



**FERNANDEZ**  
ELDER LAW LLC

13205 Manchester Road, Suite 210  
St. Louis, MO 63131

314.328.0700 | phone  
314.727.6804 | fax

[www.fernandezelderlaw.com](http://www.fernandezelderlaw.com)

Date: \_\_\_\_\_

**SPECIAL NEEDS TRUST QUESTIONNAIRE**  
**CONFIDENTIAL INFORMATION**

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**Instructions | Please print clearly**

Please complete this form to the best of your ability so that we may provide the most informative consultation. This information is confidential.

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If someone other than the person seeking services is completing this form, please provide:

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

Relationship to the person seeking services: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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**SPECIAL NEEDS TRUST QUESTIONNAIRE**  
**CONFIDENTIAL INFORMATION**

**INFORMATION  
ABOUT THE  
PERSON  
SEEKING  
SERVICES**

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FAMILY  
INFORMATION**

**FAMILY**

**Parents**  
If deceased, only  
name and date of  
death are needed

Mother's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_



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**FAMILY INFORMATION**

**Parents**

If deceased, only name and date of death are needed

Father's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

**Children**

If deceased, only name and date of death are needed

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_



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**Children**  
If deceased, only  
name and date of  
death are needed

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_



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**REAL ESTATE**

Home Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Other Real Estate Property Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

**VEHICLES**

Make/Year: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Make/Year: \_\_\_\_\_

Name(s) on title: \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

**ACCOUNTS &  
INVESTMENTS**

**Savings  
Account(s)**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Average Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Average Balance: \$ \_\_\_\_\_



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**ACCOUNTS &  
INVESTMENTS**

**Checking  
Account(s)**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Average Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Average Balance: \$ \_\_\_\_\_

**Bank Certificate  
of Deposit**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

**Mutual Funds**

Name of Fund: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_



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**ACCOUNTS &  
INVESTMENTS**

**Stocks & Bonds**

Name of Brokerage Co.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name of Brokerage Co.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name of Brokerage Co.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**IRAs, Keoughs,  
401(k) Plans,  
Annuities, etc.**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

**PREPAID  
FUNERAL**

Plot Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Headstone Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**OTHER  
ASSETS**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Is the person the beneficiary of any Trust? Yes  No

If yes, please attach a photocopy of a signed version if available or provide any details you can regarding the terms and conditions, identity of the current trustee, amount of principal, etc. \_\_\_\_\_



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**INSURANCE**

**Life**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Whole  Term

Policy Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_

**Supplemental**  
Include  
Long-Term  
Care Policies

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Duration: \_\_\_\_\_

**Health**

Check all that apply:  Medicare Medicare #: \_\_\_\_\_

Medicaid DCN # \_\_\_\_\_

Medicare Supplemental Insurance

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Monthly premium: \$ \_\_\_\_\_

How is the premium paid? \_\_\_\_\_

Other Insurance

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Monthly premium: \$ \_\_\_\_\_

How is the premium paid? \_\_\_\_\_





**INCOME/  
PUBLIC BENEFITS**

Employment: \_\_\_\_\_ \$ \_\_\_\_\_/month

Social Security Retirement: \_\_\_\_\_ \$ \_\_\_\_\_/month

Social Security Disability: \_\_\_\_\_ \$ \_\_\_\_\_/month

Supplemental Security Income: \_\_\_\_\_ \$ \_\_\_\_\_/month

Veteran's Benefits: \_\_\_\_\_ \$ \_\_\_\_\_/month

Private Pension: \_\_\_\_\_ \$ \_\_\_\_\_/month

Annuity: \_\_\_\_\_ \$ \_\_\_\_\_/month

Medicaid: \_\_\_\_\_ \$ \_\_\_\_\_/month

Food Stamps: \_\_\_\_\_ \$ \_\_\_\_\_/month

Subsidized Housing: \_\_\_\_\_ \$ \_\_\_\_\_/month

Other Income:: \_\_\_\_\_ \$ \_\_\_\_\_/month

Is the person eligible for Medicare? Yes  No  If yes, when? \_\_\_\_\_

Is the person and/or any other household family member applied for government assistance/benefits? Yes  No

If yes, please name the family member, the type of assistance, and date of application (i.e., Medicaid, Veterans' Benefits, SSI, SSDI, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is it likely the person will require any public benefits assistance in the future? Yes  No



**MONTHLY  
EXPENSES**

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Rent: _____	\$ _____ /month
Mortgage: _____	\$ _____ /month
Real estate taxes: _____	\$ _____ /month
Homeowners/renters insurance: _____	\$ _____ /month
Utilities (water, sewer, gas, telephone, and trash): _____	\$ _____ /month
Other household expenses: _____	\$ _____ /month
_____	\$ _____ /month
Debts (other than housing or vehicles): _____	\$ _____ /month
_____	\$ _____ /month
_____	\$ _____ /month
Nursing home fees: _____	\$ _____ /month
Medical insurance: _____	\$ _____ /month
Prescription medications: _____	\$ _____ /month
Other medical expenses: _____	\$ _____ /month
Other miscellaneous expenses: _____	\$ _____ /month
_____	\$ _____ /month



**DOCUMENT  
INFORMATION**

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The following questions concern information needed to prepare documents. The person may have already made choices regarding the information requested. Please indicate if the person is undecided and we will discuss this at our consultation.

If a Trust is prepared, who shall serve as the Trustee?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Name of person to receive remaining assets from the person's trust at death? \_\_\_\_\_

Relationship to the person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Amount/Percentage: \_\_\_\_\_

Name of person to receive remaining assets from the person's trust at death? \_\_\_\_\_

Relationship to the person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Amount/Percentage: \_\_\_\_\_



**DOCUMENT  
INFORMATION**

Does the person currently have a Power of Attorney for finances? Yes  No

If so, who is the Attorney-in-Fact? \_\_\_\_\_

If a Power of Attorney is needed, name of proposed Attorney-in-Fact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Successor Attorney-in-Fact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ATTACHMENTS**

Please provide the copies of the following documents, if applicable:

1. Guardianship Order and/or Documents
2. Divorce Decrees, Prenuptial Agreements, Adoption Papers
3. Retirement Plans, including any forms designating beneficiaries
4. Health Insurance Policy and Summary of Benefits
5. Copy of Medicaid Card or other Public Assistance Identification Card(s)