



# ASSET PROTECTION WORKSHEET

---

## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

### Protect Yourself and Your Spouse

- From malpractice or other creditor claims
- From conservatorship proceedings (aka "living probate") if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

### Protect Your Children or other Beneficiaries ....

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

### Achieve your Dreams

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

### ASSET AND INCOME SAVING WORKSHEET

PLEASE PRINT	HUSBAND	WIFE
FULL NAME		
USUAL SIGNING NAME		
ALSO KNOWN AS		Maiden name:
DATE OF BIRTH	[ _____ ] AGE:	[ _____ ] AGE:
U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO    VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO    VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
RACE		
HOME PHONE		
WORK PHONE		
PAGER NUMBER		
FAX NUMBER		
CELL PHONE NUMBER		
EMAIL		
RESIDENCE ADDRESS:		
CITY, STATE, ZIP		
COUNTY		
MAILING ADDRESS		
OCCUPATION		
OHIO RESIDENT SINCE	[ _____ ] Other state(s) lived in: _____	[ _____ ] Other state(s) lived in: _____
ARE YOU PRESENTLY IN A NURSING HOME	<input type="checkbox"/> YES <input type="checkbox"/> NO    ADMIT DATE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO    ADMIT DATE: _____
NAME, ADDRESS, AND PHONE NUMBER OF NURSING HOME		
COUNTY OF NURSING HOME		
DATE OF MARRIAGE		
PREVIOUS MARRIAGE(S)	FORMER SPOUSE'S NAME: _____ MARRIAGE DATE: _____ DATE OF SEPARATION: _____ DATE OF DIVORCE: _____ DATE OF DEATH: _____	FORMER SPOUSE'S NAME: _____ MARRIAGE DATE: _____ DATE OF SEPARATION: _____ DATE OF DIVORCE: _____ DATE OF DEATH: _____

## CHILDREN (If no children list other RELATIVES)

**\*NOTES AND CONCERNS:** Please NOTE if children are married, single, divorced, widow, minor, adult, adopted, stepchild, foster child, from a previous marriage, and/or if the children have any problems such as a disability, mental, physical, HIV/AIDS, drug related, alcohol, criminal, financial, receiving SSI or other government entitlement. If you do not have children, please bring detailed list of relatives (i.e. brother, sister, cousin, niece, nephew, etc.)

**IF MORE THAN SIX (6) CHILDREN/RELATIVES, CONTINUE ON SEPARATE SHEET IN SAME FORMAT**

CHILD 1	<input type="checkbox"/> OF HUSBAND	<input type="checkbox"/> OF WIFE	<input type="checkbox"/> OF BOTH	CHILD 2	<input type="checkbox"/> OF HUSBAND	<input type="checkbox"/> OF WIFE	<input type="checkbox"/> OF BOTH
Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO				Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LEGAL NAME / AKA				LEGAL NAME / AKA			
ADDRESS				ADDRESS			
PHONE #S		HOME: _____ WORK: _____ CELL: _____ FAX: _____		PHONE #S		HOME: _____ WORK: _____ CELL: _____ FAX: _____	
EMAIL				EMAIL			
PERSONAL INFO		SEX: <input type="checkbox"/> M <input type="checkbox"/> F U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____		PERSONAL INFO		SEX: <input type="checkbox"/> M <input type="checkbox"/> F U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____	
DATE OF BIRTH		[ _____ ] AGE: _____		DATE OF BIRTH		[ _____ ] AGE: _____	
SPOUSE NAME		AGE: _____		SPOUSE NAME		AGE: _____	
*NOTES / CONCERNS (USE BACK IF NECESSARY)				*NOTES / CONCERNS (USE BACK IF NECESSARY)			
CHILDREN (FULL NAMES) & AGES, IF ANY				CHILDREN (FULL NAMES) & AGES, IF ANY			
CHILD 3	<input type="checkbox"/> OF HUSBAND	<input type="checkbox"/> OF WIFE	<input type="checkbox"/> OF BOTH	CHILD 4	<input type="checkbox"/> OF HUSBAND	<input type="checkbox"/> OF WIFE	<input type="checkbox"/> OF BOTH
Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO				Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LEGAL NAME / AKA				LEGAL NAME / AKA			
ADDRESS				ADDRESS			
PHONE #S		HOME: _____ WORK: _____ CELL: _____ FAX: _____		PHONE #S		HOME: _____ WORK: _____ CELL: _____ FAX: _____	
EMAIL				EMAIL			
PERSONAL INFO		SEX: <input type="checkbox"/> M <input type="checkbox"/> F U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____		PERSONAL INFO		SEX: <input type="checkbox"/> M <input type="checkbox"/> F U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____	
DATE OF BIRTH		[ _____ ] AGE: _____		DATE OF BIRTH		[ _____ ] AGE: _____	
SPOUSE NAME		AGE: _____		SPOUSE NAME		AGE: _____	
*NOTES / CONCERNS (USE BACK IF NECESSARY)				*NOTES / CONCERNS (USE BACK IF NECESSARY)			
CHILDREN (FULL NAMES) & AGES, IF ANY				CHILDREN (FULL NAMES) & AGES, IF ANY			

## ADDITIONAL CHILDREN (if no children list other RELATIVES)

**IF MORE THAN SIX (6) CHILDREN/RELATIVES, CONTINUE ON SEPARATE SHEET IN SAME FORMAT**

CHILD 5	<input type="checkbox"/> OF HUSBAND <input type="checkbox"/> OF WIFE <input type="checkbox"/> OF BOTH	CHILD 6	<input type="checkbox"/> OF HUSBAND <input type="checkbox"/> OF WIFE <input type="checkbox"/> OF BOTH
Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does this child live at home with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEGAL NAME / AKA		LEGAL NAME / AKA	
ADDRESS		ADDRESS	
PHONE #S	HOME: _____ WORK: _____ CELL: _____ FAX: _____	PHONE #S	HOME: _____ WORK: _____ CELL: _____ FAX: _____
EMAIL		EMAIL	
PERSONAL INFO	SEX: <input type="checkbox"/> M <input type="checkbox"/> F   U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____	PERSONAL INFO	SEX: <input type="checkbox"/> M <input type="checkbox"/> F   U.S. CITIZEN? <input type="checkbox"/> Y <input type="checkbox"/> N SSN: _____ RACE: _____
DATE OF BIRTH	[ _____ ] AGE: _____	DATE OF BIRTH	[ _____ ] AGE: _____
SPOUSE NAME	AGE: _____	SPOUSE NAME	AGE: _____
*NOTES / CONCERNS (USE BACK IF NECESSARY)		*NOTES / CONCERNS (USE BACK IF NECESSARY)	
CHILDREN (FULL NAMES) & AGES, IF ANY		CHILDREN (FULL NAMES) & AGES, IF ANY	

<p>NAMES OF DECEASED CHILDREN OF HUSBAND OR WIFE AND DATE OF DEATH:</p>	
<p>DID ANY DECEASED CHILDREN HAVE SURVIVING CHILDREN? IF YES, LIST NAMES AND DATES OF BIRTH. Please note: Surviving children of deceased child(ren), your grandchildren and great grandchildren have a right to inherit from your estate and <u>must</u> be provided for or intentionally disinherited.</p>	
<p>DISINHERITANCE OF ANY OF THE ABOVE AND REASON(S) FOR DISINHERITANCE:</p>	
<p>HAVE ANY OF YOUR CHILDREN LIVED IN YOUR HOME TO HELP CARE FOR YOU WITHIN THE PAST TEN (10) YEARS? IF SO, WHOM AND GIVE APPROXIMATE DATES AND EXPLAIN THE CARE PROVIDED.</p>	
<p><b>VERY IMPORTANT:</b> ARE ANY CHILDREN OR GRANDCHILDREN ON SOCIAL SECURITY DISABILITY (SSD) OR SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID, FEDERAL OR OTHER RETIREMENT DISABILITY, SECTION 8 HOUSING OR IN A NURSING HOME OR ON ANY OTHER GOVERNMENT ENTITLEMENT PROGRAM? PLEASE EXPLAIN:</p>	

### BENEFICIARY DATA

IF RELATIVES AND/OR FRIENDS OTHER THAN CHILDREN ARE GOING TO BE BENEFICIARIES, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT EACH INDIVIDUAL, IF RELATIVE, STATE RELATIONSHIP (i.e. BROTHER, SISTER, NIECE, NEPHEW, ETC.). IF FRIEND, STATE "FRIEND". **If you need additional space, please continue on a separate page.**

BENEFICIARY 1		BENEFICIARY 2	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
RELATIONSHIP		RELATIONSHIP	
SS#		SS#	
DOB		DOB	
SPOUSE'S NAME		SPOUSE'S NAME	
CHILDREN & AGES, IF ANY		CHILDREN & AGES, IF ANY	
BENEFICIARY 3		BENEFICIARY 4	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
RELATIONSHIP		RELATIONSHIP	
SS#		SS#	
DOB		DOB	
SPOUSE'S NAME		SPOUSE'S NAME	
CHILDREN & AGES, IF ANY		CHILDREN & AGES, IF ANY	

IF YOUR PRIMARY BENEFICIARY PREDECEASES YOU, THEN WHOM WOULD YOU LIKE TO APPOINT IN THEIR PLACE?

SECONDARY BENEFICIARY 1		SECONDARY BENEFICIARY 2	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
RELATIONSHIP		RELATIONSHIP	
SS#		SS#	
DOB		DOB	
SPOUSE'S NAME		SPOUSE'S NAME	
CHILDREN & AGES, IF ANY		CHILDREN & AGES, IF ANY	

### BENEFICIARY DATA (CONTINUED)

PLEASE CONTACT THE CHARITY BEFORE MEETING WITH ATTORNEY TO FIND OUT THE FOLLOWING INFORMATION:

CHARITY INFORMATION		CHARITY INFORMATION	
EXACT LEGAL NAME		EXACT LEGAL NAME	
CONTACT PERSON		CONTACT PERSON	
ADDRESS		ADDRESS	
PHONE		PHONE	
TAX ID#		TAX ID#	

### PETS

OUR PETS ARE "FAMILY MEMBERS" AND SIGNIFICANT PARTS OF OUR LIVES. THEIR NEEDS SHOULD BE INCLUDED IN YOUR PLANNING ALSO. IF YOU HAVE PETS, WHAT IS YOUR DESIRE FOR THEM IF SOMETHING HAPPENED TO YOU AND YOUR SPOUSE? DO YOU PETS HAVE SPECIAL MEDICAL NEEDS OF WHICH A SUBSEQUENT CARETAKER SHOULD BE AWARE? IN CASE OF YOUR UNTIMELY DEATH, WHO SHOULD BE CALLED TO CARE FOR YOUR PETS? WOULD YOU LIKE TO PROVIDE FOR YOUR PETS IN YOUR ESTATE PLANNING?

PET #1		PET #2	
NAME OF PET		NAME OF PET	
TYPE OF PET (Dog, Cat, etc.)		TYPE OF PET (Dog, Cat, etc.)	
WHO IS TO CARE FOR YOUR PET?		WHO IS TO CARE FOR YOUR PET?	
PHONE:		PHONE:	
VET NAME		VET NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
INSURANCE		INSURANCE	

ADDITIONAL INFORMATION AND DIRECTION ABOUT YOUR PET(S)

### SIGNIFICANT CONTACT PERSONS

EMPLOYER (HUSBAND OR WIFE)		ATTORNEY NUMBER 1	
NAME AND ADDRESS		NAME AND ADDRESS	
PHONE		PHONE	
EARNINGS BEFORE DEDUCTIONS	\$	WHEN / WHAT DID HE/SHE DO?	
		ATTORNEY NUMBER 2	
TAKE HOME PAY		NAME AND ADDRESS	
PAY CYCLE (monthly, biweekly, etc.)			
DATE JOB BEGAN		PHONE	
RETIREMENT DATE		WHEN/WHAT DID HE/SHE DO?	
FAMILY PHYSICIAN		FAMILY PHYSICIAN	
NAME		NAME	
PHONE		PHONE	
DATE OF LAST VISIT		DATE OF LAST VISIT	
NATURE OF VISIT		NATURE OF VISIT	
TAX PREPARER		FINANCIAL PLANNER	
NAME		NAME	
FIRM		FIRM	
ADDRESS		ADDRESS	
PHONE		PHONE	
HOME INSURANCE AGENT		CAR INSURANCE AGENT	
NAME		NAME	
AGENCY		AGENCY	
ADDRESS		ADDRESS	
PHONE		PHONE	
COVERAGE AMT.	\$	COVERAGE AMT.	\$



LONG TERM CARE INSURANCE		LONG TERM CARE INSURANCE	
NAME		NAME	
AGENCY		AGENCY	
ADDRESS		ADDRESS	
PHONE		PHONE	
NAME(S) OF PERSON(S) COVERED		NAME(S) OF PERSON(S) COVERED	
COVERAGE AMT.	\$	COVERAGE AMT.	\$

IS ANYONE COVERED BY VA OR A MILITARY HEALTH PROGRAM? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF MORE THAN ONE HEALTH INSURANCE COMPANY OR PART D POLICY, PLEASE PROVIDE INFORMATION ON THE BACK OF THIS PAGE.

HEALTH INSURANCE (Other than Medicare Part A & B)		MEDICARE PART D	
NAME AND ADDRESS OF COMPANY		NAME AND ADDRESS OF COMPANY	
PHONE		PHONE	
TYPE OF INS.		TYPE OF INS.	
POLICY NUMBER		POLICY NUMBER	
EFFECTIVE DATE		EFFECTIVE DATE	
PERSON(S) COVERED		PERSON(S) COVERED	
MONTHLY PREMIUM PAID	\$	MONTHLY PREMIUM PAID	\$

SPIRITUAL ADVISOR		OTHER CONTACT PERSON	
NAME		NAME	
TITLE		TITLE	
ADDRESS		ADDRESS	
PHONE		PHONE	
ORGANIZATION		RELATION	

### ASSET INFORMATION

**NOTE: PLEASE PROVIDE COPIES OF DEEDS AND/OR ABSTRACTS ON ALL REAL PROPERTY YOU OWN OR YOUR SPOUSE OWNS, WHETHER IN THE STATE OF OHIO OR OUT OF STATE.**

#1	HOME		
HOME ADDRESS		DATE PURCHASED	
NAME(S) ON DEED		NUMBER OF LOTS	
NAME & ADDRESS OF MORTGAGE COMPANY		NUMBER OF ACRES	
LEGAL DESCRIPTION		PURCHASE PRICE	\$
		TODAY'S VALUE	\$
		MORTGAGE BALANCE	\$
		TODAY'S EQUITY	\$
#2	OTHER REAL ESTATE		
PROPERTY ADDRESS		CURRENT TENANTS	
	IS THIS PROPERTY ADJACENT TO THE HOME? <input type="checkbox"/> Y <input type="checkbox"/> N		
NAME(S) ON DEED		RENTAL INCOME	/YR
		TAXES	/YR
		INSURANCE	/YR
		UTILITIES	/YR
		MAINTENANCE	/YR
		OTHER EXPENSES	/YR
LEGAL DESCRIPTION		PURCHASE PRICE	\$
		CAPITAL IMPROVEMENTS	\$
		DEPRECIATION TAKEN	\$
		TODAY'S VALUE	\$
		MORTGAGE BALANCE	\$
		TODAY'S EQUITY	\$
MORTGAGE COMPANY AND ADDRESS		DATE PURCHASED	
		NUMBER OF LOTS/ACRES	

**(IF ADDITIONAL REAL ESTATE, USE A COPY OF THIS AND NUMBER AS PAGE 8A, 8B, ETC. NUMBER THE PROPERTIES.)**

**MINERAL AND ROYALTY INTEREST – PRODUCING AND NON-PRODUCING**

**NOTE: BRING ALL AVAILABLE INFORMATION ON MINERAL INTERESTS SUCH AS ROYALTY INCOME FROM PRIOR AND CURRENT YEAR, MINERAL DEEDS, DIVISION ORDERS, ETC.**

#1			
LEGAL DESCRIPTION		SOURCE ACQUIRED FROM (RESERVED, PURCHASED, OR INHERITED, ETC.)	
PRODUCING	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ACQUIRED AND FROM WHOM?	
ANNUAL INCOME	\$	VALUE WHEN ACQUIRED	
SOURCE OF INCOME: (OIL, GAS, LEASE, SURFACE DAMAGE, ETC.)		COMPANY NAME AND ADDRESS	
#2      OTHER REAL ESTATE			
LEGAL DESCRIPTION		SOURCE ACQUIRED FROM (RESERVED, PURCHASED, OR INHERITED, ETC.)	
PRODUCING	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ACQUIRED AND FROM WHOM?	
ANNUAL INCOME	\$	VALUE WHEN ACQUIRED	
SOURCE OF INCOME: (OIL, GAS, LEASE, SURFACE DAMAGE, ETC.)		COMPANY NAME AND ADDRESS	

**IF ADDITIONAL INTERESTS, CONTINUE OF SEPARATE PAGE IN THE SAME FORMAT**

DO YOU HAVE A LIFE ESTATE IN ANY PROPERTY?	
PROPERTY DESCRIPTION	VALUATION OF LIFE ESTATE



## ACCOUNTS

(CHECKING, SAVINGS, MONEY MARKET, T-BILL, CD'S, BROKERAGE ACCOUNTS, IRA'S, KEOGH, ANNUITIES, 401(K) PLANS, 403(B) PLANS ETC.)

**NOTE: IF MORE THAN 4 ACCOUNTS, PLEASE COPY PAGE & CONTINUE OR LIST ON A SEPARATE SHEET OR ON THE BACK IN THE SAME FORMAT**

**\*\* GET COPY OF BANK RECORD FOR ACCOUNT TITLES. DO NOT RELY ON CHECKS, BANK STATEMENTS, ETC.**

ACCOUNT 1		ACCOUNT 2	
TYPE OF ACCOUNT		TYPE OF ACCOUNT	
NAME & ADDRESS OF COMPANY		NAME & ADDRESS OF COMPANY	
ACCOUNT NUMBER		ACCOUNT NUMBER	
CURRENT VALUE	AS OF:	CURRENT VALUE	AS OF:
ANNUAL INTEREST INCOME ON ACCOUNT		ANNUAL INTEREST INCOME ON ACCOUNT	
INTEREST RATE		INTEREST RATE	
MATURITY DATE		MATURITY DATE	
HOW IS IT TITLED? (NAMES)**		HOW IS IT TITLED? (NAMES)**	
OWNER OF ACCOUNT		OWNER OF ACCOUNT	
HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:	HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:
ACCOUNT 3		ACCOUNT 4	
TYPE OF ACCOUNT		TYPE OF ACCOUNT	
NAME & ADDRESS OF COMPANY		NAME & ADDRESS OF COMPANY	
ACCOUNT NUMBER		ACCOUNT NUMBER	
CURRENT VALUE	AS OF:	CURRENT VALUE	AS OF:
ANNUAL INTEREST INCOME ON ACCOUNT		ANNUAL INTEREST INCOME ON ACCOUNT	
INTEREST RATE		INTEREST RATE	
MATURITY DATE		MATURITY DATE	
HOW IS IT TITLED? (NAMES)**		HOW IS IT TITLED? (NAMES)**	
OWNER OF ACCOUNT		OWNER OF ACCOUNT	
HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:	HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:

## STOCKS, BONDS, SAVINGS BONDS

IF STOCKS AND BONDS ARE HELD WITH A BROKER, PLEASE BRING A COPY OF THE MOST CURRENT BROKERAGE STATEMENT. IF NOT HELD WITH A BROKER, PLEASE BRING A COPY OF THE FACE OF THE STOCK(S) AND/OR BOND(S).

STOCK/BOND 1		STOCK/BOND 2	
ASSET TYPE		ASSET TYPE	
NAME & ADDRESS OF COMPANY		NAME & ADDRESS OF COMPANY	
STOCK/BOND #	No. of shares:	STOCK/BOND #	No. of shares:
CURRENT VALUE	AS OF:	CURRENT VALUE	AS OF:
DIVIDEND INCOME	\$ PER YEAR	DIVIDEND INCOME	\$ PER YEAR
MATURITY DATE, IF ANY		MATURITY DATE, IF ANY	
HOW IS IT TITLED? (NAMES)**		HOW IS IT TITLED? (NAMES)**	
HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:	HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:
STOCK/BOND 3		STOCK/BOND 4	
ASSET TYPE		ASSET TYPE	
NAME & ADDRESS OF COMPANY		NAME & ADDRESS OF COMPANY	
STOCK/BOND #	No. of shares:	STOCK/BOND #	No. of shares:
CURRENT VALUE	AS OF:	CURRENT VALUE	AS OF:
DIVIDEND INCOME	\$ PER YEAR	DIVIDEND INCOME	\$ PER YEAR
MATURITY DATE, IF ANY		MATURITY DATE, IF ANY	
HOW IS IT TITLED? (NAMES)**		HOW IS IT TITLED? (NAMES)**	
HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:	HOW LONG HAS IT BEEN TITLED THAT WAY?	DATE:

IF ADDITIONAL STOCK AND/OR BONDS, CONTINUE ON SEPARATE PAGE IN THE SAME FORMAT.

DO YOU HAVE CASH ON HAND OVER \$500?     YES     NO

IF SO, WHAT IS THE TOTAL OF YOUR CASH ON HAND? \$ \_\_\_\_\_

**ANNUITY CONTRACTS, RETIREMENT CONTRACTS, AGREEMENTS, ETC.**

BRING THE CONTRACTS. IF MORE THAN 2, CHECK HERE \_\_\_\_\_ AND PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEET.

NO. 1		NO. 2	
COMPANY		COMPANY	
CURRENT VALUE	AS OF:	CURRENT VALUE	AS OF:
COST		COST	
ACCRUED INCOME		ACCRUED INCOME	
ANNUAL INCOME		ANNUAL INCOME	

**VEHICLES OWNED**

CARS, PICKUPS, MOTORCYCLES, BOATS, RV'S, AND/OR OTHER VEHICLES. BRING THE TITLES.

NO. 1		NO. 2	
YEAR		YEAR	
MAKE & MODEL		MAKE & MODEL	
APPROX. MILEAGE		APPROX. MILEAGE	
CONDITION	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CONDITION	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
VALUE	\$	VALUE	\$
AMT. OWED	\$	AMT. OWED	\$
NAME OF MORTGAGE HOLDER		NAME OF MORTGAGE HOLDER	
NAME(S) ON TITLE		NAME(S) ON TITLE	
NO. 3		NO. 4	
YEAR		YEAR	
MAKE & MODEL		MAKE & MODEL	
APPROX. MILEAGE		APPROX. MILEAGE	
CONDITION	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CONDITION	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
VALUE	\$	VALUE	\$
AMT. OWED	\$	AMT. OWED	\$
NAME OF MORTGAGE HOLDER		NAME OF MORTGAGE HOLDER	
NAME(S) ON TITLE		NAME(S) ON TITLE	

IF ADDITIONAL VEHICLES, CONTINUE ON A SEPARATE PAGE IN THE SAME FORMAT.

### HOUSEHOLD FURNITURE

ARE THERE ANY SPECIAL OR EXPENSIVE ITEMS SUCH AS ART, ANTIQUES, SILVER, ETC. OWNED, THAT NEEDS SPECIAL CONSIDERATION? DESCRIBE AND PROVIDE CURRENT VALUE:

### OTHER ASSETS

LIST ANY OTHER ASSETS (EXAMPLE: LOANS TO FAMILY MEMBERS, ACCOUNTS RECEIVABLE, LIVESTOCK, FARM EQUIPMENT, ETC.) CURRENT VALUE AND ANNUAL INCOME:

DOES YOUR NAME (OR SPOUSE'S NAME) APPEAR ON ANOTHER PERSON'S PROPERTY DEED, CHECKING OR SAVINGS ACCOUNT, CAR TITLE OR OTHER ASSET(S)? (EXAMPLE: YOUR NAME ON CHILD'S BANK ACCOUNT OR CAR TITLE) IF YES, COMPLETE BELOW:

NO. 1		NO. 2	
ITEM DESCRIPTION		ITEM DESCRIPTION	
EXPLAIN WHY		EXPLAIN WHY	

LIST ANY PREPAID FUNERAL ARRANGEMENTS, FUNERAL TRUSTS, PREPAID BURIAL CONTRACTS, BURIAL PLOTS, ETC. DO YOU OR YOUR SPOUSE WANT TO BE CREMATED?  YES  NO LIST ANY ARRANGEMENTS FOR THAT.

NO. 1		NO. 2	
ITEM DESCRIPTION		ITEM DESCRIPTION	
CURRENT VALUE	\$	CURRENT VALUE	\$

DO YOU HAVE ANY ASSETS HELD IN TRUST THAT HAVE NOT ALREADY BEEN LISTED ABOVE?

NO. 1		NO. 2	
ASSET		ASSET	
AMOUNT		AMOUNT	
TRUST NAME		TRUST NAME	
TRUSTEE'S NAME		TRUSTEE'S NAME	
CURRENT VALUE		CURRENT VALUE	



DO YOU HAVE A SAFE-DEPOSIT BOX?  YES  NO IF YES, COMPLETE BOXES BELOW. IF NOT, WHERE DO YOU KEEP YOUR IMPORTANT DOCUMENTS? \_\_\_\_\_

BOX NO. 1		NO. 2	
BANK AND LOCATION		BANK AND LOCATION	
BOX NUMBER		BOX NUMBER	
CONTENTS		CONTENTS	
WHO ARE THE NAMES ON THE CARD?		WHO ARE THE NAMES ON THE CARD?	

ARE THERE ANY MORTGAGES, LOANS, OR DEBTS YOU OWE? (NOT PREVIOUSLY MENTIONED) LIST NAME OF INSTITUTION, ADDRESS, AND AMOUNT OWED, ETC. (INCLUDING CREDIT CARDS, STORE CREDITS, FAMILY LOANS, ETC.)

HAVE YOU OR YOUR SPOUSE CO-SIGNED ANY LOAN AGREEMENTS FOR ANYONE?  YES  NO IF YES, EXPLAIN BELOW:

ARE YOU OR YOUR SPOUSE FINANCIALLY OBLIGATED TO ANYONE DUE TO A DISSOLUTION OF MARRIAGE OR SUPPORT ACTION SUIT?  YES  NO IF YES, PLEASE EXPLAIN BELOW:

DO YOU HAVE FINANCIAL OR CARE GIVING RESPONSIBILITY FOR ANY FAMILY MEMBERS (AGING PARENTS, DISABLED CHILDREN OR GRANDCHILDREN, OR OTHER RELATIVES?)  YES  NO IF YES, PLEASE EXPLAIN BELOW:

HAVE GUARDIANSHIP PROCEEDINGS EVER BEEN STARTED FOR HUSBAND?  YES  NO FOR WIFE?  YES  NO  
IF YES, PLEASE PROVIDE COPIES OF ALL COURT ORDERS, LETTER OF GUARDIANSHIP, INVENTORY AND THE LAST ACCOUNTING.

NAME OF ATTORNEY FOR GUARDIAN: \_\_\_\_\_

ADDRESS OF ATTORNEY FOR GUARDIAN: \_\_\_\_\_

PHONE NUMBER OF ATTORNEY FOR GUARDIAN: \_\_\_\_\_

ARE YOU OR YOUR SPOUSE CURRENTLY INVOLVED IN ANY LAWSUITS?  YES  NO IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY OTHER LEGAL ISSUES OF WHICH WE SHOULD BE AWARE?  YES  NO IF YES, PLEASE EXPLAIN:

LIST ANY POTENTIAL INHERITANCES OR BENEFITS THAT MIGHT BE RECEIVED FROM RELATIVES OR OTHERS IN THE NEXT 6 TO 12 MONTHS. DESCRIBE:

ARE ANY OF YOUR CHILDREN SELF-EMPLOYED OR OWN A BUSINESS?  YES  NO IF YES, PLEASE EXPLAIN:

## FIDUCIARY QUESTIONS

ARE YOU OR YOUR SPOUSE THE COURT APPOINTED GUARDIAN OF ANY INDIVIDUAL?  YES  NO IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE BEEN APPOINTED UNDER A POWER OF ATTORNEY?  YES  NO IF YES, PLEASE EXPLAIN:

ARE YOU OR YOUR SPOUSE SERVING OR NAMED AS THE PERSONAL REPRESENTATIVE IN AN ESTATE OR SOMEONE'S WILL?  
 YES  NO IF YES, PLEASE EXPLAIN:

ARE YOU OR YOUR SPOUSE SERVING OR NAMED AS THE TRUSTEE IN A TRUST?  YES  NO IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE BEEN DESIGNATED AS A HEALTH CARE SURROGATE FOR ANYONE FOR MEDICAL PURPOSES?  
 YES  NO IF SO, PLEASE EXPLAIN:

**GIFTS:**

**GIFTS: HAVE ANY GIFTS BEEN MADE IN EXCESS OF \$1,000 PER YEAR DURING THE LAST 5 YEARS? EXCLUDE CUMULATIVE GIFTS TO CHARITIES/CHURCHES OF LESS THAN 11% OF INCOME DURING EACH YEAR (GIFTS ALSO INCLUDE ANYTHING SOLD FOR LESS THAN ITS FULL FAIR MARKET VALUE. (EXAMPLE: SELLING YOUR \$10,000 CAR TO YOUR CHILD FOR \$2,000 = AN \$8,000 GIFT) THE \$1,100 PER MONTH IS A TOTAL OF ALL GIFTS IN ONE MONTH. (EXAMPLE: \$600 TO BOB, \$500 TO SUSAN OR TO ART = \$1,100) YOU MUST LIST ALL GIFTS. THIS WOULD INCLUDE BUYING PROPERTY OR VEHICLES, AND/OR GIVING SOMEONE A DOWN PAYMENT FOR PURCHASE OF PROPERTY OR VEHICLE, PAYMENT OF A CHILD'S/GRANDCHILD'S SCHOOL TUITION, ETC. (IF SEPARATE LIST OF GIFTS IS ATTACHED, CHECK HERE: \_\_\_\_\_). IF YES, PLEASE COMPLETE THE FOLLOWING:**

NO. 1		NO. 2	
WHO MADE THE GIFT?		WHO MADE THE GIFT?	
RECIPIENT		RECIPIENT	
ITEMS GIFTED		ITEMS GIFTED	
DATE OF GIFT		DATE OF GIFT	
VALUE	\$	VALUE	\$
GIFT TAX RETURN FILED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	GIFT TAX RETURN FILED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NO. 3		NO. 4	
WHO MADE THE GIFT?		WHO MADE THE GIFT?	
RECIPIENT		RECIPIENT	
ITEMS GIFTED		ITEMS GIFTED	
DATE OF GIFT		DATE OF GIFT	
VALUE	\$	VALUE	\$
GIFT TAX RETURN FILED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	GIFT TAX RETURN FILED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IS ANYONE "HOLDING" MONEY FOR YOU OR YOUR SPOUSE?  YES  NO IF YES, HOW MUCH? \_\_\_\_\_  
 PLEASE PROVIDE SEPARATE EXPLANATION OF WHERE THE MONEY IS BEING HELD, WHO THE PERSON IS HOLDING THE MONEY, ETC.

**MONTHLY INCOME** (If annual, divide by 12)

DESCRIPTION	HUSBAND'S SEPARATE INCOME	WIFE'S SEPARATE INCOME	INCOME FROM JOINT ASSETS
EMPLOYMENT	\$ _____ /MONTH	\$ _____ /MONTH	
SOCIAL SECURITY AMOUNT	\$ _____	\$ _____	
SUPP. SECURITY INCOME (SSI)	\$ _____	\$ _____	
PENSION	\$ _____ How much with wife get as survivor's benefit upon husband's death? \$ _____	\$ _____ How much with husband get as survivor's benefit upon wife's death? \$ _____	
IRA'S OR KEOGH OR 401(k)	\$ _____	\$ _____	
BUSINESS / FARM INCOME	\$ _____	\$ _____	\$ _____
ANNUITIES	\$ _____	\$ _____	\$ _____
DIVIDENDS	\$ _____	\$ _____	\$ _____
INTEREST	\$ _____	\$ _____	\$ _____
MINERALS	\$ _____	\$ _____	\$ _____
RENTAL	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT INS.	\$ _____	\$ _____	
CHILD SUPPORT/ALIMONY	\$ _____	\$ _____	
WORKERS' COMPENSATION	\$ _____	\$ _____	
VETERAN'S COMP./PENSION	\$ _____	\$ _____	
OTHER	\$ _____	\$ _____	
<b>TOTAL</b>	\$ _____	\$ _____	

MONTHLY ESTIMATED BUDGET						
RENT OR MORTGAGE PAYMENT	NOTES TO OTHERS	CHARGE CARDS	CAR PAYMENT / MAINTENANCE	CLOTHING / PERSONAL	FOOD / UTILITIES / HOUSEHOLD	INSURANCE
\$	\$	\$	\$	\$	\$	\$
DOCTOR & PRESCRIPTIONS	NURSING HOME & ASSISTED LIVING	TAXES	VACATION / ENTERTAINMENT	EMERGENCY FUND	CHARITY / OTHER	<u>TOTAL MONTHLY LIABILITY</u>
\$	\$	\$	\$	\$	\$	\$

### PROPOSED DISPOSITION OF ESTATE

AT YOUR APPOINTMENT, WE WILL THOROUGHLY DISCUSS THE DETAILS OF HOW YOU WANT YOUR ESTATE DISTRIBUTED. HOWEVER, TO ASSIST US IN SOME INITIAL PLANNING, PLEASE COMPLETE THE FOLLOWING SECTION WITH YOUR FIRST IMPRESSION IDEAS OF HOW YOU WOULD LIKE YOUR ESTATE TO BE DISTRIBUTED. KEEP IN MIND THAT THIS MAY CHANGE AFTER WE DISCUSS THE IMPACT OF TAXES, HOW BEST TO BENEFIT THE BENEFICIARIES AND OTHER ITEMS. WE ARE COMMITTED TO TAILORING YOUR ESTATE PLAN TO FIT YOUR SPECIFIC DESIRES AND NEEDS.

OTHER THAN YOUR SPOUSE, WHOM DO YOU WANT TO SERVE AS YOUR PERSONAL REPRESENTATIVE(S) (EXECUTOR) OR TRUSTEE(S)?

CHOICE NO. 1	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		
CHOICE NO. 2	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		

IF YOUR SPOUSE PREDECEASES YOU, WHOM DO YOU WANT TO RECEIVE YOUR TANGIBLE PERSONAL PROPERTY?

	HUSBAND'S CHOICE	WIFE'S CHOICE
CHILDREN AS THEY AGREE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SPECIFIC CHILD		
OTHER INDIVIDUAL		

IF NECESSARY, ON SEPARATE SHEET OF PAPER, LIST THE NAMES, ADDRESSES AND PROPERTY YOU WANT EACH BENEFICIARY TO RECEIVE.

DO YOU WANT TO MAKE ANY SPECIFIC GIFTS OF MONEY TO PERSONS OR CHARITIES? \_\_\_\_\_ IF YES, LIST BELOW

	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME AMOUNT		
NAME AMOUNT		
NAME AMOUNT		

**PROPOSED DISPOSITION OF ESTATE (CONTINUED)**

IF YOUR SPOUSE PREDECEASES YOU, WHO SHALL RECEIVE THE BALANCE OF YOUR ESTATE?  
PLEASE GIVE FRACTIONS OR PERCENTAGES IF MORE THAN ONE BENEFICIARY.

CHOICE NO. 1	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
PERCENTAGE		
CHOICE NO. 2	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
PERCENTAGE		
CHOICE NO. 3	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
PERCENTAGE		

DO YOU HAVE ANY CONCERNS ABOUT THE ABILITY OF YOUR CHILD(REN) OR BENEFICIARIES TO MANAGE FUNDS THEY MAY INHERIT?  YES  NO IF SO, DESCRIBE:

AT WHAT AGE DO YOU WANT YOUR CHILD(REN) OR BENEFICIARIES TO RECEIVE DISTRIBUTION?

DO ANY OF YOUR CHILDREN OR BENEFICIARIES HAVE A SERIOUS ILLNESS OR ANTICIPATE ENTERING A NURSING HOME SOON?

**GUARDIAN OF MINOR CHILDREN:** PLEASE NAME A TRUSTED PERSON AND ONE ALTERNATE TO BE GUARDIAN OF THE PERSON (HAVE CUSTODY) OF YOUR MINOR CHILDREN:

	HUSBAND'S CHOICE	WIFE'S CHOICE
FIRST CHOICE		
ALTERNATE		

**TRUSTEES FOR CHILDREN:** LIST PERSONS AND ALTERNATES TO SERVE AS TRUSTEES FOR ASSETS THAT WILL BE HELD FOR YOUR CHILDREN

	HUSBAND'S CHOICE	WIFE'S CHOICE
FIRST CHOICE		
ALTERNATE		

**HEALTH CARE DECISIONS:** IF YOU WERE IN THE HOSPITAL AND UNABLE TO MAKE DECISIONS FOR YOURSELF, WITH WHO WOULD YOU WANT YOUR DOCTOR TO CONSULT WITH ABOUT YOUR CARE? (LIST IN ORDER OF PRIORITY INCLUDING SPOUSE.) PLEASE LIST ADDRESSES AND PHONE NUMBER IF NOT LISTED SOMEONE ELSE ON THIS FORM UNDER CHILDREN OR BENEFICIARIES.

CHOICE NO. 1	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		
CHOICE NO. 2	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		
CHOICE NO. 3	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		

IF YOU WERE TERMINALLY ILL OR IN A COMATOSE STATE, WOULD YOU LIKE TO HAVE YOUR LIFE PROLONGED?

HUSBAND'S CHOICE	WIFE'S CHOICE
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

WOULD YOU WANT TO BE GIVEN FOOD AND WATER IF ALL IT DID WAS MAKE YOU EXIST LONGER?

HUSBAND'S CHOICE	WIFE'S CHOICE
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

WOULD YOU WANT TO BE RESUSCITATED IN A TERMINAL ILLNESS OR COMATOSE SITUATION?

HUSBAND'S CHOICE	WIFE'S CHOICE
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

DO YOU OR YOUR SPOUSE WISH TO BE AN ORGAN DONOR?

HUSBAND'S CHOICE	WIFE'S CHOICE
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YOU WERE ILL AND UNABLE TO MANAGE YOUR OWN AFFAIRS, COULD OUR ATTORNEYS DISCUSS YOUR FINANCIAL SITUATION AND ESTATE PLAN WITH ANY OTHER INDIVIDUALS (i.e. FAMILY MEMBERS, ACCOUNTANT, PHYSICIAN)? IF YES, PLEASE LIST THE NAMES OF ALL PERSONS TO WHOM OUR ATTORNEYS ARE AUTHORIZED TO DISCLOSE ANY AND ALL INFORMATION WHICH YOU HAVE GIVEN:

	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
NAME		
NAME		
NAME		

IF IT WERE ABSOLUTELY NECESSARY THAT A COURT GUARDIAN BE APPOINTED OVER YOUR PERSON OR PROPERTY AND IF YOUR FAMILY MEMBERS WANTED OUR ATTORNEY TO REPRESENT THEM TO FILE THE PETITION WITH THE COURT, IS IT ALL RIGHT FOR OUR ATTORNEYS TO REPRESENT THE FAMILY MEMBER IF THE ATTORNEYS BELIEVE IT IS IN YOUR BEST INTEREST?

YES  NO



**HEALTH:** PLEASE LIST ANY HEALTH PROBLEMS THAT MAY AFFECT YOUR LIFE EXPECTANCY.

HUSBAND	WIFE

**ACTIVITIES OF DAILY LIVING (ADL):** PLEASE INDICATE WHETHER YOU CAN PERFORM THE FOLLOWING ACTIVITIES EASILY, WITH SOME HELP, OR NOT AT ALL. PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR EACH ACTIVITY.

ACTIVITY	HUSBAND	WIFE
BATHING	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
FEEDING	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
DRESSING	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
GROOMING	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
TOILETING	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
TRANSFERRING (from bed to chair)	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
MOBILITY	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL

PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR EACH INQUIRY.

QUESTION	HUSBAND	WIFE
Are you physically able to sign your name?	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> EASILY <input type="checkbox"/> WITH SOME HELP <input type="checkbox"/> NOT AT ALL
Would you understand what you are signing if it was explained to you?	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
Do you recognize and know your spouse?	<input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO
Do you recognize and know your own children?	<input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO
Do you know approximately what you own & how much money you have?	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
Do you have legal mental capacity?	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
Are you vision impaired?	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT
Are you hearing impaired?	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT
Are you speech impaired?	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT
Do you drive?	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT	<input type="checkbox"/> NO <input type="checkbox"/> A LITTLE <input type="checkbox"/> A LOT

	HUSBAND	WIFE
HEIGHT		
WEIGHT TODAY		
WEIGHT 5 YEARS AGO		

DESCRIPTION	HUSBAND	WIFE
Date of entry into the hospital:		
Date of entry into the nursing home:		
Date of skilled care:		
Date custodial care began:		
Date Hospice began:		

**FINANCIAL DECISIONS:** IF YOU WERE UNABLE TO CARRY OUT YOUR FINANCIAL BUSINESS, WHOM WOULD YOU WANT TO TAKE CARE OF YOUR FINANCES? (LIST IN ORDER OF PRIORITY) PLEASE LIST ADDRESSES AND PHONE NUMBERS IF NOT LISTED SOMEWHERE ELSE ON THIS FORM UNDER CHILDREN OR BENEFICIARIES.

CHOICE NO. 1	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		
CHOICE NO. 2	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		
CHOICE NO. 3	HUSBAND'S CHOICE	WIFE'S CHOICE
NAME		
RELATIONSHIP		

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING:

DOCUMENT	HUSBAND		WIFE	
	DATE OF DOCUMENT	NAME OF ATTORNEY WHO PREPARED	DATE OF DOCUMENT	NAME OF ATTORNEY WHO PREPARED
LAST WILL & TESTAMENT				
FINANCIAL POWER OF ATTORNEY				
LIVING WILL				
HEALTH CARE POWER OF ATTORNEY				
LIVING TRUST				

### VETERAN BENEFITS

	HUSBAND	WIFE
BRANCH(ES) OF SERVICE? ARMY, NAVY, AIR FORCE, ETC.		
DATE(S) OF SERVICE?		
HONORABLY DISCHARGED?		
WOUNDED DURING SERVICE?		
SERVED OVERSEAS? WHEN AND WHERE		
IN THE LAST FIVE YEARS, HAVE YOU RECEIVED ANY VETERANS: BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO AID & ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO NURSING HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER: <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN	EXPLAIN

WHAT OTHER ATTORNEYS HAVE YOU CONSULTED OTHER THAN US? PLEASE LIST NAMES AND CITY:

ATTORNEY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

ATTORNEY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHO REFERRED YOU TO OUR OFFICE:

MAY WE SEND THEM A THANK YOU NOTE: \_\_\_\_\_

**WE DO NOT MISLEAD OR "HIDE ASSETS" FROM THE DEPARTMENT OF HUMAN SERVICES.\* IS THERE ANYTHING YOU NEED TO DISCLOSE TO OUR OFFICE THAT HAS NOT ALREADY BEEN ADDRESSED WITHIN THIS FORM? IF SO, PLEASE DESCRIBE IN DETAIL:**

**\*IT IS A FEDERAL CRIME AND A STATE CRIME TO LIE TO MEDICAID. IF YOU LIE TO MEDICAID, YOU CAN LOSE YOUR SOCIAL SECURITY.**

**This MUST be signed by the client (nursing home resident or potential resident) AND the spouse. If it is not signed below by the client AND spouse, then please provide an "example signature" of how they sign. Even if they have a difficult time signing, please provide an example of what they can sign, whether it is his or her name or an "X".**

**DISCLOSURE STATEMENT:**

**I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS COMPLETELY TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY CERTIFY THAT I HAVE MADE NO MISREPRESENTATIONS OR OMISSIONS IN PROVIDING THIS INFORMATION. I UNDERSTAND THAT LAW OFFICE OF J.M.SHADE, LLC WILL RELY ON THE INFORMATION PROVIDED AND THAT MY ESTATE PLANNING AND/OR MEDICAID PLANNING WILL BE BASED UPON THE ABOVE STATED INFORMATION. IF I HAVE INCORRECTLY STATED ANY OF THE ABOVE MATTERS OR HAVE NOT FULLY DISCLOSED MY FINANCIAL AFFAIRS, I UNDERSTAND THAT THE PLANNING MAY NOT BE APPROPRIATE AND MAY NOT FULLY BENEFIT MY NEEDS OR PROTECT MY ASSETS.**

\_\_\_\_\_  
HUSBAND'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WIFE'S SIGNATURE

\_\_\_\_\_  
DATE

NAME OF PERSON COMPLETING THESE FORMS: \_\_\_\_\_