

*The Law Office of
Catherine E. Davey, P.A.*

*Estate Planning · Probate
Guardianship · Special Needs Trusts*

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SPECIAL NEEDS TRUST QUESTIONNAIRE

1. NAME OF DISABLED PERSON: _____

PERMANENT RESIDENCE _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

IS DISABLED PERSON ON MEDICAID? (Please circle one) YES NO

IS DISABLED PERSON ON MEDICARE? (Please circle one) YES NO

2. GUARDIAN / PARENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

RELATIONSHIP TO DISABLED PERSON: _____

3. ASSETS OF DISABLED PERSON:

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

PRESENT VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

PRESENT VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

PRESENT VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

PRESENT VALUE: _____

MORTGAGOR 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

PRESENT VALUE: _____

INSURANCE ON DISABLED PERSON'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

PRESENT VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

PRESENT VALUE: _____

6. DEBTS

Please list all debts owed by the **DISABLED PERSON**, including the amount owed. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

7. **OTHER QUESTIONS:**

ARE ANY OF DISABLED PERSON'S CHILDREN DISABLED? YES or NO

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: _____

8. **DOCUMENTS NEEDED BY THIS OFFICE:**

_____ COPIES OF ANY REAL ESTATE DEEDS

_____ COPIES OF ANY VEHICLE TITLES

_____ COPIES OF ANY BILLS

NEEDS OF DISABLED PERSON TO BE ADDRESSED WITH SPECIAL NEEDS TRUST:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Print Name: _____