

# VA Claim Questionnaire—Unmarried Veteran

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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—UNMARRIED VETERAN

Please complete as much information as possible.

## PERSONAL INFORMATION

Full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

Any prior claims filed?  yes  no

Please describe any pending claims: \_\_\_\_\_  
\_\_\_\_\_

Any prior marriages?  yes  no

Date of marriage: \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

Place married: \_\_\_\_\_ Place marriage ended: \_\_\_\_\_

Date of marriage: \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

Place married: \_\_\_\_\_ Place marriage ended: \_\_\_\_\_

## SERVICE INFORMATION

Branch of service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Did you serve under any other names?  yes  no If yes, please provide the names:  
\_\_\_\_\_

## DISABILITY INFORMATION

Check all that apply.

- Over 65
- Blind
- Declared incompetent
- Macular degeneration—Extent: \_\_\_\_\_
- Under 65, determined disabled by Social Security Administration

- Diagnosed with dementia—Stage:    Early    Mid    Late
- Housebound (unable to leave without assistance)
- Need daily assistance from another to perform basic activities
- Receiving Medicaid—Type: \_\_\_\_\_
- Applied for Medicaid—Type: \_\_\_\_\_
- In a nursing home—Name: \_\_\_\_\_
- In an assisted living facility—Name: \_\_\_\_\_

Please list the names and addresses of all physicians providing care to you:

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

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

**INCOME AND NET WORTH INFORMATION**

Accounts and Other Assets

Checking accounts            \$ \_\_\_\_\_  
 Savings accounts            \$ \_\_\_\_\_  
 CDs                            \$ \_\_\_\_\_  
 IRAs or other retirement    \$ \_\_\_\_\_  
 (not pension payments)  
 Stocks and bonds            \$ \_\_\_\_\_  
 Mutual Funds                \$ \_\_\_\_\_  
 Life Insurance (cash value) \$ \_\_\_\_\_  
 Real property (not home)    \$ \_\_\_\_\_  
 Other property                \$ \_\_\_\_\_  
                                   Type: \_\_\_\_\_  
 Other property                \$ \_\_\_\_\_  
                                   Type: \_\_\_\_\_

Do you own a home?  yes  no

Income

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

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):

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Are there any one-time or non-monthly sources of income that you expect 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:

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Please list monthly out-of-pocket medical expenses. 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!