



211 East 2nd Street Hallettsville, TX 77964
Tel: 361-798-9420 Fax: 361-798-9470
Carol@Rennerlaw.org

DISABLED INDIVIDUAL'S INFORMATION

Name: _____ D.O.B _____ SSN _____
Address: _____

What are your goals for our meeting?

Disabled Individual's Current & Prior Marriages

Current Spouse's Name: _____
SSN: _____ D.O.B _____
Previous Spouse: _____
How marriage ended: _____ When: _____

Children:

Step-Children

Veteran? _____ Was Spouse a veteran? _____ Served in wartime? _____
Children killed in action? _____ Application for VA filed? _____

Primary Employer: _____

Place of Birth: _____

Diagnosis: _____

Does disabled individual have a Medicare Supplemental Policy? YES/ NO

Has the disabled individual made any gifts of Cash or assets, (ex: car, land, stocks, etc) in the
LAST 5 YEARS? YES/ NO

If "YES" when & how much? _____

Has the disabled individual made any transfers into a TRUST in the LAST 5 YEARS? YES/ NO

If "YES" when & how much? _____

PLEASE BRING COPIES OF THE FOLLOWING TO OUR CONFERENCE:

Does the disabled individual have a "POWER OF ATTORNEY"? YES/ NO

Name of Agent under POA: _____

Does the disabled individual have a "LIVING" OR REVOCABLE TRUST? YES/ NO

Does the disabled individual have a WILL? YES/ NO

Does the Disabled individual have LONG TERM CARE INSURANCE? YES/ NO

Benefit amount \$ _____

A copy of the MOST RECENT INCOME TAX

MONTHLY INCOME (for both spouses, if married)

	HIS	HER
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Military Retirement	\$ _____	\$ _____
Teacher Retirement	\$ _____	\$ _____
Other Pensions	\$ _____	\$ _____
Annuity Payments	\$ _____	\$ _____
Note or Rental Pymt	\$ _____	\$ _____
Oil & Gas Royalties	\$ _____	\$ _____
Leases	\$ _____	\$ _____
Other income (Inc'd investments) if any	\$ _____	\$ _____

Resources & the Value of the Resource

Includes resources in the trust. Also include assets belonging to both spouses. Community and separate property characterization is not a consideration:

Bank Accounts (checking, savings, money market, CD's):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Stocks, bonds, annuities, IRA, 401K

_____	\$ _____
_____	\$ _____
_____	\$ _____

Life Insurance policy cash surrender value (not face value)

_____	\$ _____
_____	\$ _____

Preneed Burial Plan

_____	\$ _____
-------	----------

Funeral Home:

Irrevocable? YES/ NO

Automobiles, trucks, work/ farm equipment, boats

_____	\$ _____
_____	\$ _____

Houses and / or Land

_____	\$ _____
_____	\$ _____

Oil, gas or mineral rights

Note	\$ _____
------	----------

Life Estate	\$ _____
Trust (bring document)	\$ _____
Livestock	\$ _____
Art objects	\$ _____

Shared ownership with anyone (give description & value)

Any other assts of significant value (give description & value)
