



McDONALD LAW FIRM, LLC

Helping Preserve Your Family's Legacy

Guardianship Worksheet

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.

PLEASE READ BEFORE COMPLETING THIS FORM!!

This is a fillable PDF, which means that you can type directly into the form. You may also print the form and complete it by hand. Please follow the instructions below based on how you will complete the form.

IF COMPLETING THE FORM ON A COMPUTER:

NOTE: Please download the form onto your computer prior to completing the form. Once the form is downloaded onto your computer, you may complete the form (to the best of your ability) in one session or you may save the form and complete the form at your convenience. After completing the form, you may print the form as if you are printing any other document from your computer.

IF COMPLETING THE FORM BY HAND:

NOTE: Please download the form onto your computer and print the form. Once the form is printed, please complete the form, to the best of your ability, with either a blue or black ink pen.

MAILING ADDRESS:

10500 Little Patuxent Parkway
Suite 420
Columbia, MD 21044

Fax:

(443) 977-6977

GUARDIANSHIP QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this completed information packet, including copies of any documents referred to in the questionnaire.

I. GENERAL

A. Full Name of Proposed Ward: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Domicile Established: _____

Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

B. Place of Confinement or Hospitalization (if different from address above):

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Confinement or Hospitalization: _____

II. PROPOSED GUARDIAN (S)

A. Full Name of Proposed Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ SS# Last 4 Digits: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

B. Full Name of Proposed Co-Guardian (if applicable) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ SS# Last 4 Digits: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

C. Potential Conflicts of Potential Guardian(s)

- 1. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered?
 Yes No If yes, how much is the compensation? \$ _____
- 2. Does the Proposed Guardian owe any funds to the Proposed Ward?
 Yes No If yes, how much? \$ _____
- 3. Does the Proposed Ward owe any funds to the Proposed Guardian?
 Yes No If yes, how much? \$ _____
- 4. Has the Proposed Guardian encountered any of the following problems?
 - a. Conviction of a crime? (Other than a misdemeanor) Yes No
 - b. Bankruptcy? Yes No
 - c. Revocation of a professional or occupational license? Yes No

III. NAMES, ADDRESSES, AND RELATIONSHIPS OF PERSONS ENTITLED TO NOTICE OF HEARING

A. Proposed Ward: Is it anticipated that the Proposed Ward will remain at the above address for the next six (6) weeks? Yes No
If no, anticipated change in address: _____

B. Proposed Ward's Spouse:

Married Separated Divorced Deceased Not Married

1. Name of Proposed Ward's Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

C. Proposed Ward's Father:

1. Name of Proposed Ward's Father (if living): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

D. Proposed Ward's Mother:

1. Name of Proposed Ward's Mother (if living) _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

E. Proposed Ward's Children:

1. Name of Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

2. Name of Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

3. Name of Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

4. Name of Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

F. Closest Relatives of Proposed Ward (if no Parents, Spouse, or Children):

1. Name of Relative: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

2. Name of Relative: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____ Business Phone No.: _____
Birth Date: _____ Age: _____ SS# Last 4 Digits: _____

G. INDIVIDUAL LIVING WITH PROPOSED WARD:

Full Name of Individual Living With Proposed Ward: _____

H. POTENTIAL WITNESSES (Independent of family members):

1. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

2. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

IV. WHY DOES PROPOSED WARD NEED A GUARDIAN?

A. Name(s) of medical condition(s): _____

B. Examples of mental incapacity: _____

C. If an emergency temporary guardianship is necessary, what immediate harm will be prevented by such guardianship? _____

D. Miscellaneous: _____

V. MEDICAL

A. PHYSICIAN/PSYCHIATRIST:

1. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

2. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

3. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

B. INSURANCE:

1. Medicare: Medicare Part A Medicare Part B Medicare Part D
 Medicare Supplemental Medicare Advantage

2. Private Insurance: (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

3. Private Insurance: (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

4. Long-Term Health Care Insurance (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

Daily Benefits: _____ Elimination Period: _____

VI. SUMMARY OF INCOME AND EXPENSES

**Please list Proposed Ward's estimated income and expenses for this year from the following sources:*

MONTHLY AMOUNTS

Income	Proposed Ward	Ward's Spouse (if any)
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Distribution	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Income	_____	_____

(Please provide copies of recent statements.)

VII. CURRENT ESTATE PLANNING

A. Has the Proposed Ward executed any of the following estate planning documents:

- 1. Will Yes No
- 2. Living Trust Yes No
- 3. Living Will or Health Care Power of Attorney Yes No
- 4. Power of Attorney Yes No
- 5. Other Yes No

B. Please provide copies of any of the above-mentioned documents that exist.

VIII. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Anderson Elder Law may not be appropriate.

Signature of Client or Client Representative

Date

SCHEDULE 1: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way <i>(Sample)</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
Big Bank/Main St. <i>(Sample)</i>	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp. <i>(Sample)</i>	Common <i>(or Preferred)</i>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker <i>(Sample)</i>	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Apple Ins. Co. <i>(Sample)</i>	xxx-xxxx	Client	Son/Daughter	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Jewelry, Furs, etc.:	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which the proposed ward has an interest, or the person who is the source of the inheritance and what the proposed ward may receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If the proposed ward has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.), please provide copies.

I. MISCELLANEOUS

If the proposed ward has any property interests not described above, please explain the nature of the interests and the estimated value of each.

PRIVACY STATEMENT

In the course of providing our clients with income tax, estate tax, gift tax, business planning and financial advice, we receive private, non-public information. We collect this information directly from you and from other service providers, when authorized by you to do so. It is our policy that any information, particularly financial information and sensitive personal information provided by you or your agents to us for purposes of our business relationship, is to be disclosed only under the following conditions:

Our Staff. Employees of our office may need such information to conduct or conclude a transaction for which you have engaged our services. Access to client information is strictly limited to the specific items needed to perform that services you may require.

Outside Service Contractors. In the course of providing services that you request, an outside service might be used to evaluate your financial, insurance, investing, or tax options. We insist that any such information needed by outside firms for business purposes must be considered confidential. We notify those outside sources that this business policy must be honored and such service providers are responsible for honoring Federal Trade Commission regulations.

Others, by Client Request. If you ask us to work with one of your advisors, you must expect us to share pertinent information to complete the tasks you require of us.

Security. We maintain physical, electronic and procedural guidelines and safeguards that comply with federal regulations to guard clients' private, personal information (in fact, ***all*** information you give us is handled in such a manner.)

New provisions from the Federal Trade Commission require us to notify you that this is our policy and that you have the right to keep non-public, personal information private by notifying us that this is your request. Regardless of the FTC requirements and even if you never request us to keep your non-public information private, we will do so, under the conditions listed above. This has always been our policy, not only in respect to Federal Trade Commission requirements, but also to comply with our moral and ethical responsibilities to you. If you have any questions, whatsoever, please do not hesitate to call my office.

Sincerely,

Andre McDonald

Andre O. McDonald, Esq.

ACKNOWLEDGMENT OF PRIVACY STATEMENT

I have read and understand the explanation titled "Privacy Policy" regarding non-public personal information I may supply and the federal trade commission regulations. By signing this acknowledgment, you agree to the terms stated. You may notify us at any time that you do not want us to disclose your personal information to particular financial advisors or helpers, even though you have previously given us permission to do so. If so, please let us know in writing, and we will honor your request.

Client's- Signature
