

VA Claim Questionnaire—Married Veteran

Duckett Law LLC
Elder Law & Estate Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

VA CLAIM QUESTIONNAIRE—MARRIED VETERAN

Please complete as much information as possible.

PERSONAL INFORMATION

Full name of Veteran: _____

Full name of spouse: _____

Veteran's current address: _____

Date of birth: Veteran: ___/___/_____ Spouse: ___/___/_____

Date of death: Veteran ___/___/_____ Spouse: ___/___/_____

Date of marriage: ___/___/_____ Place married: _____

Is spouse a Veteran? yes no

Any prior claims filed? yes no

Please describe any pending claims: _____

Any prior marriages? yes no

Date of marriage: ___/___/_____ to ___/___/_____ Veteran Spouse

Place married: _____ Place marriage ended: _____

Date of marriage: ___/___/_____ to ___/___/_____ Veteran Spouse

Place married: _____ Place marriage ended: _____

SERVICE INFORMATION

Branch of service: _____ Type of discharge: _____

Did the Veteran serve under any other names? yes no If yes, please provide the names:

DISABILITY INFORMATION

Check all that apply.

- | <u>Veteran</u> | <u>Spouse</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Over 65 |
| <input type="checkbox"/> | <input type="checkbox"/> | Blind |
| <input type="checkbox"/> | <input type="checkbox"/> | Declared incompetent |
| <input type="checkbox"/> | <input type="checkbox"/> | Macular degeneration—Extent: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Under 65, determined disabled by Social Security Administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnosed with dementia—Stage: Early Mid Late |
| <input type="checkbox"/> | <input type="checkbox"/> | Housebound (unable to leave without assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Need daily assistance from another to perform basic activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving Medicaid—Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Applied for Medicaid—Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | In a nursing home—Name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | In an assisted living facility—Name: _____ |

Please list the names and addresses of all physicians providing care to the Veteran or spouse:

Name: _____ Address: _____

Name: _____ Address: _____

INCOME AND NET WORTH INFORMATION

Accounts and Other Assets

	<u>Veteran</u>	<u>Spouse</u>	(If jointly owned, list in one)
Checking accounts	\$ _____	\$ _____	<input type="checkbox"/> Jointly owned
Savings accounts	\$ _____	\$ _____	<input type="checkbox"/> Jointly owned
CDs	\$ _____	\$ _____	<input type="checkbox"/> Jointly owned
IRAs or other retirement (not pension payments)	\$ _____	\$ _____	
Stocks and bonds	\$ _____	\$ _____	<input type="checkbox"/> Jointly owned
Mutual Funds	\$ _____	\$ _____	<input type="checkbox"/> Jointly owned

Life Insurance (cash value) \$ _____ \$ _____ Jointly owned

Real property (not home) \$ _____ \$ _____ Jointly owned

Other property \$ _____ \$ _____ Jointly owned

Type: _____

Other property \$ _____ \$ _____ Jointly owned

Type: _____

Does the Veteran own a home? yes no

Income

Please list regular sources of monthly income and specify *gross* amounts:

	<u>Veteran</u>	<u>Spouse</u>
Social Security:	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Please list any regular sources of monthly income expected to begin within the next 12 months and specify *gross* amounts (not listed above):

	<u>Veteran</u>	<u>Spouse</u>
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Are there any one-time or non-monthly sources of income that the Veteran or spouse expects to receive in the next 12 months? This would include inheritance, personal injury settlement, or income from a business. yes no

If so, please explain:

Please list monthly out-of-pocket medical expenses for both the Veteran and the spouse. Medical expenses include prescriptions, home health aides, assisted-living expenses, long term care premiums, doctor co-pays, etc.:

<u>Expense</u>	<u>Amount paid monthly</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Thank you!