

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.

Document	"Yes"		
Last Will & Testament			
Living Trust			
Durable Power of Attorney			
Health Care Surrogate			
Living Will			
Buy-Sell 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		
	Gross	Net
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?	
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?	
First Selection	
Second Selection	
Third Selection	

Documentation

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

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:** _____

