DATE:	CLIENT INFORMA	FILE NO.: ATION
NAME:ADDRESS:	SPOUSE'S NAM	
HOME PHONE:	WORK PHONE:	FAX:
CELL PHONE:	SPOUSE CELL:	EMAIL:
SOCIAL SECURITY NO.:	DOB:	MARITAL STATUS:
SPOUSE SOC SEC NO.:	SPOUSE DOB:	
IS SPOUSE DECEASED:	YES orNO DO	OD:
ARE YOU A: NEW CLIENT:	OR PRESENT/RE	ΓURNING CLIENT:
ARE YOU A VETERAN or SPO	OUSE OF A VETERAN? Y	es or No
REFERRAL SOURCE:		
OTHER PARTIES:		
NAME:	NAM	E:
ADDRESS:	ADDI	RESS:
		/STATE:
PHONE:	PHON	NE:
SOC SEC #:	SOC	SEC #:
DATE OF BIRTH:	DATE	E OF BIRTH:
EMAIL:	EMA	IL:
TYPE OF CASE - PLEASE	CIRCLE BELOW:	
ESTATE/PROBATE - WILL	S/ESTATE PLANNING - T	RUST - REAL ESTATE
ELDER LAW - CONSERVA	TORSHIP - MISCELLANE	EOUS:
PURPOSE OF VISIT:		
I agree to pay all fees and expe	nses for services rendered, inc	cluding but not limited to the initial
consultation fee of \$300 and al	l services thereafter which sha	all be billed at the rate of \$300/hour. I
understand that payment is due	at the time services are rende	ered.
CLIENT		
CLIENT		
NEXT APPOINTMENT:		

Asset Accumulation Worksheet

The following worksheet may be helpful in determining the value of your net estate for estate tax purposes. In addition, when designing you plan, it is important to designate how each asset or account is titled (e.g. Joint Tenants with Rights of Survivorship, etc.)

Financial Information

Assets	Value	Titled
		(Self/Spouse/Joint)
Home	\$	
Other Real Estate	\$	
	\$	
	\$	
Business Interests	\$	
	\$	
	\$	
Checking Accounts	\$	
	\$	
	\$	
Savings Accounts	<u>\$</u>	
	\$	
Certificates of Deposit (CDs)	\$	
	\$	
	\$	

(continued...)

NANCY L. CHOATE
Attorney At Law
The Law Office of Nancy L. Choate P.C.
403 N. Parkway, Suite 201
Jackson, TN 38305
(731) 661-0665

Stocks, Bonds, Mutual Funds	\$	
	\$	
	\$	
IRAs and Retirement Plans	\$	
	\$	
	\$	
Annuities	s	
	\$	
Life Insurance (Face Value)	s	
Collectibles (heirlooms, etc.)	<u>\$</u>	
	\$	
Personal Property	\$	
(estimate replacement value of furnishing	ngs, car, clothes)	
Total Asset Value	\$	
DEBTS		
Mortgage	\$	
Personal Loans	\$	
Other Debts	\$	
Total Debt Owed	\$	
Total Asset Value - Total De	ebt = Net	Estate Value
Income		
	<u> </u>	
`		

MEDICAID CHECKLIST

Asset Accumulation Worksheet	
Date admitted to Nursing Home.	
Copy of Social Security Card.	
SSA Verification Consent Form (Social Security award letter)	
Copy of Medicare Card.	
Copy of Tennessee Driver's License or Voter Registration Card.	
Copy of Birth Certificate.	
Copy of Health Insurance Cards (BCBS, Cigna, TennCare, etc.).	
Deed / Legal papers to any property or other assets sold, mortgaged, or transferred in	
the past sixty (60) months.	
Property Tax receipts / Deed to house.	
Life Insurance Policy and cash value.	
Health Insurance premium for proof of cost.	
Funeral / Burial Insurance Policy and cash value.	
Proof of ownership of cemetery lot.	1
The last 3 bank statements on all accounts, even if closed, with copies of all cancelle	d
checks and all receipts for expenses over \$500.	
Veteran's ID / claim number (must apply if eligible).	
Title to all cars, regardless of condition (proof of sale if sold within the last 3 months	;).
Marriage License.	
Divorce Decree, if applicable.	
Power of Attorney	
Copy of spouse death certificate or other proof of death.	
Proof of all gifts made over \$500 in the last sixty (60) months.	
Qualified Income Trust (Include deposit slip for QIT account).	
Proof of Income - all sources (Social Security, Pension, Interest, VA Compensation, etc.)	
Copy of latest tax return and all 1099s.	
PAE letter from TennCare	
Other:	
If spouse is living in the community:	
Copy of Social Security Card.	
Copy of Medicare Card.	
Proof of Income.	
Copy of latest tax return and all 1099s.	
Utility and telephone bills.	
Proof of rent of house / property taxes.	
Homeowners Insurance.	
IOMOO WHOIS INSULATION	

You MUST pay the resident's liability each month while MEDICAID is pending. The resident's liability is determined by taking the resident's total income and subtracting \$50.00 for personal expenses and any supplemental health insurance policies. The Department of Human Services will approve and send us a final determination of the resident's liability.

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.

	6-1-4-0-1			
DATE:	THE THE PARTY OF T			
SEC	CTION 1. NAME AN	D CONTACT	INFORMATION	
Person Completing Form:	(first)	(middle)	(last)	
Home Address:		angan da da da angan		
Relationship to Client:				
Client's Full Name:	Specialism (1997) - Specialism (1984) with the Additional Addition		ann grann ann an dh'ann àighe 1994 (n o Andrewskie – w 1882 na se Apollonistic se troub de la 1880 de la
Spouse's Full Name:	(first)	(middle)	(last)	
Home Address:	(first)		(last)	
Home Address.				
	Client		Spouse	-erferindekkalander de komen et et eller (d. 1994 sed million ugfar e kjör föld
Telephone Numbers:	(home)		(home)	
	(cell)		(cell)	
Date of Birth:				Mr. was a second of the second
Former/Maiden Names:				
US Citizen?:	[]Yes []No		[] Yes [] No	
Social Security Number:			paymanta and particular restrictions are some of a banks, a property of the sound o	
Military Service:	Solution (Additional Additional A	eridan (1. km² latin erine (1. tronomi eridan kanalaktika (1. tronomi eridan kanalaktika (1. tronomi erida kan	(All the state of	TANAMEROODERS (1984) MANAGER (1982) TANAMEROOM (1984) TANAMEROOM (1984) TANAMEROOM (1984) TANAMEROOM (1984) TA
Date of Death:				

SECTION 2. MARITAL INFORMATION

A	. Date of Marriage:		W. VICE AND	" a Brasilabana et divina
В	Place of Marriage:			**********************
	· journess	(city) (state or pre	ovince) (country)	
C	. Client's Former Spouses:			
-16				
Į.	(name of former spouse)	(date of marriage)	(place of marriage)	
		[Death] Divorce	Qualifornia	
	(year terminated)	(how terminated)		
	I] Yes [] No			
	(still living?)	(if still living, describe relationship)		
2.	Annual Control of the		(Langer Committee)	
	(name of former spouse)	(date of marriage)	(place of marriage)	
	(year terminated)	[] Death [] Divorce (how terminated)		
	[] Yes [] No	•		
	(still living?)	(if still living, describe relationship)		CONTRACTOR STATE OF THE STATE O
3.				
	(name of former spouse)	(date of marriage)	(place of matriage)	gamaning capablanan, sepanap
	And the second s	[]Death []Divorce	-t-marriage.	
	(year terminated)	(how terminated)		
	[] Yes [] No (still living?)	(if still living, describe relationship)	300	
	(Jan Company	(,		
D.	Spouse's Former Spouses	<u>.</u>		
,				
Ĺ.	(name of former spouse)	(date of marriage)	(place of marriage)	***************************************
	No. 1 de la compressa de la co	[] Death [] Divorce		
	(year terminated)	(how terminated)		
	[] Yes [] No (still living?)	(if still living, describe relationship)	The graph of the state of the s	
	(zm namki)	(it san itving, describe relationship)		
	to man at Europe and South	(date of marriage)	(place of marriage)	(end-not)make end not be a second
	(name of former spouse)		(prace of maininge)	
	(year terminated)	[] Death [] Divorce (how terminated)	ent ibut	
	[]Yes []No			
	(still living?)	(if still living, describe relationship)		
.				
•	(name of former spouse)	(date of marriage)	(place of marriage)	
	and the second s	[] Death [] Divorce	online and	
	(year terminated)	(how terminated)		
,	[] Yes [] No	(if still living, describe relationship)		COLUMN TO STREET, STRE

SECTION 3. CHILDREN

name of child) (date of birt	h) (social security number)
· · · · · · · · · · · · · · · · · · ·	
Parent: [] Client [] Spouse [] Both	
(current address)	(phone number)
[] Adopted	and the section of th
(date of adoption)	(court granting adoption)
[] Deceased (date of death)	[] Yes [] No (child has surviving children?)
, ,	
Describe this child does he or she have "special needs"? Co	nsider health and general financial status, including needs and abilities)
Use additional pages, if needed)	
ego agentuma ballos, a mosaca)	
name of child) (date of birt	h) (social security number)
Parent: [] Client [] Spouse [] Both	
current address)	(phone number)
[] Adopted	
(date of adoption)	(court granting adoption)
[] Deceased (date of death)	[] Yes [] No (child has surviving children?)
(unit in deadly	(2007)
Describe this child does he or she have "special needs"? Con	nsider health and general financial status, including needs and abilities)
Use additional pages, if needed)	
***	h) (social security number)
name of child) (date of birt	II) (audit security named)
Parent: [] Client [] Spouse [] Both	
current address)	(phone number)
Adopted	September 1998 Septem
(date of adoption)	(court granting adoption)
[] Deceased	[] Yes [] No (child has surviving children?)
(dute of death)	LODING DRY SBYVIVIDE COHOLCE ()

(name of child)		(date of birth)		(social security number)
Parent: [] Clie	ent [] Spouse	[] Both		
(current address)				(phone number)
[] Adopted	ek (MII.M. 8 N. M.	The state of the s		MANANAN
	(date of adoption)		(court granting adoption	
[] Deceased	(date of death)	didefention di transcensi di 1924 (dipendente di 1927) (dipendente di 1927) (di 1924) (di 1924) (di 1924) (di 1924)	[] Yes [] No (child has surviving chi	
(Describe this child o	focs he or she have "spec	ial needs"? Consider l	ealth and general financial s	tatus, including needs and abilities)
(Use additional pages,	if needed)		an ian arawa a a a a a a a a a a a a a a a a a	
•				
(name of child)	***************************************	(date of birth)	490 M. W.	(social security number)
Parent: [] Clie	ent [] Spouse	[] Both		
(current address)	yayayaya		and the second s	(phone number)
[] Adopted			makangi sipingi kapinah pangangang ja magapatan basa, pananan pangambang makan basa, na pangamban sa pangamban	
	(date of adoption)		(court granting adoption	
[] Deceased	(date of death)		[]Yes []No (child has surviving chi	
	(unic or deatily		(sima naa sa) titing sim	
(Describe this child d	loes he or she have "spec	ial needs"? Consider h	ealth and general financial s	tatus, including needs and abilities)
(Use additional pages, i	f necded)		A Section of Control o	
(name of child)		(date of birth)		(social scentity number)
	ent [] Spouse	,		
(current address)	and the second s	uu sagassaana aanada da ah ka aa	тануян пантан эрген <mark>іўм трана</mark> най кат ада нт	(phone number)
[] Adopted			Warning to the control of the contro	. NO DESCRIÇO DE ESPERAÇÃO AN ELECTROLOGICO DE MARIA DE MA
And the second s	(date of adoption)		(court granting adoption	n)
[] Deceased	(date of death)	and an above the second se	[] Yes [] No (child has surviving chi	wanted the college of
				tatus, including needs and abilities)

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
CARTAGORIA	
C.	Third-choice beneficiaries: [] Spouse [] Children [] Spouse and Children [] Other
KIKIGIANI	
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)	(totalonship)
(current address)	(phone number)
-	name)	(relationship)
Ì	name) Output Discreption of the content of the co	
(4	current address)	(phone number)
7	namc)	(relationship)
	Co-Executor with Previous Name (May surviving Co-Executor [] Successor Executor	tor act alone? [] Yes [] No)
(0	current address)	(phone number)
-	name)	(retationship)
Ì	Co-Executor with Previous Name (May surviving Co-Executor [] Successor Executor	tor act alone? [] Yes [] No)
(0	airrent address)	(phone number)
•	TRUSTEES (Co-Trustees Act: [] Separately or [] Jointly	y)
(n	ianic)	(relationship)
(c	urrent address)	(phone number)
Ì	ame)] Co-Trustee with Previous Name (May surviving Co-Trustee r [] Successor Trustee	(relationship) act alone? [] Yes [] No)
	urrent address)	(phone number)

(name) [] Co-Trustee with Previous Name (May surviving or [] Successor Trustee	(relationship) g Co-Trustee act alone? [] Yes [] No)
(current address)	(phone number)
(name) [] Co-Trustee with Previous Name (May surviving or [] Successor Trustee	(relationship) g Co-Trustee act alone? [] Yes [] No)
(current address)	(phone number)
GUARDIANS OF MINOR CHILDREN (Co-G	uardians Act: [] Separately or [] Jointly)
(name)	(relationship)
(current address)	(phone number)
(name) [] Co-Guardian with Previous Name (May survivior [] Successor Guardian	(relationship) ing Co-Guardian act alone?[] Yes [] No)
current address)	(phone number)
(name) [] Co-Guardian with Previous Name (May survivior [] Successor Guardian	(relationship) ing Co-Guardian act alone? [] Yes [] No)
(current address)	(phone number)
name) [] Co-Guardian with Previous Name (May survivi or [] Successor Guardian	(relationship) ing Co-Guardian act alone? [] Yes [] No)
(current address)	(phone number)

(name)	(relationship)
(current address)	(phone number)
(name)	(relationship)
[] Co-Agent with Previous Name (Magor [] Successor Agent	y surviving Co-Agent act alone? [] Yes [] No)
(current address)	(phone number)
(pame)	
(name) [] Co-Agent with Previous Name (Mayor [] Successor Agent	y surviving Co-Agent act alone? [] Yes [] No)
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(name)	(relationship)
1 Co-Agent with Previous Name (May	y surviving Co-Agent act alone? [] Yes [] No)
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	y surviving Co-Agent act alone? [] Yes [] No)
or [] Successor Agent (current address)	(phone number)
or [] Successor Agent (current address)	(phone number) POWER OF ATTORNEY
or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE	(phone number) POWER OF ATTORNEY
or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE (name)	(phone number) POWER OF ATTORNEY (relationship)
or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE (name)	(phone number) POWER OF ATTORNEY (relationship)
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or [] Successor Agent (current address) AGENTS UNDER HEALTH CARE (name) (current address) (name) (current uddress)	(phone number) POWER OF ATTORNEY (relationship) (phone number) (phone number) (phone number)

SECTION 6. HEALTH-RELATED PROBLEMS

Please describe any specific health-related prol	blems.		
A. Client			
			######################################
	and the second s		
B. Spouse			
granders have to the first of t	The second secon		
yang kapata 47,000000, 11 / menangkan mara sa halahi. Sama mendi 49 Melekitap pemangkanan dangkan dang	and the second s		aan oo galaysa waxay oo
SECTION	ON 7. CAPACITY		
A. MEMORY AND UNDERSTANDING			
Are there any known problems with memory o	or understanding?		
Client: [] Yes [] No			
Spouse: [] Yes [] No			
If yes, please explain:			
	4,444,444,444		
	and the state of t		THE RESIDENCE AND ADMINISTRATION OF THE PARTY OF THE PART
B. OTHER ISSUES			
	Client	Spouse	
Able to sign name?:	[] Yes [] No	[]Yes []No	
Able to speak?:	[] Yes [] No		
Able to recognize friends and family?:	[]Yes []No	[]Yes []No	
Cognizant of property and possessions?:	[]Yes []No	[]Yes []No	
Able to leave current residence?:	[]Yes []No	[]Yes []No	

SECTION 8. PHYSICIAN INFORMATION

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

	<u>Client</u>	<u>Spouse</u>
	Physician's Name:	Control of the Contro
	Specialty:	
	Address:	
	en nyang appendir mulin sula nina dikanan kanan di	
	Business Phone:	
		nomania decidence ambien
	<u>S</u>	ECTION 9. RESIDENCE OWNED
A.	Owners:	
В.	How is title held?	
PI	EASE PROVIDE A COPY	OF THE DEED AND MOST RECENT TAX BILL
C.	Fair Market Value:	Note that the state of the stat
D.	Mortgage Balance:	
	Is it a Reverse An	nuity Mortgage (RAM)? [] Yes [] No
	Basic Mortgage T	erms:
E.	Single Family Residence?	[]Yes []No
F.	If the property is rental prope	rty, 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 purchased	d, please provide the following:
	1. Date of Purchase:	
	2. Purchase Price:	\$
H.	If the property was inherited,	please provide the following:
	1. Month/Year Inherited:	
	2. Value when Inherited:	\$

I.	If improvements have been made to the property, please detail the value and nature of them:
	Have the owners used the capital gains tax exclusion? [] Yes [] No
K.	If at least one occupant of the residence is a child of the individual in need of long-term care, has that child lived in the residence for at least 2 years? [] Yes [] No
	1. If yes, has the child provided personal care to the parent that might have delayed the need for long-term care for the parent? [] Yes [] No
	2. If so, please describe the nature and duration of the care provided:
L.	Does the person needing care have any living children who are disabled? [] Yes [] No
	If yes, please describe the nature of the disability:
M.	Does the owner have a sibling 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. Spo	<u>use</u>				
	Currently in Hospital?	[]Yes []No			
	If so, date admitted:				SA TIMETANT PROTEST PROTEST PRATE
Nam	ne/location of hospital:	$\frac{1}{2^{n_{1}}m_{2}m_{3}m_{3}m_{3}m_{3}m_{4}}d_{1}m_{4}d_{2}d_{3}d_{4}d_{3}d_{4}d_{3}d_{4}d_{3}d_{4}d_{3}d_{3}d_{3}d_{3}d_{3}d_{3}d_{3}d_{4}d_{3}d_{3}d_{3}d_{3}d_{3}d_{4}d_{3}d_{3}d_{3}d_{3}d_{3}d_{3}d_{3}d_{3$		The second secon	5
Descrip	ption of medical issue:				-months of the second s
Is LTC	C placement expected?				and the second s
If so,	likely to return home?	[] Yes [] No			
		SECTION	13. INCOME		
appears	on the payment vehicle	e is the "owner" of the	e on the check" rule; ne income.	that is, the person whose	name
A. FIX	ED MONTHLY INC	Client	Spouse	<u>Joint</u>	
1.	Social Security:		\$	\$	yng ywraitai fafai ar feith d
2.				\$	
3.				\$	
				\$	
				\$	
				<u>\$</u>	
	N-FIXED MONTHLY				
		Client	Spouse	<u>Joint</u>	
1.	Interest:	The state of the s	\$	<u>\$</u>	194000040000000000000000000000000000000
2.	Dividends:		8		AND A MARKET TO THE PARTY.
3.	7		\$	\$	int a school of the school
	*				
5	•	\$	<u>\$</u>	\$	actos commo o opportun-
c 1	FOTALS (A thru B):	S	\$	S	

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	Account I	Balance/Value	How Title Held
Big Bank/Main St.	123-45-0	6789 Savings	97999999999999999999999999999999999999	\$ 85,321.87	Jointly w/ son
	ANNOTATION STORES - ANNOTATION AND THE CONTRACT OF THE CONTRAC	Commission of the second secon	The state of the s	\$	
200 A CONTRACTOR OF THE CONTRA	2000 to 2000 t	wy przy przy przest konstantowa dominia przy przy przy przest konstantowa dowad dowad w przy przy przest konstantowa dowad dow	elin autorial de la constitución	\$	No. 1.5 and a management of the state of the
	NATIONAL STATE OF THE STATE OF	Application of the second of t	and the second section of the s	\$	VICTOR DATE OF THE SERVICE AND
		ennementaliselle enneministe del del del del de	and the second s	\$	Ad specialist and the second section of the section of
	ooren kartiin kii — Noore A door Britanii (Nooren aanaa	Notice of the Association of the	opposite suprementation of the section of the secti	\$	to the second distance of the second distance
(Please provide of Name of Company	Type of Sec.	# Shares/Face Va		Current Ve	
Acme Corp.	(or Preferred)		and the same of th	\$ 9000	
					Managaria (ASS) (ASS de l'elemente de la managaria de la manag
	$\zeta_{(i,j,m),(i,j,m)} = (1) (j_{i,j} + (j_{i$	y palat mininta dalah palata palata para di proprio proprio proprio delle Combina di Artico Combina di Commissione		\$	
		VIII Taurinia ira iraka arrawa ka kirakika da bali yaka wa Androka		\$	and the second s
	/		<u> </u>	\$	• • • • • • • • • • • • • • • • • • •
C. RETIREMENT (Please provide o		(IRAs, Keoghs, et nents and benefic		ations)	
Name of Institution	Account No.	Owner	Beneficia	ry Date Est.	Current Value
Big Broker	123-45-678	Client	Spouse	Jan, 1970	\$ 85,000.00
	- Letter Marie Carlos and the control of the control of the Carlos Carlo	THE PROPERTY OF THE PROPERTY O		-ANADOMOSTICO CONTRACTOR	Security described in the security of the secu
					\$

(Please provide copi Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way	\$ 120,000	\$ 180,000	\$ 85,321.87	Joint tenant
sample)	\$	\$	\$	
	S AND THE STREET OF THE STREET	\$	\$	
	\$	\$	\$	No. 148. Al (State VIII) 1 (State VIII)
		\$	\$	ery American Management Control of the Control of t
and the second s		\$	\$	tigali.
, , ,	tc.: \$ tc.: \$			
the person needing long the name, location, percenter, sole proprietorship greements, financial states	g-term care has ar ntage owned, nan , closely held co	nes and relationship	of co-owners, and	the form of owners

		Manager and 2000 to the first the second and advantage of
G. RIGHTS OR INTERESTS IN TRUSTS		
Briefly describe or give the name of the Trinterest, or the person who is the source of twhich creates the interest, if available. If not,	he inheritance.	Please provide a copy of the instrument
H. MISCELLANEOUS		
If the person needing long-term care has any nature of the interests and the estimated value	property interest of each.	s not described above, please explain the
	And the second s	
	anne de la companya d	
SECTION 15.	EXEMPT RES	OURCES
Under the Medicaid rules, certain items are "en long-term care. Some of those items are listed has the listed items.	xempt" from con I below. Please	sideration as an available asset to pay for indicate whether the person needing care
	Client	Spouse
Burial plot:		o []Yes []No
Irrevocable burial fund contract:	[] Yes [] N	O [] Les [] INO

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 num	ber)	(relationship to person n	needing care)
(name of responsible person)	(phone nun	her)	(relationship to person r	needing care)
(name of responsible person)	(phone num	ber)	(relationship to person r	nceding care)
. Responsible for Spouse:				
(name of responsible person)	(phone num	ber)	(relationship to person r	needing care)
(name of responsible person)	(phone num	ber)	(relationship to person r	needing care)
(name of responsible person)	(phone nun	ber)	(relationship to person r	needing care)
			SATELYS	
***************************************	ION 18. MONTH	LY COST OF LO	VING	
. HOUSING (ESTIMATED P	Client	Spouse	<u>Joint</u>	
If home is owned, total cost of mortgage, taxes, utilities, phone, etc.*:	\$	Shaman V	\$	nemponens his line his line and the second seco
If home is rented, total rent, including maint. fees, if any:	\$	\$	\$	
Is the senior citizen real property tax	ty tax exemption be	cing used? [] Yes	3 [] No No	

В.	INSURANCE PREMIUMS	(PER MO <u>Client</u>		ouse	<u>Joint</u>
1.	Health insurance:	\$	\$ ************************************		
2.	Long-term care insurance:	\$	<u>\$</u>	and the first state of the first	\$
3.	(specify)	\$	\$	andidang garantahan sa Marada ya engan sa San San San San San San San San San Sa	\$
4.	(specify)	\$	\$		\$
C.	MEDICAL EXPENSES (E	STIMATE <u>Client</u>		<u>ouse</u>	<u>Joint</u>
1.	Non-covered medications:	\$	**************************************	т деставляет на принципалните принципалните по принципал	\$
2.	(specify)	\$	<u>\$</u>	en generaense (* 1670) Hoshindhala Humila (Humilan) Habania ett kans	\$
3.	(specify)	\$	S	and the second s	\$
D.	BASIC LIVING EXPENSE	Client	$\underline{\mathbf{Sp}}$	ouse	<u>Joint</u>
1.	Food:	\$	S and in the state of the state		\$
2.	Entertainment and travel:	\$	\$	year com a second to the control of	\$
3.	Support for children:	\$	\$	A STATE OF THE STA	\$
4.	(specify)	\$ -10 10 10 10 10 10 10 10 10 10 10 10 10 1	<u>\$</u>	and an annual frager and perfect the territories () () () ()	\$
5.	(specify)	\$	\$	e enemental de la	\$
E.	TOTALS (A thru D):	\$	S ASSESSED AND ASSESSED ASSESS	Color or annual way and provide the state of	
	SECTI	ON 19. HI	EALTH AND LTO	C INSURANCE	
If this	he person needing care has M aying for a Medicare supplem	edicare Par ent policy,	ts A, B, or D, priv please provide the	ate health or long following inform	-term care insurance, or ation:
Nar	ne of Insurer Policy	No.	Type of Policy	Monthly Prem.	If LTC, Daily Benefit
	me Insurance 123-4	5-6789	Long-term care	\$ 3,000	\$ 300.00 per day
sam	ple)	and a suit of the	Mes analysis solutions are not to a transfer of the solutions of the solut	\$	<u>\$</u>
				\$	<u>\$</u>

AND	\$		\$
And the state of t	S	And the Control of th	S
SECTION 20. PLANN	VING AND OTHER	DOCUMI	ENTS
Please provide a copy of each document.	Client	Spouse	
Will:	[] Yes [] No		[] No
Revocable Living Trust:	[]Yes []No		
Pour-Over Will:	[]Yes []No		
General Durable Power of Attorney:	[]Yes []No	[]Yes	[] No
Health Care Power of Attorney (or Proxy):	[]Yes []No	[]Yes	[] No
Living Will:	[]Yes []No	[]Yes	[] No
	[]Yes []No	[]Yes	[] No
(specify)	[]Yes []No	[] Yes	[] No
(specify)			
(specify)	[]Yes []No	[]Yes	[] No
SECTION 21. TRA Has the person needing care transferred prope 60 months? If so, please provide the followin A. Client	erty to someone other	than his o	r her spouse within the past
	Amount/Value of Gift	Da	te of Gift
washiranias di al-Min de reconse			
The state of the s			
2.			
3.	5 (2/	governos estados estad	modely 1779 (1975 or 1980 or 1
4. And the state of the state o		Processors and any open service.	
B. Spouse			
Recipient	Amount/Value of Gift	<u>Da</u>	te of Gift
1.			
2	\$	manadera transportation and the second secon	

SECTION 23. CLIENT'S GOALS What are your goals?	Amount/Value of Transfer	Date of Transfer
3. \$ B. Spouse Name of Trust Amount/Value of Transfer Date of Transfer 1. \$ 2. \$ 3. \$ SECTION 23. CLIENT'S GOALS What are your goals?	\$	Annual contraction of the second contraction of the second contraction of the second contraction of the second
B. Spouse Name of Trust Amount/Value of Transfer Date of Transfer 1\$ 2\$ 3\$ SECTION 23. CLIENT'S GOALS What are your goals?	S .	Annual Control of the
Name of Trust Amount/Value of Transfer Date of Transfer \$ 2. \$ 3. \$ SECTION 23. CLIENT'S GOALS What are your goals?	\$	
Name of Trust Amount/Value of Transfer Date of Transfer \$ 2. \$ 3. \$ SECTION 23. CLIENT'S GOALS What are your goals?		
\$ SECTION 23. CLIENT'S GOALS What are your goals?	Amount/Value of Transfer	Date of Transfer
What are your goals?		and the second s
SECTION 23. CLIENT'S GOALS What are your goals?	.\$	Language and the second supplication of the second
What are your goals?	<u>\$</u>	
	Approximation of the state of t	10.7/404-0.31-4-404-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
		\$ Amount/Value of Transfer \$ \$ CTION 23. CLIENT'S GOALS