

## Estate & Financial Planning Questionnaire

Date: \_\_\_\_\_

Person supplying answers to these questions:  Husband  Wife  Other (Relationship: \_\_\_\_\_)

If Other: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone--Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Husband</b>	<b>Wife</b>
<b>Name:</b> (First, Middle & Last)	<b>Name:</b> (First, Middle & Last)
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Social Security No.:</b>	<b>Social Security No.:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>County:</b>	<b>County:</b>
<b>Phone (Day):</b>	<b>Phone (Day):</b>
<b>Phone (Evening):</b>	<b>Phone (Evening):</b>
<b>Phone (Mobile):</b>	<b>Phone (Mobile):</b>
<b>Fax or Email:</b>	<b>Fax or Email:</b>
<b>Mailing address (if different from above):</b>	<b>Mailing address (if different from above):</b>
<b>Living Arrangements:</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent-House/Apt. <input type="checkbox"/> Rent-Assisted Living <input type="checkbox"/> No Rent-Home of _____ <input type="checkbox"/> Nursing Facility: _____ <b>Who else lives there (if not Nursing Home or ALF):</b>	<b>Living Arrangements :</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent-House/Apt. <input type="checkbox"/> Rent-Assisted Living <input type="checkbox"/> No Rent-Home of _____ <input type="checkbox"/> Nursing Facility: _____ <b>Who else lives there (if not Nursing Home or ALF):</b>
<b>Citizenship:</b> <input type="checkbox"/> U.S <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	<b>Citizenship:</b> <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither
<b>Marital History</b> <input type="checkbox"/> Married for ___ years <input type="checkbox"/> No previous marriage <input type="checkbox"/> Previously married -- Name of previous spouse: _____ Previous marriage ended in <input type="checkbox"/> Divorce: Date: _____ County: _____ <input type="checkbox"/> Death Date of Death _____	<b>Marital History</b> <input type="checkbox"/> Married for ___ years <input type="checkbox"/> No previous marriage <input type="checkbox"/> Previously married -- Name of previous spouse: _____ Previous marriage ended in <input type="checkbox"/> Divorce: Date: _____ County: _____ <input type="checkbox"/> Death Date of Death _____

***Nursing Home/Hospital Information Pertaining to Husband (if applicable)***

Please include all nursing homes, hospitals and rehabilitation facilities utilized by the *husband* on or after September 30, 1989:

Date In	Date Out	Name of Facility (& place if not Austin)	NH	Hosp	Rehab

**If either is in a nursing home now--Is Medicare paying for your nursing home stay now?**

Yes  No

***Nursing Home/Hospital Information Pertaining to Wife (if applicable)***

Please include all nursing homes, hospitals and rehabilitation facilities utilized by the *wife* on or after September 30, 1989:

Date In	Date Out	Name of Facility (& place if not Austin)	NH	Hosp	Rehab

***Anticipated Future Need for Long Term Care***

<b>Husband</b>				<b>Wife</b>			
Hospital:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.	Hospital:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.
Nursing Home	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.	Nursing Home:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.
Assisted Living:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.	Assisted Living:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.
Home Care:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.	Home Care:	<input type="checkbox"/> > 6 mos.	<input type="checkbox"/> 1-6 ms.	<input type="checkbox"/> <1 mo.

***Life Expectancy***

<b>Husband</b>	<b>Wife</b>
<input type="checkbox"/> No known limit	<input type="checkbox"/> No known limit
<input type="checkbox"/> Less than 6 months according to physician	<input type="checkbox"/> Less than 6 months according to physician
<input type="checkbox"/> Uncertain whether limited	<input type="checkbox"/> Uncertain whether limited
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

## Your Family

Do you (or either of you) have one or more living children?  Yes  No

Do you have any grandchildren who are children of a deceased child of yours?  Yes  No

List below your children. If a child of yours has died, also list his or her children (your grandchildren):

Full Name	Address	Phones	Disabled? <sup>3</sup>	Age	Whose?
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

### Who now is providing significant assistance for--

<b>Husband-Name(s):</b> _____ <b>Wife-Name(s):</b> _____
<i>Attorney use only:</i> Notes re family and other sources of support, conflict or difficulty _____ _____ _____

<sup>3</sup> A person is “disabled” for this purpose if he or she is unable, due to physical or mental disability, to engage in substantial gainful employment that exists in significant numbers in the national economy. If the person is presently receiving Social Security Disability, Supplemental Security Income (SSI), or Medicaid assistance for long term care, he or she does meet this requirement.

## Your Health

<p><b>Physical/Mental Condition of Husband:</b></p> <p><b>Diagnoses:</b> _____          _____          _____</p> <p><b>Medication(s):</b> _____          _____</p> <p><b>Nursing help you are getting now:</b> _____          _____          _____</p>	<p><b>Physical/Mental Condition of Wife:</b></p> <p><b>Diagnoses:</b> _____          _____          _____</p> <p><b>Medication(s):</b> _____          _____</p> <p><b>Nursing help you are getting now:</b> _____          _____          _____</p>
<p><b>Activities you need help with (check all that apply):</b></p> <p> <input type="checkbox"/> Dressing    <input type="checkbox"/> Bathing    <input type="checkbox"/> Toileting    <input type="checkbox"/> Transferring  <input type="checkbox"/> Walking    <input type="checkbox"/> Eating    <input type="checkbox"/> Medication    <input type="checkbox"/> Continence         </p> <p>_____          _____          _____</p> <p><b>Mental status (check all that apply, even if only from time to time):</b></p> <p>             Recognize friends &amp; family:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Can describe own property:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Can name all family members    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Comments: _____              _____              _____              _____              _____         </p>	<p><b>Activities you need help with (check all that apply):</b></p> <p> <input type="checkbox"/> Dressing    <input type="checkbox"/> Bathing    <input type="checkbox"/> Toileting    <input type="checkbox"/> Transferring  <input type="checkbox"/> Walking    <input type="checkbox"/> Eating    <input type="checkbox"/> Medication    <input type="checkbox"/> Continence         </p> <p>_____          _____          _____</p> <p><b>Mental status (check all that apply, even if only from time to time):</b></p> <p>             Recognize friends &amp; family:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Can describe own property:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Can name all family members    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Sometimes              Comments: _____              _____              _____              _____              _____         </p>

<p><i>Attorney use only:</i></p> <p>             Medicaid "medical necessity"?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to sign POA's?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to sign will?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to make gifts?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain         </p>	<p><i>Attorney use only:</i></p> <p>             Medicaid "medical necessity"?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to sign POA's?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to sign will?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain              Capacity to make gifts?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain         </p>
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### *Your Medical Expenses*

<b>MONTHLY MEDICAL EXPENSE</b>	<b>Husband</b>	<b>Wife</b>
Nursing Home or Assisted Living Facility (if any) cost:		
Medications (out of pocket expense):		
<input type="checkbox"/> Medicare Part A		
<input type="checkbox"/> Medicare Part B		
<input type="checkbox"/> Medicare Part D		
<input type="checkbox"/> Medicare Supplement Insurance (or HMO)		
Company-Husband: _____		
Company-Wife: _____		
<input type="checkbox"/> Other Medical Insurance		
Type: _____		
Company: _____		
<input type="checkbox"/> Long Term Care Insurance:		
Other Medical Expenses:		

### *Your Military Service*

Have you, your spouse, parent(s), or deceased child(ren) ever been in the armed forces?

YES    NO      If yes, please provide the following:

Veteran's Name	Service No./Branch	Dates of Service	Type of Discharge*
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>

\* H=Honorable   G=General   D=Dishonorable

***Information Concerning Your Residence, If Owned By You:***

Deed is in the name of  Husband  Wife  Both Husband & Wife

Other ownership: \_\_\_\_\_

Estimated fair market value (tax appraised value if known): \$ \_\_\_\_\_

Amount owed on the mortgage:  Nothing (paid off)  Presently owe \$ \_\_\_\_\_

Location: \_\_\_\_\_

Who lives there now?  Husband  Wife  Both Husband & Wife  Other: \_\_\_\_\_

Does your unmarried son or daughter live there?  Yes  No

Does your son or daughter who has provided care for you for 2 years live there?  Yes  No

Other information concerning your residence that may be important: \_\_\_\_\_

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

***Information Concerning Your Other Assets***

**Definition of “Snapshot Date” and “Snapshot Value”:** On the first day of the first month when one spouse goes into a “medical institution” and stays at least 30 days, the Medicaid program takes a “snapshot” of all assets of both husband and wife. A “medical institution” is defined as a hospital, nursing home or rehabilitation facility (but not an Assisted Living Facility), and when there is a transfer from one medical institution directly to another, the time spent in both facilities counts toward the 30 days. Therefore, if one spouse went into a hospital on September 30, 1999 then transferred directly to a nursing home on October 10, 1999 and stayed in the nursing home at least through October 30, 1999, the “snapshot date” is September 1, 1999. *If there is not a “snapshot date” for either spouse, disregard the “snapshot date” question below. If both have snapshot dates, fill in the blank for both spouses.*

**\*\*\*\*If uncertain about Snapshot date, we will help determine it at your conference\*\*\*\***

“Snapshot date” for Husband if any: \_\_\_\_\_

“Snapshot date” for Wife if any: \_\_\_\_\_

**Note:** When you place values on the assest below, provide net values (subtract anything you owe on the property). Life insurance is valued at Cash Surrender Value.

<b>Resource Description</b>	<b>Title<sup>1</sup></b>	<b>Snapshot Value</b>	<b>Most Recent Value Amount</b>	<b>Most Recent Value Date</b>
Residence:				
Most Valuable Vehicle <sup>2</sup>				
Vehicle 2:				
Vehicle 3:				
Vehicle 4:				
Gravesite/Marker:				
Prepaid Funeral Contracts:				
Prepaid Funeral Contracts:				
Household Goods:				
Checking Accounts:				
Savings <i>not</i> in IRA's:				
CD's <i>not</i> in IRA's:				
Money Market's <i>not</i> in IRA's:				

<sup>1</sup> Indicate "H" for Husband, "W" for Wife, "HW" for both Husband and Wife. Leave blank if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.

<sup>2</sup> Enter year, make, and model for all vehicles. Including any motorcycles, boats, trailers or RVs.

<b>Resource Description</b>	<b>Title<sup>1</sup></b>	<b>Snapshot Value</b>	<b>Most Recent Value Amount</b>	<b>Most Recent Value Date</b>	
Stocks/Bonds:					
Untaxed Retirement Accounts (401K's,IRA's & "Qualified" Annuities) Company Name:					
Tax-Deferred ("Nonqualified" Annuities) Company Name:					
Safe Deposit Box :					
Bank location:					
Contents:					
Patient Trust Fund:					
Life Insurance: Company name	Insured	Policy Owner	Face Value	Snapshot cash value	Current cash value

<sup>1</sup> Indicate "H" for Husband, "W" for Wife, "HW" for both Husband and Wife. Leave blank if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.



<b>Resource Description</b>	<b>Title1</b>	<b>Snapshot Value</b>	<b>Most Recent Value Amount</b>	<b>Most Recent Value Date</b>
Notes Receivable:				
Real Estate (Other Than Residence)				
<input type="checkbox"/> Tax-Appraised Value if any or <input type="checkbox"/> 40X Avg. Monthly Income				
Gas, Oil, Mineral Rights:				
County:				
Other (Describe):				
<i>Attorney Use only:</i>				
<i>Total countable resources:</i>				

***Your Debts***

<b>Description</b>	<b>Amount</b>
Homestead Debt	
Other Secured Debt	
Unsecured Debt	
Unsecured Debt	
<i>Attorney Use only</i>	
<i>Total debt:</i>	
<i>Net(after debts) countable resources:</i>	

**Do you own one or more credit cards?** Yes No

<sup>1</sup> Indicate "H" for Husband, "W" for Wife, "HW" for both Husband and Wife. Leave blank if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.

## *Your Income*

*Please indicate monthly income:*

<b>FIXED INCOME:</b>	<b>Husband</b>	<b>Wife</b>
Social Sec. Net Monthly Payment:		
Medicare Part B premium:		
Medicare Part D premium:		
SSI:		
VA:		
Railroad Retirement:		
Civil Service Annuity:		
Other Retirement:		
Pension:		
Annuities:		
Other Fixed Income:		
<i>Attorney Use only</i>		
<i>Total fixed</i>		
<b>VARIABLE INCOME:</b>	<b>Husband</b>	<b>Wife</b>
Gross Earned Income:		
Interest:		
Dividends:		
Stocks and Bonds:		
Rent/Note:		
Oil & Gas:		
Farm Income:		
Other:		
<i>Attorney Use only</i>		
<i>Total variable:</i>		
<i>Total income:</i>		
<b>POSSIBLE DEDUCTIONS:</b>		
Tax withheld from pension (monthly)		
Monthly health insurance premium(s)		

***Other Questions Concerning Your Assets***

<b>Husband</b>	<b>Wife</b>
<p> <b>Are you beneficiary of a trust?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Transferred assets to a trust?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Anticipate an inheritance?</b>        <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Received an inheritance?</b>            <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If Yes, be sure anything you still own is listed among your other assets above.)</i>  <b>Transferred cash or anything as a gift, for less than fair market value, in last 5 years?</b>                      Yes <input type="checkbox"/> No <input type="checkbox"/>                      If Yes: Recipient: _____                      Asset description: _____                        Date: _____ Value:\$ _____                      Received in return:  <input type="checkbox"/> Nothing (Gift) <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> Other: _____                        Was the transfer motivated, at least in part, by need for Medicaid eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If No, explain purpose(s) of transfer:                      _____                      _____                 </p>	<p> <b>Are you beneficiary of a trust?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Transferred assets to a trust?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Anticipate an inheritance?</b>        <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Received an inheritance?</b>            <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If Yes, be sure anything you still own is listed among your other assets above.)</i>  <b>Transferred cash or anything as a gift, for less than fair market value, in last 5 years?</b>                      Yes <input type="checkbox"/> No <input type="checkbox"/>                      If Yes: Recipient: _____                      Asset description: _____                        Date: _____ Value:\$ _____                      Received in return:  <input type="checkbox"/> Nothing (Gift) <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> Other: _____                        Was the transfer motivated, at least in part, by need for Medicaid eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If No, explain purpose(s) of transfer:                      _____                      _____                 </p>
<b>Husband</b>	<b>Wife</b>
<p>                     If Yes: Recipient: _____                      Asset description: _____                        Date: _____ Value:\$ _____                      Received in return:  <input type="checkbox"/> Nothing (Gift) <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> Other: _____                        Was the transfer motivated, at least in part, by need for Medicaid eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If No, explain purpose(s) of transfer:                      _____                      _____                 </p>	<p>                     If Yes: Recipient: _____                      Asset description: _____                        Date: _____ Value:\$ _____                      Received in return:  <input type="checkbox"/> Nothing (Gift) <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> Other: _____                        Was the transfer motivated, at least in part, by need for Medicaid eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If No, explain purpose(s) of transfer:                      _____                      _____                 </p>

### *Questions concerning legal documents*

<b>Document</b>	<b>Husband</b>	<i>Attorney use only: Adequate?</i>	<b>Wife</b>	<i>Attorney use only: Adequate?</i>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Durable Power of Attorney (Financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Power of Attorney for Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Directive to Physicians (Living Will)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Court Appointed Guardianship/ Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Court Appointed Guardianship/ Person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Marital Property Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Documents funding Trust (deeds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Living (Revocable) Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

*Attorney use only--* Notes concerning legal documents:


*Attorney Use Only:*

**Goals of client(s):**

- Acquire the best possible long term care, within their financial ability
  - Avoid impoverishment of the spouse at home
  - Avoid having to sell certain assets: \_\_\_\_\_
  - Acquire effective wills and powers of attorney
  - Other: \_\_\_\_\_
- |  |
|--|
|  |
|--|
- |  |
|--|
|  |
|--|

**Checklist for Plan Preparation:**

**How to obtain documents to copy:**

- Client provided all copies needed
- We copied all at first conference
- Return original documents with plan after copying
- Call \_\_\_\_\_ to pick up documents after copying
- Have documents hand delivered to \_\_\_\_\_ after copying

**How to deliver plan:**

- Call \_\_\_\_\_ to pick up at our office
- Have plan hand delivered to \_\_\_\_\_
- Have plan delivered by Fed Ex to \_\_\_\_\_
- Mail plan to the following: \_\_\_\_\_
- Email plan to the following: \_\_\_\_\_

Last Updated Novemeber 2009