

# THOMPSON, THOMPSON & GLANVILLE, PLC

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## LONG-TERM-CARE INTERVIEW FORM

Name and phone number of person filling out questionnaire:

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

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

Approximately, what is the date this questionnaire is being completed? \_\_\_\_\_

Do you prefer to have documents sent to you via: Email First Class Mail Both (*circle one*)  
What is the email address you would prefer us to use: \_\_\_\_\_

\* \* \* \* \*

What is the marital status of the person who is the subject of this questionnaire?  
\_\_\_\_\_ Never married \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If this questionnaire is being completed by or for a person who is not currently married (including someone who is widowed), please disregard questions about "your spouse."

Please provide as much of the requested information as reasonably possible. Please attach copies of documents that relate to the information requested. Please include additional pages as necessary to provide complete responses.

Please provide the following information about you and your spouse:

	You	Your spouse
Name		
Street address		
City, state, zip		
County		
Birth date		
Social Security number		
Date of marriage		

Are you or your spouse a veteran or the dependent or parent of a veteran? (*Circle one*)  
Yes No

Please indicate which, if any, of the following estate planning documents you have already executed. *(Circle all that apply)* Please attach copies.

- Will
- Revocable trust
- Durable power of attorney for finances
- Durable power of attorney for health care (patient advocate designation)
- Other \_\_\_\_\_

With respect to yourself, please respond to the following questions, and provide as much additional information as necessary to describe your current living situation.

Where do you live now? *(Circle one)*

- in an apartment
- in a nursing home
- in a private residence (a house)
- in an adult foster care home or assisted living facility

Whom do you live with? *(Circle one)*

- alone
- spouse
- other: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Which of the following housing or care costs are you currently paying, and what is the approximate monthly expense?

- Mortgage \$ \_\_\_\_\_
- Rent \$ \_\_\_\_\_
- In-home care \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Taxes \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

With respect to your spouse, please respond to the following questions, and provide as much additional information as necessary to describe his or her current living situation.

My spouse lives with me (see above).

We currently pay for caretakers to come into the home to assist with caring for my spouse. Monthly cost: \$ \_\_\_\_\_

I or other members of our family are providing care to my spouse in our home at no charge.

My spouse lives in an adult foster care home or assisted living facility.

Monthly cost: \$ \_\_\_\_\_

My spouse lives in a nursing home. Monthly cost: \$ \_\_\_\_\_

If you or your spouse is currently in a nursing home, please answer the following questions with respect to whichever of you is the nursing home resident.

What is the name and address of the nursing home?

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Did the nursing home resident enter the nursing home directly from the community or following a stay in the hospital? (*Circle one*)

directly from the community

following a hospital stay

If the nursing home resident entered the nursing home directly from the community, what was the date the nursing home resident was admitted to the nursing home?

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

If the nursing home resident entered the nursing home following a stay in the hospital, what was the nursing home resident's date of admission to the hospital (preceding the nursing home resident's release to the nursing home)? Date: \_\_\_\_\_

Has any of the nursing home resident's nursing home stay been covered by Medicare? (*Circle one*) Yes No

If Medicare coverage was originally provided but has since ended, on what date did it end? Date: \_\_\_\_\_

If Medicare coverage is continuing at this time, has the nursing home resident been given a date when Medicare coverage is expected to end? (*Circle one*)

Yes

No

If yes, what is the date? \_\_\_\_\_

Please describe your current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced your ability to perform activities of daily living.

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Please describe your spouse's current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced your spouse's ability to perform activities of daily living.

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Please identify your children (attach additional pages as needed):

Name	
Address	
Phone	
Email	

Name	
Address	
Phone	
Email	

Name	
Address	
Phone	
Email	

Name	
Address	
Phone	
Email	

Are any of your children deceased? (*Circle one*)      Yes              No

If yes, please identify which children are deceased and if the deceased children left any living descendants:

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Are any of your family members blind or disabled? (*Circle one*)      Yes              No

If yes, please identify which family members are blind or disabled:

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Were all of your children born to or adopted by the same two parents? (*Circle one*)

Yes                      No

If not, please describe the relationships.

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Please indicate which of the following sources of income apply and the approximate monthly amounts:

	Approximate monthly amount	
	You	Your spouse
Employment	\$	\$
Social Security	\$	\$
Pension	\$	\$
Other	\$	\$

Please indicate which of the following forms of health insurance coverage are available to you or your spouse:

Medicare coverage (*Circle all that apply*):

you                      your spouse

Medicare Part D coverage (*Circle all that apply*):

you                      your spouse

Private health insurance coverage (*Circle all that apply*):

you                      your spouse

Name of private health insurance company: \_\_\_\_\_

Approximate cost per month of private health insurance coverage: \$\_\_\_\_\_

Long-term care insurance coverage (*Circle all that apply*):

you                      your spouse

Approximate monthly costs for uncovered pharmaceutical expenses:

You: \$\_\_\_\_\_ Your spouse: \$\_\_\_\_\_

Approximate monthly uncovered medical expenses (other than pharmaceuticals):

You: \$\_\_\_\_\_ Your spouse: \$\_\_\_\_\_

**Real Estate in Which You Own an Interest (attach extra pages as needed)**

Parcel 1

Address \_\_\_\_\_

What type of property is this? (*Circle one*)  
home      farm      rental      vacation      other \_\_\_\_\_

Do you now live or have you ever lived on this property? (*Circle one*)  
Yes      No

How is the property titled? (*Attach copy of deed*) \_\_\_\_\_

What is the state equalized value (assessed value)? (*Attach copy of property tax statement*) \$ \_\_\_\_\_

What do you believe to be the current value of this property? \$ \_\_\_\_\_

When did you purchase this property, and what did you pay for it?

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Parcel 2

Address \_\_\_\_\_

What type of property is this? (*Circle one*)  
home      farm      rental      vacation      other \_\_\_\_\_

Do you now live or have you ever lived on this property? (*Circle one*)  
Yes      No

How is the property titled? (*Attach copy of deed*) \_\_\_\_\_

What is the state equalized value (assessed value)? (*Attach copy of property tax statement*) \$ \_\_\_\_\_

What do you believe to be the current value of this property? \$ \_\_\_\_\_

When did you purchase this property, and what did you pay for it?

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Parcel 3

Address \_\_\_\_\_

What type of property is this? (*Circle one*)

home farm rental vacation other \_\_\_\_\_

Do you now live or have you ever lived on this property? (*Circle one*)

Yes No

How is the property titled? (*Attach copy of deed*) \_\_\_\_\_

What is the state equalized value (assessed value)? (*Attach copy of property tax statement*) \$ \_\_\_\_\_

What do you believe to be the current value of this property? \$ \_\_\_\_\_

When did you purchase this property, and what did you pay for it?

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

**Bank Accounts**  
**(attach current statements)**

Name of bank or credit union	Names of account owners	Type of account (check, savings, CD, etc.)	Approximate current balance

**Stocks, Bonds, and Investments**  
**(attach current statements)**

Name of stock, bond, or brokerage firm	Names of account owners	Approximate current value

**Retirement Accounts**  
**(attach current statements)**

Type of account (IRA, 401(k), etc.)	Name of owner	Institution where account is held	Approximate current balance

**Life Insurance**  
**(attach current statements)**

Name of company	Policy number	Name of owner	Name of insured	Face value	Current cash surrender value

**Annuities**  
**(attach current statements)**

Name of company	Date purchased	Name of owner	Current cash surrender value	In pay status? <i>(Circle one)</i>	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

**Cars, Boats, and Other Titled Vehicles or Equipment**  
**(attach copies of titles)**

Type of vehicle (year and make)	Names of owners	Mileage	Amount Owed	Approximate current value



**Other Assets**

(Identify all other assets not previously identified in this questionnaire. Attach copies of relevant documents)

Type of asset	Names of owners	Approximate current value
Promissory note		
Land contract (seller's interest)		
Collection (art, coins, etc.)		
Funeral arrangements (contracts/services)		
Burial space/plot		

**Existing Debt**  
**(attach current statements)**

Type of debt	Name of creditor	Name of debtor	Approximate current balance
Credit card #1			
Credit card #2			
Credit card #3			
Mortgage			
Car loan			
Land contract (buyer's interest)			
Promissory note			

**Transferred Assets**

During the past five years, have you transferred any asset to someone other than your spouse for less than the fair market value? If so, please complete the following grid.

Asset transferred	Names of persons receiving asset	Date of transfer	Approximate value at time of transfer

During the past five years, have you added the name of someone other than your spouse as an owner to any asset? If so, please complete the following grid.

Asset	Names of persons added as owners	Date of change	Approximate value at time of change

During the past five years, have you transferred any asset into a trust or trust-like arrangement? If so, please complete the following grid.

Asset	Name of trust (attach copy)	Date of transfer	Approximate value at time of transfer