

## Information Required for Asset Protection Planning

Date \_\_\_\_\_

Your name and relationship to applicant \_\_\_\_\_

Your address and phone number \_\_\_\_\_

Name of prospective applicant \_\_\_\_\_

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 \_\_\_\_\_

Lost 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 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 &amp; 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 36 MONTHS**

Type of asset \_\_\_\_\_ Date of gift \_\_\_\_\_ Amount of gift \_\_\_\_\_

Type of asset \_\_\_\_\_ Date of gift \_\_\_\_\_ Amount of gift \_\_\_\_\_

Type of asset \_\_\_\_\_ Date of gift \_\_\_\_\_ Amount of gift \_\_\_\_\_

**MEDICAL INFORMATION**

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 \_\_\_\_\_

Is applicant or spouse covered by Hospice? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and phone number of Hospice \_\_\_\_\_

Additional Information Which Would Be Helpful:

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

**HEALTH CARE AND FINICAL DECISIONS**

**Applicant's Health Care Surrogate(s)  
Name and 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**

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**Personal Representative (Executor) and/or Trustee of Revocable Living Trust**\_\_\_\_\_

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**Spouse's beneficiaries under his/her Will and or Trust**

**Share of the Estate**

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**Personal Representative (Executor) and/or Trustee of Revocable Living Trust**\_\_\_\_\_

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