



# *Family Care Connections, LLC*

## *ELDERCARE PLANNING GUIDE*

*FAMILY HISTORY, ESTATE PLANNING,  
FINANCIAL INFORMATION  
& FUNERAL ARRANGEMENTS*



Contact us at:

901 Stewart Ave, Suite 230, Garden City, NY 11530

224-44 Braddock Ave, Queens Village, NY 11428

[www.FamilyCareConnections.com](http://www.FamilyCareConnections.com)

(516) 248-9323

(718) 470-6300

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**I EMERGENCY INFORMATION**

In case of an emergency the following individuals should be notified:

**PRIMARY CONTACT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**ADDITIONAL CONTACT(S):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**II FAMILY HISTORY**

**NAME:** \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Place of Burial: \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Place of Burial: \_\_\_\_\_

**CHILDREN:**  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Children (Grandchildren):  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Children (Grandchildren):  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SUPPLEMENTAL FAMILY HISTORY**

Additional information for the Family Tree of \_\_\_\_\_

**PARENTS**

Mother Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Father: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Termination of Marriage(s), if any:

\_\_\_\_\_

Subsequent Marriage(s), if any:

\_\_\_\_\_

**SIBLINGS / CHILDREN**

Number of Siblings: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Family Information: \_\_\_\_\_

\_\_\_\_\_

**III ESTATE PLANNING DOCUMENTS \***

I have executed the following:

LAST WILL & TESTAMENT dated \_\_\_\_\_

Executor(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Executor(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

POWER OF ATTORNEY dated \_\_\_\_\_

Agent(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Agent(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

HEALTH CARE PROXY & LIVING WILL dated \_\_\_\_\_

Proxy: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

\* Note: A copy of the legal documents are attached to this Planning Guide

PERSONAL, ESTATE & FINANCIAL INFORMATION GUIDE

LIVING TRUST dated \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

REVOCABLE TRUST dated \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

IRREVOCABLE TRUST dated \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**IV ASSETS**

REAL PROPERTY - RESIDENTIAL

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Additional: \_\_\_\_\_

REAL PROPERTY – COMMERCIAL

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL PROPERTY

(attached list of additional personal property if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCES / INVESTMENTS -

Bank/Brokerage \_\_\_\_\_

Account No. \_\_\_\_\_

Checking Account

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Savings Account

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Additional Account

Financial Institution \_\_\_\_\_

Account No. \_\_\_\_\_

Additional Assets: \_\_\_\_\_

\_\_\_\_\_



**V LIABILITIES**

Mortgage

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Credit Cards

Bank/Account No. \_\_\_\_\_

Bank/Account No. \_\_\_\_\_

Bank/Account No. \_\_\_\_\_

Personal Loans

Bank/Account No. \_\_\_\_\_

Bank/Account No. \_\_\_\_\_

Monthly Household Expenses

Utilities (gas, electric, water) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone/Cable Service \_\_\_\_\_

Additional Liability / Expenses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI INSURANCE**

Health \_\_\_\_\_

Account # \_\_\_\_\_

Life \_\_\_\_\_

Account # \_\_\_\_\_

Beneficiary \_\_\_\_\_

Homeowner's \_\_\_\_\_

Account # \_\_\_\_\_

Automobile \_\_\_\_\_

Account # \_\_\_\_\_

Other Insurance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Insurance Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII IMPORTANT FAMILY DOCUMENTS TO COLLECT**

These may be required to establish rights for insurance, pensions, survivor benefits, ownership, etc.

- Death Certificate(s)
- Last Will & Testament & other Estate Planning Documents
- Military discharge papers
- Legal proof of age or birth certificate
- Baptismal Certificate
- Marriage license
- Social Security Card
- Medicare Card
- Citizenship papers (if not a US Citizen)
- Insurance policies (life, homeowner, annuities, auto, health, etc.)
- Bank books
- Deeds to Property
- Car ownership papers
- Income tax returns, receipts or canceled checks
- Cemetery Purchase Agreement / Cemetery Deed
- Pre-Need Funeral Plan Contract
- Financial Information including: bank books and/or statements, investment statements

Special Instructions -

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**VIII FUNERAL PLANNING & ARRANGEMENTS**

**Note:** It is highly recommended that you establish a Pre-Need Funeral plan with a Licensed Funeral Director.

Funeral Home \_\_\_\_\_

Cemetery \_\_\_\_\_

\_\_\_\_\_ Pre-Planning

\_\_\_\_\_ Burial

\_\_\_\_\_ Cremation

\_\_\_\_\_ Property, Crypt or Niche Owned

If, yes, specify location \_\_\_\_\_

Religious Service Preferred \_\_\_\_\_

Place of Worship \_\_\_\_\_

Details of Service –

Favorite Music or Hymn \_\_\_\_\_

Favorite poem, verse or scripture \_\_\_\_\_

Special Introduction regarding Service \_\_\_\_\_

\_\_\_\_\_

Obituary information -

Accomplishments \_\_\_\_\_

Fondest Memories \_\_\_\_\_

Inspirations \_\_\_\_\_

Favorite Places \_\_\_\_\_

Favorite color, flower, food, etc. \_\_\_\_\_

Remember me for \_\_\_\_\_

Message for my Family \_\_\_\_\_

\_\_\_\_\_

Reception Location \_\_\_\_\_

Additional information or arrangement request

\_\_\_\_\_



## Family Care Connections, LLC

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Dear Reader,

Thank you for taking the time to review the Family Care Connections Eldercare Guide. Please note the information contained in this publication is to be used for information and educational purposes only. This publication is not intended to provide legal, financial or healthcare advice to any one individual. The information should be used as a resource to supplement all professional advice. Do not rely on this publication solely when confronting the issues addressed in the publication. Rather, seek the advice of knowledgeable and reputable professionals who can advise and guide you regarding your particular needs and concerns.

We hope you have found this publication helpful and we invite your feedback. Please contact us with any questions, concerns or to set up an appointment.

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Frank G. D'Angelo, J.D.  
Dir. of Eldercare Consulting, Medicaid  
& Medicare Eligibility Services

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Dr. Ann Marie D'Angelo, PMHCNS-BC  
Dir. of Clinical Services, Advanced Practice Nurse  
Care Management & Geriatric Care Management

*Elder Care Consulting • Medicaid Planning & Applications  
Advanced Practice Nurse Care Management • Senior Living Planning & Counseling*

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# *Family Care Connections, LLC*

## *ABOUT US*

**Family Care Connections, LLC**, founded, owned and operated by Dr. Ann Marie D'Angelo and Frank G. D'Angelo, J.D., provides Senior Living Planning, Eldercare & Medicaid Consulting Services, as well as Comprehensive Health Care Management including PRI/SCREEN, Nursing Home Placement, Advanced Practice Nurse Care Management and Geriatric Care Management, Supportive Counseling and Advocacy. We also provide educational information in the context of seminars and written publications. The firm has offices in Garden City and New York City. In addition, home visits, as well as hospital and nursing home consultations may be arranged by appointment.

**Dr. Ann Marie D'Angelo**, is a Doctor of Nursing Practice and a Board-Certified Clinical Nurse Specialist with expertise in both geriatrics and psychiatric mental health. She received her Doctorate in Nursing Practice from Chatham University (2016), Masters in Psychiatric Mental Health Nursing from Columbia University (1990), Bachelor of Science in Nursing from Adelphi University (1987), and Associate Degree in Nursing from Nassau Community College (1980)

Dr. Ann Marie has been in private practice for over 30 years. She is an adjunct professor at Adelphi University in Garden City, New York. She has lectured and published in the areas of geriatric nursing, nurse care management, psychiatric/mental health and aging at home.

**Frank G. D'Angelo, J.D.**, is a graduate of Brooklyn Law School Juris Doctor (1985), and Brooklyn College CUNY BS in Psychology (1981). For 30 years Frank was a practicing attorney in New York State concentrating in Elderlaw, Trusts and Estates, Estate Planning and Real Estate. Frank is Co-Founder of Family Care Connections, LLC and now serves full time as Director of Medicaid, Medicare & Eldercare Consulting Services. A licensed Real Estate Broker, he also coordinates on issues involving Housing Options for Aging. Frank has lectured and published extensively on the many challenging aspects of eldercare and aging.

Call for our complete list of free information brochures.

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