

Grandchildren			
Name	Age	Disabled?	Parent

Current Estate Planning Documents			
Please indicate the current estate planning documentation that you currently have in place. Please mark "N/A" to any item that is not applicable.			
Husband	"Yes"	Wife	"Yes"
Last Will & Testament		Last Will & Testament	
Living Trust		Living Trust	
Durable Power of Attorney		Durable Power of Attorney	
Health Care Surrogate		Health Care Surrogate	
Living Will		Living Will	
Buy-Sell Agreement		Buy-Sell Agreement	
Pre-Marital Agreement		Pre-Marital Agreement	

Estate Assets*		
Asset	Title (Ownership)	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
*Use Additional Sheets of Necessary		
Subtotal from Additional Sheets		\$
Total		\$ _____

Assets include the home, rental or real estate investment property, vehicles, IRA (Individual Retirement Accounts), Pension or 401k plan, cash, brokerage accounts, stocks, bonds, CDs, Life Insurance (include both face and cash).

Income		
	Husband	Wife
Social Security		
Pension		
Veteran Payments		
IRA Distribution		
Rental Income		
Interest		
Dividends		
Wages		
Alimony		
Annuity payments		
Other		
Total		

Personal Representative		
Who would you want to handle <u>your</u> final affairs?		
	Husband	Wife
First Selection		
Second Selection		
Third Selection		

Trustee/ Attorney-in-Fact		
Who would you want to handle <u>your</u> financial affairs if you are unable to?		
	Husband	Wife
First Selection		
Second Selection		
Third Selection		

Documentation

Please only provide the following documentation if you wish to Immediately apply for Medicaid.

	Husband	Wife
Verification of US citizenship (one of the following): birth certificate naturalization papers US passport voter's registration card driver's license		
Copy of social security card		
Copy of Medicare card		
Copy of other health insurance card(s)		
Copy of three most recent current monthly bank/ brokerage account statement(s)		
Copy of deed(s) (if any)		
Copy of vehicle registration (s) (if any)		
Copy of face page of all life insurance policies (if any)		
Copy of all funeral contracts (if any)		
Copy of discharge papers for applicant (if any)		
Copy of pay stubs (if any)		
Verification of mortgage or rent payments (if any)		
Verification of property taxes, if paid separately from mortgage (if any)		
Verification of homeowner's insurance (if any)		
Verification of maintenance payments (if any)		
Verification of all utility bills, including electric, gas, water/sewer, garbage, phone (if any)		
Copy of all unpaid Medical bills (if any)		

Important Contacts

Financial Planner:

Address:

Phone Numbers:

Accountant:

Address:

Phone Numbers:

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes must be reported as soon as possible.

Signature: _____ **date:** _____

