DATE ________________________

PLANNING QUESTIONNAIRE

This questionnaire will be a starting point for our interview, where we will discuss any additional necessary information.

SECTION I. PERSONAL INFORMATION

1.	*Name of Client:*		*Citizenship:*	
	Date of Birth:		*Marital Status:*	
	Home			
	Address:		*County:*	
	City, State, Zip:			
	Telephone No.		*Email:*	
	Currently Residing at (other than home):			
	Address:			
	City, State, Zip:			
	Telephone No.:		*County:*	

2.	*Name of Spouse / Significant Other (circle one):*			
	Date of Birth:		*Marital Status:*	
	Address:		*County:*	
	City, State, Zip:			
	Telephone No.		*Email:*	

3.	*Name of Friend / Other Relative / Contact Person who meeting with and/or brought in client (circle one):*			
	Date of Birth:		*Marital Status:*	
	Address:			
	City, State, Zip:			
	Telephone No.:		*County:*	
	Email:			

CHILDREN (Living and Deceased)

	1	*2*	*3*	*4*
Name:				
Address:				
City:				
State, Zip:				
Telephone:				
Date of Birth:				
Marital Status:				
Email:				

SECTION II. FINANCIAL INFORMATION

ASSETS *(include real property, vehicles, cash on hand, bank and brokerage accounts, certificates of deposit, savings bonds, retirement accounts, deferred compensation, etc.) (If more space required, please use the back of this form.)*

	Description	*Owner* *(self, husband, wife, joint, trust)*	*Value* *$*
1.	Real Property		
2.	Real Property		
3.	Vehicle		
4.	Vehicle		
5.	Cash on Hand		
6.	Checking Account		
7.	Checking Account		
8.	Savings Account		
9.	Savings Account		
10.	Certificate of Deposit		
11.	Certificate of Deposit		
12.	Savings Bonds (combined total)		
13.	Brokerage / Investment Account		
14.	Brokerage / Investment Account		
15.	IRA Account		
16.	IRA Account		
17.	Deferred Compensation		
18.	Other		
19.	Other		
20.	Other		

ANNUITIES AND LIFE INSURANCE POLICIES

	Description *(Company and Life Ins or Annuity)*	*Owner* *(self, husband, wife, joint, trust)*	*Face Value* *$*	*Cash Value* *$*
1.				
2.				
3.				
4.				
5.				
6.				

LIABILITIES

	Description	*Owner* *(self, husband, wife, joint, trust)*	*Value* *$*
1.	Mortgage		
2.	Mortgage		
3.	Home Equity Loan		
4.	Home Equity Loan		
5.	Loan on Vehicle		
6.	Loan on Vehicle		
7.	Other		

INCOME

	Description	*Owner* *(self, husband, wife, joint, trust)*	***Gross** Monthly Income* *$*
1.	Social Security		
2.	Social Security		
3.	Pension		
4.	Pension		
5.	Annuity		
6.	Annuity		
7.	Employment		
8.	Employment		
9.	Other		

***GIFTING** (list any gifts of $1,000 or more that was made by self, husband and/or wife, or by the trust within the last five years).*

	Date	*Recipient*	*Reason*	*Amount $*	*Gift Tax Return Filed?*
1.					
2.					
3.					
4.					
5.					
6.					

SECTION III. OTHER INFORMATION

1. Do you have irrevocable pre-paid funeral contracts? ☐ Yes ☐ No
2. Are you a wartime veteran or surviving spouse of a wartime veteran? ☐ WWII ☐ Korea ☐ Vietnam ☐ Gulf
3. If receiving skilled nursing care, is Medicare paying? ☐ Yes ☐ No

   If yes, When does the 100 days expire? ____________________

   Is there private medical insurance coverage such as Medigold, AARP, etc? ☐ Yes ☐ No

   ☐ Yes ☐ No
4. Do you have long-term care insurance? If yes, how many years of coverage? ___________
5. If married, provide past dates of entering and leaving a hospital and nursing home, and the name of each institution

____

____

____

6. If not currently institutionalized, when is that expected to occur?
7. Is it likely that the patient will return home? ☐ Yes ☐ No
8. Is a family member living in the patient's home? ☐ Yes ☐ No

   If so, name and relationship of that person: ____________________
9. What are the expectations of selling the home? ____________________

____

10. Has a Medicaid Application ever been filed? ☐ Yes ☐ No

    If so, when? ____________________

WHAT YOU NEED TO BRING TO THE INITIAL MEETING

☐ This Planning Questionnaire - completed

☐ Estate Planning Documents (such as trust agreement, will, and durable financial power of attorney)

☐ Real property (deed, tax bill, and mortgage statement)

☐ Annuity and life insurance policies

☐ Current bank and brokerage account statements

☐ Federal tax returns for the last two years

DIRECTIONS TO LAW OFFICE OF RICHARD TAPS

713 S. FRONT STREET
COLUMBUS, OHIO 43206
(614) 443-8000

FROM THE NORTH SIDE

Take 71 South and exit at Greenlawn Ave., which is south of the downtown area. Turn left onto Greenlawn Ave. Take Greenlawn Ave. to Front St. Turn left onto Front St. (There is a traffic light at this intersection.) Travel north on Front St. Our office is located at 713 S. Front St., which is on the left-hand side of the street. Turn into the driveway and park in the rear of the building. The main entrance is located on the north side of the building.

FROM THE NORTHEAST SIDE

Take 670 West to 71 South. Exit at Greenlawn Ave., which is south of the downtown area. Turn left onto Greenlawn Ave. Take Greenlawn Ave. to Front St. Turn left onto Front St. (There is a traffic light at this intersection.) Travel north on Front St. Our office is located at 713 S. Front St., which is on the left-hand side of the street. Turn into the driveway and park in the rear of the building. The main entrance is located on the north side of the building.

FROM THE EAST SIDE

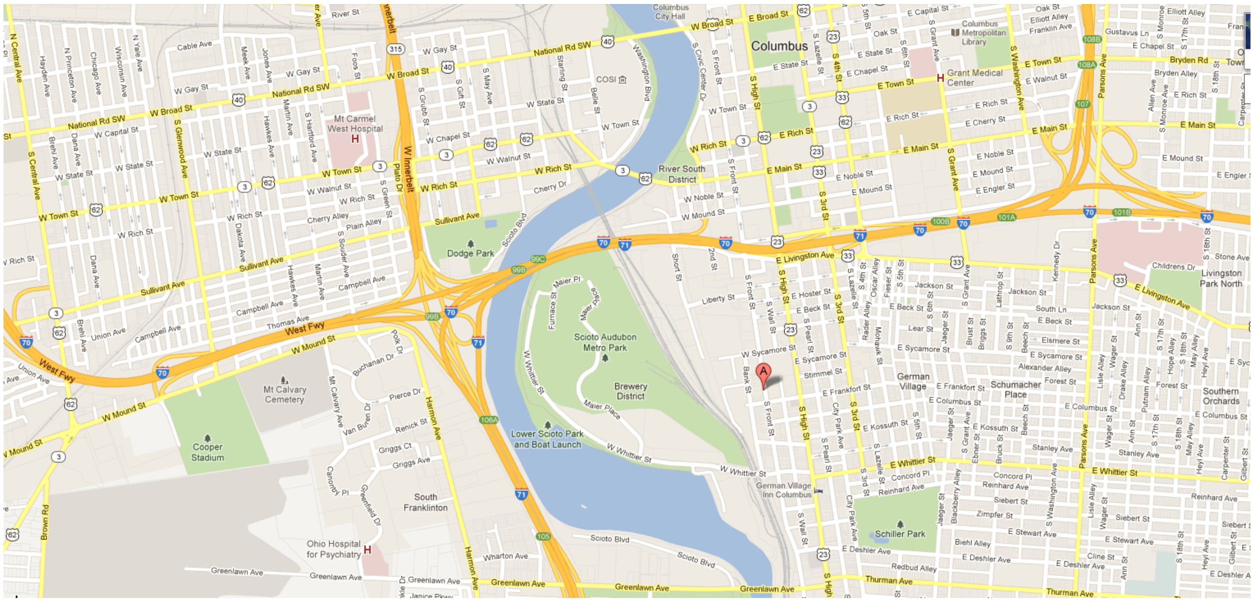
Take 70 West to the Downtown/Fourth St. exit. The exit ramp will turn into Fulton St. Go to the third light and turn left onto S. High St. Travel S. High St. until you come up to Sycamore. (There is a traffic light at this intersection.) Make a right onto Sycamore until you come to Front St. At this traffic light/intersection, make a left-hand turn. Our office is located at 713 S. Front St., which is on the right-hand side of the street. Turn into the driveway and park in the rear of the building. The main entrance is located on the north side of the building.

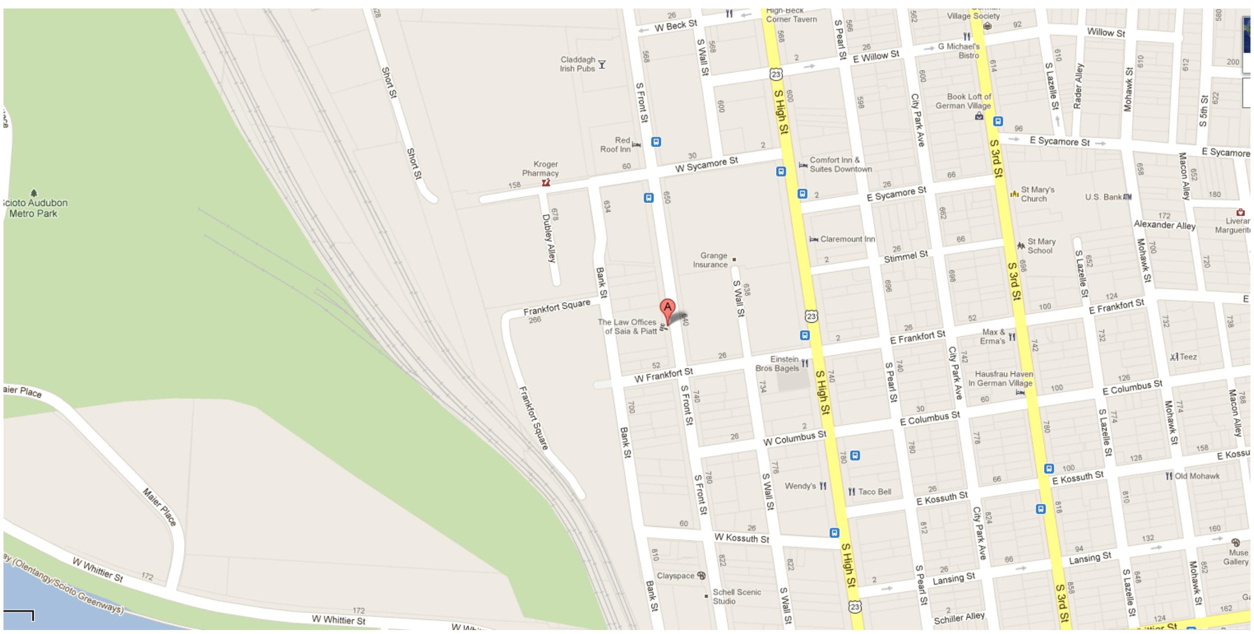
FROM THE SOUTH SIDE

Take 71 North to the Greenlawn Ave. exit. Turn right onto Greenlawn Ave. Take Greenlawn Ave. to Front St. Turn left onto Front St. (There is a traffic light at this intersection.) Travel north on Front St. Our office is located at 713 S. Front St., which is on the left-hand side of the street. Turn into the driveway and park in the rear of the building. The main entrance is located on the north side of the building.

FROM THE WEST SIDE

Take 70 East to the Front St./High St. exit. At the top of the ramp, move to your right and make a right-hand turn onto S. Front St. (the first street). Travel south on Front St. Our office is located at 713 S. Front St., which is on the right-hand side of the street. Turn into the driveway and park in the rear of the building. The main entrance is located on the north side of the building.


Columbus
Grant Medical Center
Mt Carmel West Hospital
Dodge Park
Scioto Audubon Metro Park
Brewery District
German Village
Schumacher Place
Mt Calvary Cemetery
Cooper Stadium
South Franklinton
Lower Scioto Park and Boat Launch
Ohio Hospital for Psychiatry
Schiller Park
Southern Orchards
Livingston Park North
River South District
West Fwy
W Broad St
E Main St
E Livingston Ave
E Whittier St
Greenlawn Ave
Thurman Ave
S High St
S 3rd St
Parsons Ave


Scioto Audubon Metro Park
Claddagh Irish Pubs
Kroger Pharmacy
Red Roof Inn
Comfort Inn & Suites Downtown
Book Loft of German Village
St Mary's Church
St Mary School
Claremount Inn
Grange Insurance
The Law Offices of Saia & Piatt
Einstein Bros Bagels
Max & Erma's
Hausfrau Haven in German Village
Wendy's
Taco Bell
Old Mohawk
Clayspace
Schell Scenic Studio
S High St
S 3rd St
S Front St
Short St
Frankfort Square
W Sycamore St
E Sycamore St
W Frankfort St
E Frankfort St
W Columbus St
E Columbus St
W Kossuth St
E Kossuth St
W Whittier St
Maier Place