Law Office of Nancy L. Choate

CONFIDENTIAL LONG-TERM CARE PLANNING QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets (or the assets of a family member or friend) during a time when there may be a need for Long-Term Care. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE:				
SEC	TION 1. NAME AN	D CONTACT	INFORMATION	
Person Completing Form:	(first)			
Home Address:	(first)		(last)	
TIOTHE THEOLOGIC			The second secon	
Relationship to Client:	National Residence of the Control of			
Client's Full Name:		S-\$400-122444444444444444444444444444444444		
	(first)	(middle)	(last)	is de l'ambiente de la vivil de la composition della composition d
Spouse's Full Name:	(first)	(middle)	(lasi)	
Home Address:		***************************************		
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	Client		Spouse	
Telephone Numbers:	(home)		(home)	والمستواف والمستوان والمستوان والمستوان والمستوان والمستوان والمستوان والمستوان والمستوان والمستوان
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Date of Birth:	(cell)		(cell)	
Former/Maiden Names:	e age e e e e e e e e e e e e e e e e e			
	[] Yes [] No		[] Yes	**************************************
Social Security Number:	[] 100 [] 100			
Military Service:				
Date of Death:	Vocasily and applications between a graph first media advances are an advances as and	uur 1756 die 1860 van de 1877 van de 1866 die 1867 van 1867 van 1867 van 1866 van 1866 van 1866 van 1866 van 1	ngaya — geliyayi 19 — diya degili 14 diwadalami diki dikadalami dikiri 19 min na manazari da manazari 19 14	The Section of Security Securi

SECTION 2. MARITAL INFORMATION

A. Date of Marriag	ge:	
m man chamin		
B. Place of Marriag	ge; (city) (state or p	orovince) (country)
C. Client's Former Sp	• •	
o. one s rainer op	771883.	
1.	(Add a Constitution of the	(place of marriage)
(name of former spouse)	(date of marriage)	(pace of marriage)
(year terminated)	[Death [] Divorce (how terminated)	· · · · · · · · · · · · · · · · · · ·
[]Yes []No		
(still living?)	(if still living, describe relationship)	4 1000000000000000000000000000000000000
2.		
(name of former spouse)	(date of murriage)	(place of marriage)
	[] Death [] Divorce	
(year terminated)	(how terminated)	,
[] Yes [] No (still living?)	(if still living, describe relationship)	
(200 HAMB!)	(i) siii iving, absorve routienship)	
(name of former spouse)	(date of marriage)	(place of marriage)
(urane or tornier shouse)	Death Divorce	Amor or managey
(year terminated)	(how terminated)	ADDROVE AND ADDROVE.
[] Yes [No		
(still living?)	(if still living, describe relationship)	
5 6 6 6		
D. Spouse's Former St	nouses:	

(name of former spouse)	(date of marriage)	(place of marriage)
(year terminated)	[] Death [] Divorce (how terminated)	aparite manufacture de la companya del companya de la companya del companya de la
[]Yes []No	,	
(still living?)	(if still living, describe relationship)	
(name of former spouse)	(date of marriage)	(place of marriage)
	[] Death [] Divorce	· · · · · · · · · · · · · · · · · · ·
(year terminated)	(how terminated)	
[] Yes [] No (still living?)	(if still living, describe relationship)	
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(name of former spouse)	(date of marriage)	(place of marriage)
(name or tormer spouse)	[] Death [] Divorce	Alman as comments
(year terminated)	(how terminated)	and the second s
[]Yes []No		
(still living?)	(if still living, describe relationship)	

SECTION 3. CHILDREN

(name of child) (date	of birth) (social security number)
Parent: [] Client [] Spouse [] Bo	
(current address)	(phone number)
[] Adopted	
(date of adoption)	(court granting adoption)
[] Deceased	Yes []No
(date of death)	(child has surviving children?)
(Describe this child does he or she have "special needs'	? Consider health and general financial status, including needs and abilities)
(Use additional pages, if needed)	
(name of child) (date	of birth) (social security number)
Parent: [] Client [] Spouse [] Bo	
Tatem. [] Chem [] Spouse [] 20	· · · ·
(current address)	(phone number)
[] Adopted (durafication)	(court granting adoption)
(date of adoption)	[]Ves []No
[] Deceased (date of death)	(child has surviving children?)
(Describe this child does he or she have "special needs"	? Consider health and general financial status, including needs and abilities)
(Use additional pages, if needed)	
(name of child) (date	of birth) (social security number)
Parent: [] Client [] Spouse [] Bo	
(current address)	(phone number)
[] Adopted	
(date of adoption)	(court granting adoption)
·	L I Vac L I No
[] Deceased (date of death)	[] Yes [] No (child has surviving children?)

	*	
(name of child)	(date of bir	th) (social security number)
Parent: [] Cli	ent [] Spouse [] Both	
(current address)		(phone number)
[] Adopted		AND AND THE RESIDENCE OF THE PROPERTY OF THE P
	(date of adoption)	(court granting adoption)
[] Deceased	(date of death)	[] Yes [] No (child has surviving children?)
(Describe this child a	does he or she have "special needs"? Co	onsider health and general financial status, including needs and abilities)
(Use additional pages,	if needed)	
•		
(name of child)	(date of bir	th) (social security number)
Parent: [] Clie	ent [] Spouse [] Both	
(current address)		(phone number)
[] Adopted	4 VA-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	(date of adoption)	(court granting adoption)
Deceased	(date of death)	[] Yes [] No (child has surviving children?)
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(Describe this child c	loes he or she have "special needs"? Co	nsider health and general financial status, including needs and abilities)
(Use additional pages, i	if needed)	
		To be a surface of the surface of th
(name of child)	(date of bir	th) (social security number)
	ent [] Spouse [] Both	
Parent: [] Clie		
(current address)		(phone number)
(current address)	(date of adoption)	(court granting adoption)
(current address)	(date of adoption)	

SECTION 4. DISPOSITIVE PLANNING

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Please note that we expect that this will be completed during our first conference with you regarding estate planning. You may want to use this section as items to consider before our conference.

Consider to whom your property should go if your first-choice beneficiaries do not survive you, or - if your property is left in Trust - if they do not survive until complete distribution is made (i.e., charities, other siblings, spouse of child, etc.).

A.	First-choice beneficiaries: [] Spouse [] Children [] Spouse and Children [] Other
В.	Second-choice beneficiaries: [] Spouse [] Children [] Spouse and Children [] Other
~pathesistaniii	
C.	Third-choice beneficiaries: [] Spouse [] Children [] Spouse and Children [] Other
eucrossocces.	
D.	Any specific disposition of your residence?
E.	Any specific gifts of special articles, such as art or jewelry?
F.	Any specific disposition of household and personal effects?
G.	Other information you think is important to your estate planning:
,,,,,,,,,,,,	

SECTION 5. FIDUCIARIES

Please consider the who you want to handle your affairs when you cannot. We will discuss this section at our conference and will assist you with the completion.

	(relationship)
(name)	(icianonsiny)
(current address)	(phone number)
(name) [] Co-Executor with Previous Name (May surviving Co-Ex or [] Successor Executor	(relationship) ecutor act alone? [] Yes [] No)
(current address)	(phone number)
[] Co-Executor with Previous Name (May surviving Co-Exor [] Successor Executor	(relationship) ecutor act alone?[] Yes [] No)
(current address)	(phone number)
	(relationship)
[] Co-Executor with Previous Name (May surviving Co-Executor [] Successor Executor	
(current address)	(phone number)
TRUSTEES (Co-Trustees Act: [] Separately or [] Join	ntly)
(name)	(relationship)
(name)	(Telationship)
(current address)	(phone number)
(name)	(relationship) tee act alone? [] Yes [] No)
[] Co-Trustee with Previous Name (May surviving Co-Trus or [] Successor Trustee	

3		
	(name) [] Co-Trustee with Previous Name (May surviving Co-Trustee or [] Successor Trustee	(relationship) ustee act alone? [] Yes [] No)
	(current address)	(phone number)
4	(name) [] Co-Trustee with Previous Name (May surviving Co-Truor [] Successor Trustee	(relationship) ustee act alone? [] Yes [] No)
	(current address)	(phone number)
C	. GUARDIANS OF MINOR CHILDREN (Co-Guardian	as Act: [] Separately or [] Jointly)
1	(narne)	(relationship)
	(current address)	(phone number)
2	(name) [] Co-Guardian with Previous Name (May surviving Co-Gor [] Successor Guardian	(relationship) Guardian act alone?[]Yes []No)
	(current address)	(phone number)
3	(name) [] Co-Guardian with Previous Name (May surviving Co-Cor [] Successor Guardian	(relationship) Fuardian act alone? [] Yes [] No)
	(current address)	(phone number)
4.	(name) [] Co-Guardian with Previous Name (May surviving Co-Gor [] Successor Guardian	(relationship) Guardian act alone? [] Yes [] No)
	(current address)	(phone number)

	(name)	(relationship)
	(current address)	(phone number)
2.		
	(name)	(relationship) surviving Co-Agent act alone? [] Yes [] No)
	(current address)	(phone number)
3.	(name)	(relationship) surviving Co-Agent act alone? [] Yes [] No)
	(current address)	(phone number)
1.	(name)	(relationship)
		surviving Co-Agent act alone? [] Yes [] No)
	or [] Successor Agent (current address)	(phone number)
	or [] Successor Agent	(phone number)
c.	or [] Successor Agent	(phone number) OWER OF ATTORNEY
c.	or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE P	(phone number) OWER OF ATTORNEY (relationship)
c.	or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE P (name)	(phone number) OWER OF ATTORNEY (relationship) (phone number)
E.	or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE P (name) (current address)	(phone number) OWER OF ATTORNEY (relationship) (phone number)
C.	or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE P (name) (current address)	(phone number) (relationship) (phone number) (relationship)
E.	or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE P (name) (current address) (name) (current uddress)	(phone number) OWER OF ATTORNEY (relationship) (phone number) (relationship)

SECTION 6, HEALTH-RELATED PROBLEMS

Please describe any specific health-related problems.			
A. Client			
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B. Spouse			
Value 14 - 5 - 15 (200 Carter Control of Con	And the second s	Add and the second to the seco	
A CONTROL OF THE CONT		The second secon	gg geographyspassas ar samma har the depth of the thirt is the second of the third is the second of the thirt is the second of the second of the thirt is the second of the secon
SECTION	ON 7. CAPACITY		
A. MEMORY AND UNDERSTANDING			
Are there any known problems with memory of	or understanding?		
Client: [] Yes [] No			
Spouse: [] Yes [] No			
If yes, please explain:			
and the state of t			
	and the state of t	kanalaking kecamangan di dadah sakin dagan persistelik kecama sahi pekir 1995 di dalam di dangan sa	annegijoga an angiglisis (Antikalanda). Antikalanda angalog Antikalanda angalog Antikalanda angalog Antikaland
B. OTHER ISSUES			
	<u>Client</u>	Spouse	
Able to sign name?:	[] Yes [] No	[]Yes []No	
	[] Yes [] No		
	[] Yes [] No		
	[]Yes []No	[]Yes []No	
Able to leave current residence?:	[]Yes []No		

SECTION 8. PHYSICIAN INFORMATION

Please list the name, specialty, address, and phone number of your primary physician.

	<u>Client</u>	Spouse
	Physician's Name:	
	Specialty:	
	Address:	
	0.000,000,000 and 0.000 an	
	Business Phone:	
		200 Sept. 1 (1991) 1
	$\underline{\mathbf{S}}$	SECTION 9. RESIDENCE OWNED
A.	Owners:	
В.	How is title held?	and to the householded to the contract of the
PI.	EASE PROVIDE A COPY	OF THE DEED AND MOST RECENT TAX BILL
C.	Fair Market Value:	National Control of the Control of t
D.	Mortgage Balance:	
	Is it a Reverse Ar	nuity Mortgage (RAM)? [] Yes [] No
	Basic Mortgage T	Cerms:
E.	Single Family Residence?	[]Yes []No
F.	If the property is rental prope	erty, please provide the following:
	1. Number of units:	
	2. Currently being rented?	[]Yes []No
	3. Are tenants under lease?	[] Yes [] No
G.	If the property was <u>purchase</u>	d, please provide the following:
	1. Date of Purchase:	
	2. Purchase Price:	\$
H.	If the property was inherited.	, please provide the following:
		AND CONTROL OF THE PROPERTY OF
	2. Value when Inherited:	
	Z. Value When historica.	. H

I.	If improvements have been	made to the property, please detail the value and nature of them:
ga sa san Mad		
J.	Have the owners used the c	apital gains tax exclusion? [] Yes [] No
K.	If at least one occupant of that child lived in the resid	the residence is a child of the individual in need of long-term care, has ence for at least 2 years? [] Yes [] No
	1. If yes, has the child pole long-term care for the p	rovided personal care to the parent that might have delayed the need for parent? [] Yes [] No
	2. If so, please describe the	ne nature and duration of the care provided:
L.	Does the person needing call If yes, please describe the	are have any living children who are disabled? [] Yes [] No
	and a detail to the way the problem of additionary to the contract of the cont	
M.	Does the owner have a sibl	ing who has lived in the house for at least 1 year? [] Yes [] No
	If yes, does the sibling still	reside in the home? [] Yes [] No
		SECTION 10. RESIDENCE RENTED
A.	Monthly Rent:	\$
В.	Type of Rental:	[] Single Family [] Apartment [] Residential Care [] Life Care [] Senior Housing
C.	Rental/Lease Agreement?	[]Yes []No
D.	Is Rent Subsidized?	[] Yes [] No
If	so, by whom and amount?	

SECTION 11. LONG-TERM CARE (LTC)

A. Client	
Currently Receiving LTC?	[]Yes []No
If so, date started:	
Name of Facility/Provider:	
Address:	
Business Phone:	
Administrator or Contact:	
B. Spouse	
Currently Receiving LTC?	[]Yes []No
If so, date started:	
Name of Facility/Provider:	
Address:	
Business Phone:	
Administrator or Contact:	
	SECTION 12. HOSPITAL
A. Client	
Currently in Hospital?	[]Yes []No
If so, date admitted:	
Name/location of hospital:	
Description of medical issue:	
Is LTC placement expected?	[] Yes [] No
If so, likely to return home?	[]Yes []No

B. Spot	<u>18e</u>				
(Currently in Hospital?	[]Yes []No			
	If so, date admitted:				***************************************
Nam	e/location of hospital:	The state of the s			-155-155-1
Descrip	ation of medical issue:				- a consequencia que adal
Is LTC	placement expected?		AND OF STREET	***************************************	
If so, 1	ikely to return home?	[] Yes [] No			
		SECTION	N 13. INCOME		
In comp	leting the following so on the payment vehicle	ection, use the "na e is the "owner" of	me on the check" rule; the income.	that is, the person whose n	ıame
A. FIX	ED MONTHLY INC		G	To im 6	
		Client	Spouse	<u>Joint</u>	
1.				\$	
2.	R.R. Retirement:	\$	\$	\$	***************************************
3.	Pension:	\$	\$	\$	
4	E	\$	\$	<u>\$</u>	
5.	•	\$		S	
6.	\$	\$	\$	\$	
B. NON	V-FIXED MONTHLY	INCOME			
		Client	Spouse	<u>Joint</u>	
1.	Interest:	\$	\$	<u>\$</u>	**************************************
2.	Dividends:	\$		S construction of the second o	araba sassa saa
3.		S. Comment of the second secon	\$	A Section of the Contract of t	**************************************
4.		\$	\$	\$	***************************************
5	to the Company of Comp	\$	A CONTRACTOR OF THE PARTY OF TH	\$	namen i solongaran
C T	'OT'AT C' (A thous P):	¢	\$	\$	

SECTION 14 ASSETS AND RESOURCES

A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.) (Please provide copies of statements)

Name of Bank/Branc	h Account	No. Type of A	Account J	Balance/Value	How Title Held
Big Bank/Main St. (sample)				\$ 85,321,87	Jointly w/ son
					Not the second s
A STATE OF THE STA	West long to the state of the s			\$	Not the manufacture of the second special second se
\$100 per \$10			ing and the second	\$	41,6,4,4,4
	Specific factors Services Serv	White properties are a second or the second of the second	200000 FOOTON (FOOTON FOOTON F	\$	$\int d^{2} dx dx dx dx dx dx dx dx $
MANAGERI (1919) MANAGERI (1919	STORY OF STATE OF ST	1000/01/1 A00000 10000000000000000000000	encolation and parameters are as a second consider.	\$	
B. SECURITIES (I (Please provide of Name of Company	copies of stater			Current Va	ıl. <u>How Title Held</u>
Acme Corp.		100 Shares	\$ 5000	\$ 9000	Sole owner
(sample)	(or Preferred)	All the second s	\$	\$	
				\$	manakhi sasaya, pagaga kabanga manga manakhiri manakiri manakiri manakiri manakiri manakiri manakiri manakiri m
					And the second s
					angan kanaras — angan kanarasan dan da
		and the second s	\$	\$	A THE CONTRACT OF THE CONTRACT
C. RETIREMENT (Please provide o		(IRAs, Keoghs, etc nents and benefici		ntions)	
Name of Institution	Account No.	Owner	Beneficia	y <u>Date Est.</u>	Current Value
Big Broker sample)	123-45-678	Client	Spouse	Jan, 1970	\$ 85,000.00
, :=/					\$
	and the second s	* - at a proposition of the second	ye restriction and acceptant		LANGUA II.

		**************************************	aurest. N.S.T.T.N.S.T.T.N.S.T.T.	
G. RIGHTS OR INTERESTS IN TRUSTS Briefly describe or give the name of the Tr interest, or the person who is the source of t which creates the interest, if available. If not,	rust in wh he inherita	ich the pe mee. Plea	erson need ase provide	ing long-term care has an e a copy of the instrument
AND COMMITTEE OF THE PROPERTY	e page en elactricità del Procedenti del Constituto	SALES CONTRACTOR OF STREET		
		***************************************	namanana sa mara a madanana 1979 da 1996 da 1	g kaj (1817). Bakalakat kingditta kandara kandara kandara kandara kandara kandara kandara kandara kandara kand
		annessa de la companya de la company		
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THE REPORT OF THE PARTY OF THE		namana na wa kata a ma na anana na ma na kata a ma na ma		
H. MISCELLANEOUS If the person needing long-term care has any nature of the interests and the estimated value of the interests.	property in of each.	nterests no	ot describe	d above, please explain the
	est mars in a service of the common chain all defined (Albina)			
		4,03,000,000	a ki ki ka limak ka 1800 ya manaya manaya mananana (1801)ja 180	No. 6. (Market 1997)
	The second secon			
	and the second s	nyakopolina kalimaka na katana	**************************************	
	on the same of the	againg an again the second	ijn i'' h ook o raan sanaan kalka salaan ka	A STATE OF THE STA
SECTION 15.	EVEMP'	CRESOU	RCES	
Under the Medicaid rules, certain items are "en long-term care. Some of those items are listed has the listed items.	xempt" fro	m conside	eration as a	on available asset to pay for her the person needing care
	Client		Spouse	(13)
Burial plot:		[]No		
Irrevocable burial fund contract:	[] Yes	[]No	[] Yes	[] No

SECTION 16. PEOPLE PROVIDING ASSISTANCE

Who now has "assistance" responsibilities? That is, are any family members or other people providing custodial or other types of care to the person needing assistance? Please list name, phone number, and relationship to the person receiving the care.

A. Responsible for Client:				
(name of responsible person)	(phone	number)	(relationship	n to person needing care)
(name of responsible person)	(phone	number)	(relationship	o to person needing care)
(name of responsible person)	(phone	number)	(relationship	o to person needing care)
Responsible for Spouse:				
(name of responsible person)	(phone	number)	(relationship	o to person needing care)
(name of responsible person)	(phone	number)	(relationship	o to person needing care)
• (name of responsible person)	(phone	number)	(relationship	to person needing care)
Security control and the security of the secur	777	THLY COST OF L	VING	
. HOUSING (ESTIMATED	PER MONTH) <u>Client</u>	Spouse		<u>Joint</u>
If home is owned, total cost of mortgage, taxes, utilities, phone, etc.*:	\$	\$	NAMES AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA	\$
If home is rented, total rent, including maint, fees, if any:	\$	\$	generalingsgrap new new year below his below in the best of	\$
Is the senior citizen real property to	erty tax exemption	being used? [] Ye	s []No]No	

B. INSURANCE I	PREMIUMS (PER <u>Clie</u>		ouse	<u>Joint</u>
1. Healtl	ı insurance: \$	\$	yannan an a	S. S
2. Long-term care	e insurance: \$	<u>\$</u>	and the state of t	\$
3. (specify)	: \$	\$		\$
4. (specify)	\$	\$		\$
C. MEDICAL EXI	PENSES (ESTIMA	ATED PER MONTH)		
	Clie		<u>ouse</u>	<u>Joint</u>
1. Non-covered m	nedications: \$	\$	t ook as deep deel teer oo	\$
2. (specify)	: \$	\$	er, er manner, e e seet i mennen hand myddianadd manner ar	\$
\ L	: \$	S.	The state of the s	\$
1.	<u>Clie</u> Food: <u>\$</u>	<u>nt Sp</u> \$	ouse	<u>Joint</u> \$
1.	Food: \$	\$		\$
2. Entertainment	and travel: \$	\$		
3. Support for	or children: \$	\$	ny payning diponing a distribution of the latter of the la	\$
4	S November 1 State of the State	<u>\$</u>	100 C	\$
(specify	; \$	\$		
(specify)	When any and a second a second and a second		Company of the Compan	
E. TOTALS (A thru D): \$		ering and the boundaries and the state of the boundaries and the state of the state	
	SECTION 19.	HEALTH AND LTG	CINSURANCE	
If the person needing is paying for a Medic	g care has Medicare care supplement pol	Parts A, B, or D, privicy, please provide the	rate health or long following inform	g-term care insurance, or ation:
Name of Insurer	Policy No.	Type of Policy	Monthly Prem.	If LTC, Daily Benefit
Acme Insurance	123-45-6789	Long-term care	\$ 3,000	\$ 300,00 per day
sample)	принентинического принентиниче		\$	\$
			\$	\$

		\$
powerstand production of the state of the st		\$
SECTION 20. PLAN	INING AND OTHER	DOCUMENTS
Please provide a copy of each document.		
	Client	Spouse
Will		[]Yes []No
Revocable Living Trust		[]Yes []No
Pour-Over Will		[]Yes []No
General Durable Power of Attorney		[] Yes [] No
Health Care Power of Attorney (or Proxy)	: []Yes []No	[] Yes [] No
Living Will	: []Yes []No	[] Yes [] No
pecity)	: []Yes []No	[] Yes [] No
	; []Yes []No	[]Yes []No
pecify)	· []Ves []No	[] Yes [] No
pecify)	. [] 103 []110	[] 100 []110
Ias the person needing care transferred prop 0 months? If so, please provide the following. Client	perty to someone other ing information and co	than his or her spouse within the past pies of gift tax returns, if available:
Recipient	Amount/Value of Gif	t Date of Gift
	A COLOR AND A COLOR AND	
	\$	eringagin in tymore tikens — manafasia vita (titak kata) manajan manajan manajan kata (titak kata) oleh kata (tita
	\$	
geology provide material production of the contraction of the contract	\$	All front delicated by the second of the sec
Managaman and the state of the	\$	MANAGEMENT AND
. <u>Spouse</u>		
Recipient	Amount/Value of Gif	Date of Gift
	No. of the second secon	

A. <u>Client</u>	Amount/Value of Transfer	Date of Transfer
Name of Trust	\$	
	\$	
	\$	
B. Spouse		
Name of Trust	Amount/Value of Transfer	Date of Transfer
1.	\$	en application and the second and th
2.	\$	
3.		
	SECTION 23. CLIENT'S GOALS	
What are your goals?	DECLE TO THE PROPERTY OF THE P	
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