



Client Information Organizer

Guardianship & Conservatorship

ESTATE PLANNING and ADMINISTRATION

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Thank you for thinking of us as you consider the needs of your loved one.

To help you with our organizer, we have included these brief instructions:

- ◆ Please use the Section Titled “Co-Guardians/Conservators” to provide information for the potential Guardians/Conservators.
- ◆ Please complete the sections titled “Incapacitated/Minor Person” on behalf of the incapacitated person or minor person.
- ◆ If you are unsure how to answer a question or want to discuss your answer in depth with the attorney, please mark the section with a star or a question mark.
- ◆ Please attach additional pages, if necessary.

All the information you provide remains 100% confidential.

CO-GUARDIANS/CONSERVATORS

INFORMATION OF POTENTIAL CO-GUARDIAN/CONSERVATOR

_____/_____
Name Prefer to be called

Address City County State Zip

Birth Date Driver's License Number State of Issue

Primary Contact Number Home Work Cell Secondary Contact Number Home Work Cell

Preferred Method of Communication:

Email Address

Briefly describe your relationship to the incapacitated person:

INFORMATION OF POTENTIAL CO-GUARDIAN/CONSERVATOR

_____/_____
Name Prefer to be called

Address City County State Zip

Birth Date Driver's License Number State of Issue

Primary Contact Number Home Work Cell Secondary Contact Number Home Work Cell

Preferred Method of Communication:

Email Address

Briefly describe your relationship to the incapacitated person:

INCAPACITATED/MINOR PERSON

PERSONAL INFORMATION OF INCAPACITATED PERSON OR MINOR

Name _____ / Prefer to be called _____

Also known as _____

Address _____ City _____ County _____ State _____ Zip _____

Birth Date _____ Gender _____ Social Security Number _____ Marital Status _____

FAMILY INFORMATION OF THE INCAPACITATED PERSON/MINOR: *Living Parents, Children & Siblings*

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

4. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

5. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED.

INCAPACITATED/MINOR PERSON

INFORMATION REGARDING THE NEED FOR A GUARDIANSHIP/CONSERVATORSHIP

Is this an emergency requiring the pursuit of a temporary guardian and conservator? Yes No

If yes, please explain: _____

Does the incapacitated person have a Medical Power of Attorney? Yes No

If yes, who is the agent? _____

Does the incapacitated person have a Financial Power of Attorney? Yes No

If yes, who is the agent? _____

Does the incapacitated person have a last will and testament or a trust? Yes No

If yes, please locate and provide copies.

Is the incapacitated person able to work? Yes No

Please explain: _____

Is the incapacitated person able to drive? Yes No

If no, please explain the person's transportation needs and how those needs are met:

Is the incapacitated person able to live independently? Yes No

If no, please explain the person's living arrangements and the projected duration of this arrangement:

Other than the ways listed above, is the incapacitated person dependent on anyone for support? Yes No

If yes, please explain and name the person who provides the support:

INCAPACITATED/MINOR PERSON

HEALTH INFORMATION OF INCAPACITATED PERSON

Does the incapacitated person reside in a health care facility? Yes No

If yes, what type of facility? _____

Name of Facility

Facility Address

City

County

State

Zip

Date of Admission

Level of Care

Was the incapacitated person transferred to this facility from another? Yes No

If yes, what date was the person admitted into the initial facility? _____

Who is the current physician of the incapacitated person? _____

When did the incapacitated person last see his/her current physician? _____

Please list the formal medical names of the incapacitated person's conditions:

Please describe the incapacitated person's overall physical health:

Please describe the incapacitated person's overall mental health:

If the incapacitated person is not receiving Medicaid, how are his/her healthcare costs being met?

INCAPACITATED/MINOR PERSON

QUALITY OF LIFE INFORMATION OF INCAPACITATED PERSON

Can the incapacitated person work? Yes No

Please explain:

Can the incapacitated person drive? Yes No

If no, please explain his/her transportation needs:

Can the incapacitated person live independently? Yes No

If no, please describe the incapacitated person's living arrangement, include how long this arrangement is expected to last:

Please list or describe any activities this person enjoys that enhances his/her quality of life:

INCAPACITATED/MINOR PERSON

INCOME INFORMATION OF INCAPACITATED PERSON

Does the incapacitated person receive any of the following? Please check and complete all that apply:

_____ Social Security?	If yes, how much: \$ _____	How often: _____
_____ SSI?	If yes, how much: \$ _____	How often: _____
_____ SSDI?	If yes, how much: \$ _____	How often: _____
_____ Veteran's Benefits?	If yes, how much: \$ _____	How often: _____
_____ Gross Employment Earnings?	If yes, how much: \$ _____	How often: _____
_____ Self-Employment Earnings?	If yes, how much: \$ _____	How often: _____
_____ Lease Income?	If yes, how much: \$ _____	How often: _____
_____ Rental Income?	If yes, how much: \$ _____	How often: _____
_____ Mineral/Timber Interests?	If yes, how much: \$ _____	How often: _____
_____ Contract for Deed Payments?	If yes, how much: \$ _____	How often: _____
_____ Income from Life Estate?	If yes, how much: \$ _____	How often: _____
_____ Railroad Retirement?	If yes, how much: \$ _____	How often: _____
_____ Civil Service Annuity?	If yes, how much: \$ _____	How often: _____
_____ Other Pensions?	If yes, how much: \$ _____	How often: _____
_____ Annuities?	If yes, how much: \$ _____	How often: _____
_____ Trust Income?	If yes, how much: \$ _____	How often: _____
_____ Insurance Payments?	If yes, how much: \$ _____	How often: _____
_____ IRA/KEOGH?	If yes, how much: \$ _____	How often: _____
_____ Contributions from Others?	If yes, how much: \$ _____	How often: _____
_____ Alimony Payments?	If yes, how much: \$ _____	How often: _____
_____ Other Income?	If yes, how much: \$ _____	How often: _____
_____ Other Government Programs?*	If yes, how much: \$ _____	How often: _____

*Please itemize each program using the back of this page. (Consider housing and food assistance programs.)

INCAPACITATED/MINOR PERSON

ASSET INFORMATION FOR THE INCAPACITATED PERSON

ACCOUNTS	Number of Accounts (Circle One)				ESTIMATED VALUES
Cash Accounts	NONE	1-4	5-9	10+	\$ _____
Investment Accounts	NONE	1-4	5-9	10+	\$ _____
Stock & Bonds	NONE	1-4	5-9	10+	\$ _____
Retirement Accounts	NONE	1-4	5-9	10+	\$ _____
Life Insurance	NONE	1-4	5-9	10+	\$ _____
Annuities	NONE	1-4	5-9	10+	\$ _____
Promissory Notes	NONE	1-4	5-9	10+	\$ _____

BUSINESS INTERESTS	Number of Businesses (Circle One)				ESTIMATED VALUES
Sole Proprietorships	NONE	1-4	5-9	10+	\$ _____
Partnerships & LLCs	NONE	1-4	5-9	10+	\$ _____
Corporations	NONE	1-4	5-9	10+	\$ _____

REAL PROPERTY	Number of Properties (Circle One)				ESTIMATED VALUES
Personal Residence	NONE	1-4	5-9	10+	\$ _____
Other Montana Properties	NONE	1-4	5-9	10+	\$ _____
Out of State Properties	NONE	1-4	5-9	10+	\$ _____
Mineral Interests	NONE	1-4	5-9	10+	\$ _____
Do you have any water rights?	YES	NO			

OTHER ASSETS	Brief Description	ESTIMATED VALUES
Personal Effects	_____	\$ _____
	_____	\$ _____
Motor Vehicles	_____	\$ _____
	_____	\$ _____
Future Assets	_____	\$ _____
	_____	\$ _____
Other	_____	\$ _____
		\$ _____
	Total Estimated Assets	\$ _____

LIABILITIES	Brief Description	ESTIMATED VALUES
Mortgages	_____	\$ _____
	_____	\$ _____
Loans Payable	_____	\$ _____
	_____	\$ _____
Accounts Payable	_____	\$ _____
	_____	\$ _____
Other Liabilities	_____	\$ _____
		\$ _____
	Total Estimated Liabilities	\$ _____

Estimated Net Estate (Assets minus Liabilities) \$ _____