

# Guardianship Questionnaire

Thomas E. Simmons, Attorney-at-Law  
440 Mount Rushmore Road  
P.O. Box 8045  
Rapid City, SD 57709-8045  
PHONE: (605) 342-1078 EXT. 148  
FAX: (605) 342-9503  
E-MAIL: tom@gpnlaw.com

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Returning this form to our firm does not automatically result in the creation of an attorney-client relationship. Mark a question mark (“?”) as to any question that you are unsure of or have inadequate information to answer at presently. “You” in this form refers to the person completing the form, not the person for whom a guardianship is being sought or considered.

## 1. Information Regarding You.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Telephone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_, 19\_\_\_\_

Your Relationship to the person for whom a guardianship is being considered:

\_\_\_\_\_

Your occupation: \_\_\_\_\_

## 2. Information re: the Person for Whom a Guardianship is Sought.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

List any aliases or former names: \_\_\_\_\_

He/she is a resident of (check one):  South Dakota     Nebraska     Wyoming  
 Other: \_\_\_\_\_

His/her Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_, 19\_\_

Does he/she have a Will?  Yes     No

Does he/she have powers of attorney?  Yes     No

What is his/her marital status?  Unmarried     Married  
 Divorced     Widow(er)

If his/her spouse has predeceased, please provide his/her date of death:

\_\_\_\_\_ and social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If he/she is divorced, date of divorce: \_\_\_\_\_

His/her doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Explain the nature of the person's disability and impairments: \_\_\_\_\_

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

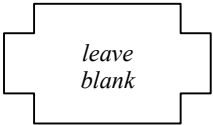
**3. Family Information (of person for whom a guardianship is sought).**

| Name | Address | Age (if under 18) | Relationship (e.g., child, spouse, parent, etc.) | √ if Predeceased |
|------|---------|-------------------|--|------------------|
| 1    |         |                   |  |                  |
| 2    |         |                   |  |                  |

|    |  |  |  |  |
|----|--|--|--|--|
| 3  |  |  |  |  |
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| 9  |  |  |  |  |
| 10 |  |  |  |  |

**4. Assets and Liabilities (of person for whom a guardianship is sought).**

**A. Assets**

| Description of Asset                                     | How Titled   | Current Value            | Location of Property, Account, etc. |
|--|--|--------------------------|-------------------------------------|
| <b>Checking Accounts</b>                                 | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$ _____<br><br>\$ _____ | At (e.g., bank name):               |
| <b>Savings Accounts</b>                                  | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$ _____                 | At:                                 |
| <b>CDs</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____ | \$ _____<br><br>\$ _____ | At:                                 |
| <b>Bonds</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$ _____                 | Series #                            |
| <b>Retirement Accounts</b><br>(IRAs, 401(k)s, etc.)      | Account Owner:<br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br>Beneficiaries: _____<br><br>Account Owner:<br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br>Beneficiaries: _____   | \$ _____<br><br>\$ _____ | Institution:                        |
| <b>Annuities</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><br><br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse   | \$ _____<br><br>\$ _____ | Annuity Company:                    |
| <b>Trusts</b><br>(if he/she is a beneficiary of a trust) |   | \$ _____                 | Name of Trust:                      |

|   |  |                                       |              |
|---|--|---------------------------------------|--------------|
| <b>Expected Inheritances</b><br>(from parents or others)  | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse  | \$                                    | Describe:    |
| <b>Stocks, Mutual Funds or Investment Accounts</b>  | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____ | \$<br><br>\$                          | Institution: |
| <b>Safe Deposit Box</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | Contents:                             |              |
| <b>Home</b><br><br>If he/she does not own a home, does he/she rent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$                                    | Location:    |
| <b>Other Real Property</b><br><i>(including time shares)</i><br><br>Is the property rented or leased?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Entity (e.g., LLC)<br><input type="checkbox"/> Other: _____   | \$                                    | Location:    |
| <b>Buildings or Mineral/Timber Rights</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$<br>Income:<br>\$            / year | Location:    |
| <b>Life Estate</b>  | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$                                    | Location:    |
| <b>Indian Trust Land</b><br><br>Tribe: _____<br>Enrollment #: _____   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse  | Lease Income:<br>\$            / year | Location:    |

|   |  |  |  |
|---|--|--|--|
| <p><b>Personal Property</b></p> <p>Household and Personal Property</p> <p>Business/ranch equipment, machinery, tools, inventory, etc.</p> <p>Livestock</p> <p>Pets</p> <p>Antiques, guns, stamps, gold, coins, works of art, collections, etc.</p> <p>Vehicles, boats, snowmobiles, trailers, RVs, campers, motorcycles, etc.</p> |  | <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>                    | <p>Describe:</p> <p>Describe:</p> <p>Brand:</p> <p>Describe:</p> <p>Describe:</p> <p>Make/Model/Yr.:<br/>_____</p> <p>Make/Model/Yr.:<br/>_____</p> <p>Make/Model/Yr.:<br/>_____</p> |
| <p><b>Contract for Deed</b><br/>(e.g., property His/hers sold on a contract)</p>  | <p><input type="checkbox"/> His/hers   <input type="checkbox"/> Spouse<br/> <input type="checkbox"/> Joint (both spouses)<br/> <input type="checkbox"/> Other: _____</p> | <p>Balance Still Due:</p> <p>\$</p> <p>Payments:</p> <p>\$ /</p> <p>Interest Rate: %</p> | <p>Location of Property Sold:</p> <p>Buyer(s):</p>   |

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>Life Insurance</b>  | Insured:<br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><br>Beneficiary: _____<br><br>Insured:<br><input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><br>Beneficiary: _____ | Face Value:<br>\$ _____<br><br>Face Value:<br>\$ _____   | Company:                       |
| <b>Prepaid Funeral Plan / Insurance</b>  | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse  | \$ _____   | Institution:                   |
| <b>Cemetery Lots</b>   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)   | <div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 60px; height: 60px; margin: auto; display: flex; align-items: center; justify-content: center;"> <i>leave blank</i> </div> </div> | Location:                      |
| <b>Promissory Notes or Loans from him/her</b> (including verbal loans to family members)   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)   | Balance Due:<br>\$ _____<br><br>Payments:<br>\$ _____ / _____<br><br>Interest Rate: ____%  | Describe:<br><br><br>Borrower: |
| <b>Closely-Held Business</b><br>(LLC, Inc., LLP, etc.)   | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse  | \$ _____   | Describe:                      |
| <b>Other Assets</b><br>(e.g., overseas assets, web site domain names, potential lawsuits or claims, receivables, rights to alimony, unsatisfied judgments, etc.) | <input type="checkbox"/> His/hers <input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint (both spouses)<br><input type="checkbox"/> Other: _____  | \$ _____   | Describe:                      |

**B. Liabilities**

| Description of Liability  | Amount Owed/Lender   | Security or Collateral   |
|---|--|--|
| <b>Mortgages</b><br>First Mortgage<br><br>Second Mortgage   | \$<br>Lender:<br><br>\$<br>Lender:   | <i>Personal Residence</i><br><br>“            “                  |
| <b>Vehicle Loans</b><br>First Loan<br><br>Second Loan   | \$<br>Lender:<br><br>\$<br>Lender:   | Make/Model:<br><br>Make/Model:                                   |
| <b>Other Secured Loans</b>  | \$   | Describe:  |
| <b>Student Loans</b>  | \$<br><br>\$   | <i>Unsecured</i><br><br><i>Unsecured</i>                         |
| <b>Credit Cards</b>   | \$<br>Credit Card Co.:<br><br>\$<br>Credit Card Co.:<br><br>\$<br>Credit Card Co.: | <i>Unsecured</i><br><br><i>Unsecured</i><br><br><i>Unsecured</i> |
| <b>Line of Credit</b>   | \$<br>Lender:  | <i>Unsecured</i>   |
| <b>Other Unsecured Loans or Obligations</b><br>(e.g., past medical expenses, utility bills, or other unpaid expenses) | \$<br>Lender/Creditor:<br><br>\$<br>Lender/Creditor:                               | <i>Unsecured</i><br><br><i>Unsecured</i>                         |

|   |                    |                  |
|---|--------------------|------------------|
| <b>Contingent Liabilities</b><br>(e.g., where he/she have co-signed or guaranteed another person's debt)          | \$ _____           | Describe: _____  |
| <b>Amounts due for child support, alimony, etc.</b>   | \$ _____           | <i>Unsecured</i> |
| <b>Lawsuits or Claims</b><br>(i.e., claims or lawsuits against him/her or which could be brought at a later date) | Estimated \$ _____ | <i>Unsecured</i> |

**5. Income Sources (of person for whom a guardianship is sought).**

Social Security: \$ \_\_\_\_\_ / \_\_\_\_\_

Does he/she have a social security "payee?"  Yes  No

If so, the payee's name: \_\_\_\_\_

Veterans' Benefits: \$ \_\_\_\_\_ / \_\_\_\_\_

Wages/Earned Income: \$ \_\_\_\_\_ / \_\_\_\_\_

Interest: \$ \_\_\_\_\_ / \_\_\_\_\_

Dividends: \$ \_\_\_\_\_ / \_\_\_\_\_

Lease Income: \$ \_\_\_\_\_ / \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ / \_\_\_\_\_ Describe: \_\_\_\_\_

**6. Other.**

His/her Accountant: \_\_\_\_\_

His/her Financial Advisor: \_\_\_\_\_

His/her Attorney: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Other Trusted Advisor(s) (e.g., banker, etc.): \_\_\_\_\_

How were you referred to our firm? \_\_\_\_\_

## **7. Documentation Checklist:**

Attach or bring for attorney review:

- Durable Powers of Attorney
- Healthcare Powers of Attorney
- Will, Codicils, Trusts
- Promissory Notes
- Contracts for Deed
- Deeds

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## **8. Certification.**

**BY RETURNING THIS FORM, YOU ACKNOWLEDGE THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE, TO THE BEST OF YOUR KNOWLEDGE.**

**PREPARED BY:** \_\_\_\_\_

**The appropriate legal advice concerning guardianships and conservatorships cannot be given without accurate information. Our firm's ability to advise clients depends on the accuracy and completeness of such information. Consequently, questions must be asked to secure all the relevant personal and financial information, and this form is designed to accomplish that goal. Should additional space be required, please attach additional pages. If you have any questions regarding this form, please do not hesitate to call.**

***~ THIS IS A CONFIDENTIAL DOCUMENT ~***  
**Space for Additional Information/Questions or Attach Additional Sheets**