



BRATTON
ESTATE & ELDER CARE ATTORNEYS

Elder Law Financial Summary – Single

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

Client's Full 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: _____

Primary Contact: _____ Relation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-mail Address: _____

It is okay to communication with me via my e-mail address.I

Divorced

Widow/Widower

Single

Children and Other Family Members

Name	Birth date
_____	_____
Comments: _____	
_____	_____
Comments: _____	
_____	_____
Comments: _____	
_____	_____
Comments: _____	
_____	_____
Comments: _____	

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

Real Estate (residence) [attach copy of deed]

Address of Residence: _____

Fair Market Value: _____ Mortgage Balance: _____

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

Address of All Other Real Estate and Time Shares: _____

Fair Market Value: _____ Mortgage Balance: _____

Address: _____

Fair Market Value: _____ Mortgage Balance: _____

Address: _____

Fair Market Value: _____ Mortgage Balance: _____

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

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

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

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

Inheritance, etc. **Value**

Automobiles **Value**

Jewelry and Collection **Value**

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

Value

IRA [attach copies of statements]

Value

Life Insurance [attach copies of all policies]

Value

Annuities [attach copies of all policies]

Value

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

Value

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 these 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	