

## Guardianship Questionnaire

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ \_\_\_\_\_

Marital Status : \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated  
\_\_\_\_ Divorced \_\_\_\_ Committed Relationship/Partner

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Served in the US Armed Forces: Yes \_\_\_\_ No \_\_\_\_ Branch: \_\_\_\_\_

Medical Information:

Diagnoses: \_\_\_\_\_

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Prognosis: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Describe the medical/functional limitations of this person: \_\_\_\_\_

\_\_\_\_\_

Cognition: \_\_\_\_\_

This individual is:

\_\_\_\_\_ unable to manage his financial/social affairs

\_\_\_\_\_ unable to care for his physical/bodily requirements

**The Elder Law Office of Olimpi & Kramer, LLC**

396 4<sup>th</sup> Street, Beaver, PA 15009  
Phone (724) 888-2830 Fax (724) 888-2855

8135 Perry Highway, Pittsburgh, PA 15237  
Phone (412) 364-8600 Fax (412) 364-2000

## Guardianship Questionnaire

Spouse, Children, Parents, and Siblings... None

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Name & Relationship	Address	City	State	Zip Code
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Health Insurance: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

### **Monthly Income**

Social Security Benefits            \$ \_\_\_\_\_

Retirement Benefits                \$ \_\_\_\_\_

VA Disability Benefit                \$ \_\_\_\_\_

Annuity Income                        \$ \_\_\_\_\_

Rental Income                         \$ \_\_\_\_\_

Other Income                         \$ \_\_\_\_\_

**Total**                                 \$ \_\_\_\_\_

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## Guardianship Questionnaire

### ASSETS/LIABILITIES

Please insert the approximate value of each asset/liability in the appropriate space. Please also notice the next page requesting additional details for your real estate, retirement accounts and life insurance.

ASSETS	Spouse1/ Partner1	Spouse2/ Partner2	JOINT	LIABILITIES
RESIDENCE (Current Assessed Value)				
OTHER REAL ESTATE (current value)				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
MUTUAL FUNDS				
STOCKS				
BONDS				
RETIREMENT ACCOUNTS (See details in Section J below)				
CASH VALUE – LIFE INSURANCE				
ANNUITIES				
CLOSELY HELD BUSINESS				
NURSING HOME DEPOSIT				
PERSONAL HOUSEHOLD GOODS				
AUTO MOBILES				
BOATS, CANOES, & TRAILERS				
ANY OTHER ASSETS, OR ASSETS IN A SAFE DEPOSIT BOX				
<b>TOTALS</b>				

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