



MCGRATH
LAW OFFICE
— P.C.

ATTORNEYS
MARK MCGRATH
PAT MCGRATH
ASSOCIATE ATTORNEY
GRANT SCHRICKER
OF COUNSEL
LES VICARY
RETIRED
THOMAS E. DAVIES

NURSING HOME PLANNING ORGANIZER

Appointment scheduled for: _____ at _____

(Date)

(Time)

We ask that you complete this Organizer as fully as possible in advance of your appointment. The information you'll provide on this organizer is needed for our attorneys to fully and adequately advise you regarding your nursing home planning. If you have questions on filling out this organizer, please contact our office. Our staff would be happy to answer your questions. Skip or write "NONE" after any questions that do not apply to you. Thank you for taking the time to complete this organizer and for allowing McGrath Law Office, P.C. the opportunity to serve your legal needs.

If you have existing Wills, Powers of Attorney, or an existing Trust, please bring those original documents to your first meeting so that you can review those documents with your attorney.

PLEASE REPLY TO:

☐ MACKINAW OFFICE • 113 S. MAIN ST., P.O. Box 139 MACKINAW, IL 61755 • PHONE: 309-359-3461
☐ MORTON OFFICE • 1600 S. FOURTH AVE., SUITE 137 MORTON, IL 61550 • PHONE: 309-266-6211
EMAIL: EMAIL@MCGRATHPC.COM • WEB: WWW.MCGRATHPC.COM

BACKGROUND INFORMATION – CLIENT 1

CLIENT 1: _____ SOCIAL SECURITY NO. _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

FAMILY INFORMATION – CLIENT 1

1. Parents Names: (CIRCLE)
- a) Mother: _____ Alive or Deceased?
- b) Father: _____ Alive or Deceased?
2. Siblings:
- a) _____ Alive or Deceased?
- b) _____ Alive or Deceased?
- c) _____ Alive or Deceased?
- d) _____ Alive or Deceased?
- e) _____ Alive or Deceased?
3. Prior Marriages:
- a) _____ Death or Divorce?
- b) _____ Death or Divorce?
- c) _____ Death or Divorce?

BACKGROUND INFORMATION – CLIENT 2

CLIENT 2: _____ SOCIAL SECURITY NO. _____

☐ Check here if Client 2's address is the same as Client 1, and skip address section below

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

FAMILY INFORMATION – CLIENT 2

1. Parents Names: (CIRCLE)
 - a) Mother: _____ Alive or Deceased?
 - b) Father: _____ Alive or Deceased?
2. Siblings:
 - a) _____ Alive or Deceased?
 - b) _____ Alive or Deceased?
 - c) _____ Alive or Deceased?
 - d) _____ Alive or Deceased?
 - e) _____ Alive or Deceased?
3. Prior Marriages:
 - a) _____ Death or Divorce?
 - b) _____ Death or Divorce?
 - c) _____ Death or Divorce?

4. Children:

Name	Age	Born or Adopted	Parents	Alive or Deceased

5. Who referred you to this office? _____

ASSETS

1. Real Estate

Location	Description	Estimated Value	How Titled?

2. Bank Accounts

Type of Account	Name of Bank	Balance	How Titled?

3. Life Insurance

Name of Company	Policy #	Death Benefit	Type of Insurance	Owner	Beneficiary

4. Personal property that has a significant value or you wish to specifically give to someone:

Description	Estimated Value	Where kept?	How can it be identified?

5. Investment accounts, stocks, mutual funds, bonds, IRAs, 401ks, or the like

Financial Institution	Type of Account	Value	Owner

6. Miscellaneous: Contract for Deed, Inheritance, Trust? YES OR NO?

If yes, describe specifics and bring copies of relevant documents to appointment:

INCOME

1. Government benefits – SSI, SSDI, Social Security

Source	Amount	Account #	Frequency	Who “owns”

2. Retirement benefits (Pension payments, IRA payments, etc.)

Source	Amount	Account #	Frequency	Who “owns”

3. Employment income

Source	Amount	Account #	Frequency	Who “owns”

4. Investment income (dividends, interest, annuity payments)

Source	Amount	Account #	Frequency	Who “owns”

5. Other sources of income (trust payments, rental income, etc.)

Source	Amount	Account #	Frequency	Who "owns"

LIABILITIES

1. Debts:

Creditor	Type of Debt	Secured?	Balance Due

2. Contingent debts? (Have you co-signed a loan for a child or someone else?) Y/N If yes, describe:

ASSET TRANSFERS

1. Have you given more than \$500 in any single transaction to any family member, friend or loved one as a gift in the past 5 years? If yes, describe: _____

2. Have you paid a significant debt for another person within the past 5 years? If yes, describe: _____

