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**Supplemental Questionnaire
For Special Needs Trust**

I. Date of Appointment: _____

II. Information About Client

Full legal name: _____

Address: _____

City: _____ State/Zip: _____ Email Address: _____

Home Telephone: _____ Cellphone: _____

III. Information about Person with Disability

Full legal name: _____

Assumed or other names: _____

Address: _____

City: _____ State/Zip: _____ County: _____

Home Telephone: _____ Cellphone: _____

Social Security Number _____ Birthdate: _____

U.S. citizen? [] Yes [] No

Veteran? [] Yes [] No

Currently married? [] Yes [] No If yes, name of spouse _____

Children? [] Yes [] No

If yes, name, date of birth and address of each:

<u>Full legal name of child</u>	<u>Living:</u> (Y/N)	<u>Sex:</u> (M/F)	<u>Date of Birth/Death:</u>
1. _____	[]	[]	_____
Address: _____		Phone: _____	
2. _____	[]	[]	_____
Address: _____		Phone: _____	
3. _____	[]	[]	_____
Address: _____		Phone: _____	
4. _____	[]	[]	_____
Address: _____		Phone: _____	

Siblings? [] Yes [] No

<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Phone No.</u>
1. _____	_____	_____

2. _____	_____	_____

3. _____	_____	_____

4. _____	_____	_____

5. _____	_____	_____

IV. Planning Goals and Objectives

Check each that applies:

Are your goals protecting your beneficiary with special needs:

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries?
- From claims of divorced spouses to have half of your beneficiary's inheritance?
- From creditor claims (such as car accident plaintiff's)?
- From financial immaturity resulting in a quick loss of the entire inheritance?
- From sharing assets with heirs you would rather disinherit?
- From neglect in the government care system?
- From losing assets that are protected from government seizure while retaining eligibility for needed services?
- By providing guidelines for how your beneficiary should be supported while his or her assets are in trust?
- By providing instructions, people, and assets to support your beneficiary with special needs above a poverty lifestyle?
- From inadvertently receiving an inheritance that disqualifies the beneficiary from governmental assistance?

V. Medical Data

Disabling Condition: _____

Describe the disability, including what the beneficiary is able to do and unable to do. Explain both the mental and physical condition.

What activities does the beneficiary currently engage in that enhance his/her quality of life, or improves his or her condition?

Can the beneficiary work? Explain.

Can the beneficiary drive? If not, what are his/her transportation needs?

Describe ability to live independently, and current and projected living arrangements.

V. Governmental Assistance

Which of the following benefits, and in what amounts, does the beneficiary receive?

SSI (Supplement Security Income) Yes No \$ _____

SSDI (Social Security Disability) Yes No \$ _____

Medi-Cal Yes No

Medicare Yes No

Housing Assistance Yes No Describe: _____

Other benefits? (e.g., TANF, food stamps, amounts of public benefits received by beneficiary's spouse, in any)

Did the beneficiary receive any public aid or assistance before turning age 18? If so, what kind of assistance did the beneficiary receive?

If you beneficiary is a Regional Center client, please provide contact information for his/her local regional Center office and his/her current case worker:

If not receiving Medi-Cal, how are your beneficiary's medical expenses being met?

VI. Successor Trustees and others

	<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Phone No.</u>
1.	_____	_____	_____

2.	_____	_____	_____

3.	_____	_____	_____

You may authorize your successor trustee to hire an advocate or care manager, someone to recommend distributions for needs not covered or not fully covered by public benefits, including, for instance, supplemental medical and therapeutic care, education, living arrangements, attendant care, transportation, and other support services, as the need arises. A care manager or advisor is typically a licensed clinical social worker or other similarly qualified professional.

You may list any choices you have here:

	<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Phone No.</u>
1.	_____	_____ _____	_____
2.	_____	_____ _____	_____
3.	_____	_____ _____	_____

VII. Final Distribution of Special Needs Trust

If the Special Needs Trust is terminated early so as to not jeopardize the receipt of government benefits by the beneficiary, who should receive the property with precatory directions to use the funds for the benefit of the beneficiary?

Full legal name of person

First Choice _____

Second Choice _____

Third Choice _____

Upon the death of the beneficiary who should receive the remaining trust estate? Equally or by percentage? Who will receive if that person is deceased?

Notes

VIII. Beneficiary's Financial Information

	<u>ESTIMATE OF VALUE</u>	<u>NAME OF INSTITUTION AND ACCOUNT NUMBER</u>
• Cash and Equivalents:		
○ Checking Accounts	\$ _____	_____
○ Savings Accounts	\$ _____	_____
○ Money Markets	\$ _____	_____
○ Certificate of Deposits	\$ _____	_____
○ Others	\$ _____	_____
• Investments:		
○ Stocks	\$ _____	_____
○ Bonds	\$ _____	_____
○ Mutual Funds	\$ _____	_____
○ Partnerships	\$ _____	_____
• Retirement Plans		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
• Life Insurance:		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
• Annuities:	\$ _____	_____
• Real Estate:		<u>LIABILITIES</u>
○ Primary Residence	\$ _____	\$ _____
○ Vacation Residence	\$ _____	\$ _____
○ Rental Property	\$ _____	\$ _____
○ Notes/Trust Deeds	\$ _____	_____
• Other Investments:	\$ _____	
• Personal Assets:		
○ Automobiles		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
○ Furnishings	\$ _____	\$ _____
○ Jewelry	\$ _____	\$ _____
○ Other Personal Assets		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
• Other Liabilities: (credit card, personal loans)		\$ _____

TOTALS \$ _____

NET WORTH \$ _____