Property	Value	Mortgage	Price	In Whose Name?

CASH OR LIQUID ASSETS

Examples: Bank accounts, CDs, Credit Union accounts, bonds

Description and Location of Property	Value	Acct. No.	In Whose Name?	Beneficiary
TOTAL				

RETIREMENT ACCOUNTS (e.g. 401K, IRA, 403(b), 457 Plans)

Owner(s)	Type of Account & Location	Value	Account Number	Beneficiary

NON-RETIREMENT INVESTMENT ACCOUNTS

Owner(s)	Type of Account & Location	Value	Account Number	Beneficiary

LIFE INSURANCE

Whose Life?	Company	Face Value	Cash Value	Policy Number	Yearly Cost	Beneficiary

PERSONAL PROPERTY

Examples: Autos, RVs, boats, antiques, heirlooms, jewelry, and collections.

Description of Property	Value	In Whose Name?

BUSINESS INTERESTS

Do you or your spouse have any interest in any business? Yes ☐ No ☐ If yes, please explain:

MONTHLY INCOME

Monthly Income:	You	Spouse	Joint	Survivor benefit? If yes, state amount.
Social Security				
Employment				
Pension from				
IRA, annuity, etc.				
Rent				
Business Interest				
Interest and dividends				
Other				
TOTAL				

LIABILITIES/DEBTS OWED

Examples: Mortgages, notes to banks, notes to others, and loans on insurance.

Description	Balance Due	Monthly Payment	Maturity Date

Are the owners of any policy different from the person whose life is insured?
Yes ☐ No ☐ If yes, please explain:

Do you or your spouse expect an inheritance? Yes ☐ No ☐ If yes, please explain:

LEGAL PAPERS

	Date Made	Location of Original
Last Will and Testament		
Durable Power of Attorney		
Living Will/Health Care Power of Attorney		
Living Trust		

MISCELLANEOUS

Do you have any financial obligations arising from the dissolution of a marriage or support actions? Yes ☐ No ☐ If yes, please explain:

Are you a legally appointed guardian? Yes ☐ No ☐ If yes, please explain:

Have you been appointed under a power of attorney? Yes ☐ No ☐ If yes, please explain:

Do you currently serve as executor or administrator of an estate? Yes ☐ No ☐ If yes, please explain:

Are you currently involved in a lawsuit? Yes ☐ No ☐ If yes, please explain:

Do you have other legal concerns? Yes ☐ No ☐ If yes, please explain:

Have you ever filed a gift tax return or given gifts greater than $10,000 Yes ☐ No ☐
If yes, please explain:

Please bring the following documents (if you have them) with you to your meeting with the attorney or send them to us ahead of time, if you are meeting by telephone or Zoom:

1. Will, codicil, trust agreements
2. Real estate deeds, appraisals
3. Long Term Care policies
3. Gift tax returns
4. Life insurance and annuity policies
5. Living wills, health care declaration or power of attorney, durable powers of attorney
6. If not otherwise set forth in this questionnaire, a list of full names, addresses, and telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors.

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