

Information Required for Asset Protection Planning

Name of person who referred you _____

Date _____

Your name and relationship to applicant _____

Your address and phone number _____

Name of prospective applicant _____ Age _____

Date of Birth _____ Social Security # _____ Marital status _____

Name of applicant's spouse _____ Age _____ Social Security # _____

U.S. Citizen? _____ Where is the applicant presently living? _____

Address of present location _____

If applicant resides now in a nursing home, provide date of entry _____

Is applicant's spouse living at _____ home? _____ Nursing Home? _____ ALF?

Does applicant have any disabled children? _____

ASSET INFORMATION

(Please indicate whether the applicant or the spouse owns the asset or whether it is held jointly)

Home address if different from above _____

Is your residence a house _____ a mobile home _____ a condominium _____

If a mobile home: own the lot _____ rent the lot _____

Who occupies the home _____ Value _____

Balance of mortgage on home if one exists _____

List any additional real estate, its value and balance of mortgage if applicable and indicate if rented or listed for sale (jointly held or in applicant's name alone) _____

Does he/she own a vehicle _____ Model _____ If more than one, give make, value and age _____

List all life insurance policies and their cash values and face amounts _____

BURIAL ASSETS

Location and description of any cemetery plot(s) _____

Burial contracts or pre-paid funeral agreements- name of owner & name of funeral home or insurance company: _____

Is contract revocable or irrevocable? _____ Contract amount _____

Special burial bank account- name of bank _____

Names on the account _____ Current balance _____

MONEY DUE TO APPLICANT (LOANS, MORTGAGES, PROMISSORY NOTES)

Names on note or mortgage _____ Balance due _____

Can the mortgage be sold? _____ Amount could sell it for _____

ADDITIONAL ASSETS

(Please indicate whether the applicant or the spouse owns the asset or whether it is held jointly)

<u>Asset</u>	<u>Does he/she own.....</u>	<u>Current Value</u>
IRA/401(k)	_____	_____
checking accounts	_____	_____
savings accounts	_____	_____
Brokerage accounts	_____	_____
Certificates of Deposits	_____	_____
Stocks/ Equities	_____	_____
U.S. Savings Bonds	_____	_____
Limited Partnerships	_____	_____
Annuities	_____	_____

INCOME INFORMATION

**(Please indicate whether income is attributable to the community spouse or the institutionalized spouse)
(include in the amount any deductions)**

<u>Income source</u>	<u>Does he/she receive.....</u>	<u>Amount & how often</u>
Social Security	_____	_____
Civil Service	_____	_____
Private Pension	_____	_____
IRA Distribution	_____	_____
Railroad Retirement	_____	_____
Interest (state from where)	_____	_____
Dividends	_____	_____
Alimony	_____	_____
Rental Income	_____	_____
Life insurance proceeds	_____	_____
Wages	_____	_____
Other Income	_____	_____
Aid from Veterans Administration	_____	_____

Has applicant or applicant's spouse ever served in the U.S. military? _____

Have Veteran's benefits been applied for? _____ Approved or Denied? _____

Any **unpaid bills** such as doctor bills, credit card bills or taxes? Total: \$_____

Applicant's **average monthly expenses**: _____ Spouse's **average monthly expenses**: _____

GIFTS TO SOMEONE OTHER THAN SPOUSE WITHIN PAST 5 YEARS

Type of asset _____ Date of gift _____ Amount of gift _____

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Type of asset _____ Date of gift _____ Amount of gift _____

MEDICAL INFORMATION

Applicant's Primary physician _____ telephone _____

Describe level of care required by applicant at the present time _____

Supplemental insurance and premium _____

Is applicant or spouse insured by any **Long Term Policies**: _____ If yes provide the Company Name,
address, benefit description and premium amount _____

PUBLIC BENEFITS

Has applicant filed a Medicaid application, SSI or SSD application or any other application for public benefits?

Yes _____ No _____ If yes, date: _____

Benefits: Approved _____ Denied _____

Government agency _____

Has applicant's spouse filed a Medicaid application, SSI or SSD application or any other application for public
benefits? Yes _____ No _____ If yes, date: _____

Benefits: Approved _____ Denied _____

Government agency _____

Is applicant or spouse covered by Hospice? Yes _____ No _____

If yes, name and phone number of Hospice _____

HEALTH CARE AND FINANCIAL DECISIONS

Applicant's Health Care Surrogate(s)

Name & Relationship to Applicant

Address & Telephone #

1. _____

2. _____

3. _____

4. _____

Applicant's Durable Power of Attorney(s)

Name & Relationship to Applicant

Address & Telephone #

1. _____

2. _____

3. _____

4. _____

ESTATE PLANNING DOCUMENTS

Applicant's beneficiaries under his/her Will and or Trust

Share of the Estate

Personal Representative (Executor) and/or Trustee of Revocable Living Trust _____

Spouse's beneficiaries under his/her Will and or Trust
(If different from above)

Share of the Estate

Personal Representative (Executor) and/or Trustee of Revocable Living Trust _____

