

Law Office of
Leslie S. Madge, P.C.
457 Great Road
Acton, MA 01720
(978) 635-1100
Fax (978)635-1174

EXON _____

DECISIONS _____

DATE _____

QUESTIONNAIRE

Your name _____ DOB _____

Spouse's name _____ DOB _____

SSN No. (you) _____ SSN No. (spouse) _____

Address _____

City/State/Zip _____

Tel. No. - Home _____ Work (you) _____

Cell Phone _____ Work (spouse) _____

EMAIL Address: _____

Occupation: (H) _____ (W) _____

If retired, former occupation _____

Are you a U.S. Citizen? _____ Is your spouse a U.S. Citizen? _____

Are you a Veteran? (H) _____ (W) _____

How did you learn about the Law Office of Leslie S. Madge, P.C.? _____

Do you have Long Term Care Insurance? _____

Name of Insurance Company _____

Daily Benefit \$ _____ Number of Years _____

Home Health Benefit? \$ _____

Are you able to climb stairs? _____

Is this your first marriage? _____ If not, is there a divorce or separation agreement? _____

Children: please complete the following for each child. If you need more room, please attach another sheet.

Child #1 - Name _____ **Age** _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS: _____

Social Security Number _____

Child #2 - Name _____ **Age** _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS _____

Social Security Number _____

Child #3 - Name _____ **Age** _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS _____

Social Security Number _____

Child #4 - Name _____ Age _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS _____

Social Security Number _____

Child #5 - Name _____ Age _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS _____

Social Security Number _____

Child #6 - Name _____ Age _____

Address: _____

Tel. No. _____ Is child disabled? _____

Spouse's Name _____

Names & Ages of Children _____

EMAIL ADDRESS _____

Social Security Number _____

Do you have any deceased children? If yes, give date of death, name(s), address(es) and ages of the grandchildren and the name of the surviving spouse.. _____

IRAs / 401K / 403B

Owner	Name of Institution	1 st Beneficiary	2 nd Beneficiary	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance

Insured	Name of Company	1 st Beneficiary	2 nd Beneficiary	CSV	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have there been any transfers of money or other assets within the last three years? If so, please provide complete details.

Stocks/Bonds/Mutual Funds/Annuities

How Held	Name of Company	#of shares	Original Cost	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobiles

Owner	Year/Make/Model	Any Loan	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Assets

Owner	Description	Any Loan?	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Income

Please list all sources of income for each of you. Please provide a monthly gross figure, without any deduction for taxes or other withholdings. Please separate your income between you. For joint assets, such as bank accounts, please split the interest income equally between you.

Type	H	W	Total
Wages	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Pension #1	\$ _____	\$ _____	\$ _____
Pension #2	\$ _____	\$ _____	\$ _____
Interest - Dividends	\$ _____	\$ _____	\$ _____

1. Do you have Medicare coverage? (Yes _____) (No _____)
2. If yes, is it through an HMO? (Yes _____) (No _____)
3. Do you have Medigap (Medex) health insurance coverage (Yes _____) (No _____)
4. If yes, who is the provider? _____
5. How much is your premium? _____