

KELLER LAW GROUP, P.L.L.C.
EUGENE E. KELLER II
Attorney at Law

CONFIDENTIAL SPECIAL NEEDS PLANNING QUESTIONNAIRE

BACKGROUND INFORMATION

Personal Data for Person with Special Needs

Name to be on Document
(Like a typical, legal signature) _____

Full name plus all "aka" names
(Birth, Marriage, Social Security, and other names) _____

Nickname _____ US Citizen Yes No

Birth date _____ SSN _____ Veteran Yes No

Home Address _____

Telephone No(s) _____ County of Residence _____

Employer _____ Job Position _____

Is this person married? _____ Date of marriage _____

Name of Spouse _____ Place of marriage _____

Contact Information for Person(s) Assisting Person with Special Needs

Name of First Contact Person _____

Relationship to Person with Special Needs _____

Birth Date _____ SSN _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Name of Second Contact Person _____

Relationship to Person with Special Needs _____

Birth Date _____ SSN _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

If married to First Contact Person, date of marriage _____

Do you expect this person to remain in the state where he/she is currently living for the rest of his/her life?

Yes No

If not, please explain _____

Other than shown on the prior page, does this person have any living parent, grandparent, sibling or child?

Yes No

If so, please identify all such persons:

Name: _____ Relationship: _____

Address: _____ SSN _____

Name: _____ Relationship: _____

Address: _____ SSN _____

Name: _____ Relationship: _____

Address: _____ SSN _____

Name: _____ Relationship: _____

Address: _____ SSN _____

Name: _____ Relationship: _____

Address: _____ SSN _____

Name: _____ Relationship: _____

Address: _____ SSN _____

Has a legal guardian or conservator of this person been appointed by the court? ___ Yes ___ No

If so, **Name:** _____

Telephone No. _____

Address: _____

PLANNING GOALS AND OBJECTIVES

Please identify the reasons you are planning for this person with special needs (select as many as apply)

To protect this person with special needs....

___ From predators who can access inheritance amounts and target young or vulnerable beneficiaries

___ From claims of a divorced spouse to the beneficiary's inheritance

___ From creditor claims (such as car accident plaintiffs)

___ From financial immaturity potentially resulting in quick loss of the inheritance

___ From sharing assets with heirs you would rather disinherit

___ From neglect in the government care system

___ From inadvertently receiving an inheritance that disqualifies the person from governmental assistance

___ From government seizure while retaining eligibility for needed services

___ By providing guidelines for how this person should be supported while assets are in trust

___ By providing instructions, people and assets to support this person above a poverty-level lifestyle

___ Other: _____

___ Other: _____

___ Other: _____

MEDICAL DATA

Formal, medical name for disabling condition(s): _____

Please describe and explain the disabling condition(s) in non-medical terms, including what this person is able to do and unable to do. _____

Please list/describe any specific activities this person enjoys that enhance his/her quality of life or that help improve his/her condition. _____

Can this person work? Yes No

Please explain. _____

Can this person drive? Yes No

If not, what are his/her transportation needs? _____

Can this person live independently? Yes No

If not, please describe the arrangement where he/she is currently living, as well as, the projected duration of this arrangement. _____

Name, address and office phone of the special needs person's primary care physician: _____

Name, address and office phone of the person providing critical care for the special needs person in addition to the primary care physician: _____

GOVERNMENTAL ASSISTANCE

From what government programs is this person currently receiving assistance? (For example, Medicare, Arizona Health Care Cost Containment System (AHCCCS), Medicaid, Social Security, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), rental assistance/HUD, food stamps, etc.) Please be careful to distinguish between Arizona Health Care Cost Containment System (AHCCCS) and SSI, which are means-tested programs, and Medicare and SSDI, which are federal entitlement programs.

Did this person receive any public aid or assistance before turning 18? ___ Yes ___ No
If so, what kind of assistance? _____

Local Office/Contact Name and Case Number: _____

If this person is not receiving Arizona Health Care Cost Containment System (AHCCCS), how are his/her medical expenses being met? _____

APPOINTMENTS – PEOPLE TO ASSIST

One of the most important aspects of any special needs plan is the appointment of people to assist the person with special needs, his/her family, and you. These helpers are called by different names depending on the type of plan you elect to implement. The initial Trustee of a Special Needs Trust may not always be able to serve the full term of the trust; so a successor must be named to ensure that (1) wishes regarding the beneficiary's care are followed, (2) trust distributions do not unintentionally render the beneficiary ineligible for benefits, (3) care providers are supervised adequately, and (4) the assets in the Special Needs Trust are managed carefully and with integrity.

Name(s) of Initial Trustee(s): _____

Who will manage the Trust as Successor Trustee if the initial trustee(s) is(are) unable to do so?

	Name, address and various telephones
First Successor	
Second Successor	
Third Successor	

In order to more fully evaluate and discuss your estate planning needs and options, information on your financial profile is needed. Attached is an Asset Information Sheet which should be completed as completely as possible and returned with this questionnaire prior to your initial conference.

BENEFICIARY ASSET INFORMATION

CASH ACCOUNTS

Checking Accounts:

<u>Name of Institution</u>	<u>Account #</u>	<u>Owners</u>	<u>Balance</u>
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1.

2.

3.

4.

5.

Savings Accounts:

<u>Name of Institution</u>	<u>Account #</u>	<u>Owners</u>	<u>Balance</u>
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1.

2.

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4.

5.

Money Market Accounts:

<u>Name of Institution</u>	<u>Account #</u>	<u>Owners</u>	<u>Balance</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

Certificates of Deposits:

<u>Name of Institution</u>	<u>Account #</u>	<u>Owners</u>	<u>Balance</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

INVESTMENT SECURITIES

Brokerage Accounts:

<u>Name of Brokerage</u>	<u>Account #</u>	<u>Owners</u>	<u>Balance</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

Stocks:

<u>Name of Stock</u>	<u># of Shares</u>	<u>Owners</u>	<u>Value</u>
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1.

2.

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Mutual Funds:

<u>Name of Fund</u>	<u># of Shares</u>	<u>Owners</u>	<u>Value</u>
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1.

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Bonds (Corporate and Municipal):

<u>Name of Bond</u>	<u>Owners</u>	<u>Value</u>
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1.

2.

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4.

U.S. Savings Bonds:

<u>Type of Bond</u>	<u>Issue Date</u>	<u>Serial #</u>	<u>Owners</u>	<u>Face Value</u>
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- 1.
- 2.
- 3.
- 4.

Bearer Bonds:

<u>Type of Bond</u>	<u>Location</u>	<u>Owners</u>	<u>Face Value</u>
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- 1.
- 2.
- 3.

PARTNERSHIP INTERESTS

General and Limited Partnerships:

<u>Partnership Name</u>	<u>General Partner</u>	<u>Your interest</u>	<u>Owner</u>	<u>Value</u>
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- 1.
- 2.
- 3.

BUSINESS INTERESTS

Corporations:

<u>Company Name and State</u>	<u># of Shares</u>	<u>% ownership</u>	<u>Owners</u>	<u>Value</u>
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- 1.
- 2.
- 3.

Limited Liability Companies:

<u>Name of Company</u>	<u>Membership Interest %</u>	<u>Owners</u>	<u>Value</u>
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- 1.
- 2.
- 3.

Sole Proprietorships:

<u>Name of Business</u>	<u>Description of Business</u>	<u>Owners</u>	<u>Value</u>
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- 1.
- 2.
- 3.

REAL PROPERTY INTERESTS

List all property that you own, that is not owned by any of the business entities set forth above. Please provide a copy of the Deed if possible.

<u>Address and General Description</u>	<u>How Titled/Owners</u>	<u>Loans</u>	<u>Value</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

Time Shares:

<u>Property Description</u>	<u>Development Owners</u>	<u>Owners</u>	<u>Value</u>
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- 1.
- 2.
- 3.

Misc. Property Interests (Oil and Gas Interests, Mortgages and Deeds of Trust, Leases, Etc.):

- 1.
- 2.
- 3.
- 4.

LIFE INSURANCE

1. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

2. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

3. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

4. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

5. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

RETIREMENT PLANS

IRAs (Traditional and Roth):

<u>Company Name</u>	<u>Owners</u>	<u>Death Beneficiary</u>	<u>Value</u>
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1.

2.

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4.

5.

401 K Plans:

<u>Company Name</u>	<u>Owners</u>	<u>Death Beneficiary</u>	<u>Value</u>
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1.

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Pension Plans:

<u>Company Name</u>	<u>Type</u>	<u>Owners</u>	<u>Death Beneficiary</u>	<u>%Vested</u>	<u>Value</u>
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1.

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Annuities:

<u>Company</u>	<u>Owner/Annuity</u>	<u>Type</u>	<u>Annuity Amount</u>	<u>Beneficiary</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

MISCELLANEOUS ASSETS

Personal Property, Burial Plots, Intellectual Property Interest, Lawsuit Judgments, Automobiles, Boats, Country Club Membership Interests, Farm and Ranch Interests and any other Assets of Value.

<u>Description of Asset</u>	<u>Owner(s)</u>	<u>Fair Market Value</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

SAFETY DEPOSIT BOX

<u>Bank Location</u>	<u>Owner</u>	<u>Contents</u>	<u>Approx. Value</u>
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DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the remaining funds? Please provide specific legal names and answer the questions below.

	To the beneficiary's descendants; but if there are no descendants, then to the beneficiary's siblings or their descendants.
	To the beneficiary's siblings or their descendants, then to remote contingent beneficiaries.
	To the following named individuals: _____ _____
	To charity(s) _____

SPECIAL INSTRUCTIONS

- Are any of these people under age 18? ___ Yes ___ No
- Are all of these people in good health? ___ Yes ___ No
- Are any of these people blind or disabled? ___ Yes ___ No
- Are any of these people receiving SSI or other forms of government benefits? ___ Yes ___ No
- Do any of these people have problems with alcoholism or drug addiction? ___ Yes ___ No
- Do any of these people have trouble managing their money? ___ Yes ___ No

FUNERAL/CEMETARY

Does the person with special needs own a cemetery lot, or has this person prepaid any funeral or burial expense? ___ Yes ___ No

Please explain. _____

**Please sign and date before returning to Keller, Keller & Newman, P.L.L.C.
Thank you!**

I/We have provided the information requested in this Questionnaire to Eugene E. Keller II, Attorney, with the understanding that he will use it in designing, implementing and funding my/our special needs plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct Attorney Keller to rely upon it in the performance of his services. I/We will not hold Attorney Keller liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify Attorney Keller of that fact.

Signature (First Contact)

Date _____

Signature (Second Contact)

Date _____

**Please, fax, e-mail or mail your completed questionnaire back to our office so that we
Receive it at least two (2) days prior to your scheduled conference.**

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