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## CONFIDENTIAL ASSET- PROTECTION QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to work with you in your estate, disability and asset-protection planning. 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. Your accuracy and completeness in responding will help us to best represent you. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant. All information provided is strictly confidential.

***Please try to get this form to our Titusville office at least one week before your scheduled appointment.*** To ensure the highest quality and accuracy of your Asset Protection Plan, please bring with you to your meeting recent bank statements and official documentation of all assets and income sources.

WE LOOK FORWARD TO SEEING YOU!

### SECTION 1. NAMES and CONTACT INFORMATION

Client (if single) or Husband				Wife or Partner (if applicable)			
<u>Name</u> First, Initial, Last		Maiden:		<u>Name</u> First, Initial, Last		Maiden:	
<u>Address</u>				<u>Address</u>			
<u>City, County</u>				<u>City, County</u>			
<u>State, Zip</u>				<u>State, Zip</u>			
<u>Telephone</u> Home, Cell				<u>Telephone</u> Home, Cell			
<u>Email</u>				<u>Email</u>			
<u>Date of Birth</u>			<u>Age</u>	<u>Date of Birth</u>			<u>Age</u>
<u>Citizen?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Veteran?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Citizen?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Veteran?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Soc Sec No</u>				<u>Soc Sec No</u>			
Have you ever resided in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:				Have you ever resided in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			
Name of Facility:				Name of Facility:			
Admission Date: _____				Admission Date: _____			
 If currently married, was a Resource Assessment (complete list of your assets) done at admission? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please bring copy of this list to meeting</b>							

Long-Term Care and Asset Protection Planning Questionnaire

**2. CHILDREN** (if no children, then other close relatives who are beneficiaries of your Will)

<b>CHILD 1</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both				<b>CHILD 2</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both			
<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece				<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece			
Name				Name			
Address				Address			
City		State		City		State	
County		Zip		County		Zip	
Phone		Cell		Phone		Cell	
E-mail				E-mail			
<b>CHILD 3</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both				<b>CHILD 4</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both			
<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece				<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece			
Name				Name			
Address				Address			
City		State		City		State	
County		Zip		County		Zip	
Phone		Cell		Phone		Cell	
E-mail				E-mail			
<b>CHILD 5</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both				<b>CHILD 6</b> <input type="checkbox"/> of Client <input type="checkbox"/> of Co-Client <input type="checkbox"/> of Both			
<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece				<b>If not child</b> <input type="checkbox"/> Sibling <input type="checkbox"/> Nephew <input type="checkbox"/> Niece			
Name				Name			
Address				Address			
City		State		City		State	
County		Zip		County		Zip	
Phone		Cell		Phone		Cell	
E-mail				E-mail			

- Are any of your children, their spouses or their children (your grandchildren) receiving Supplemental Security Income (SSI), Medicaid (ACCESS card), Social Security Disability (SSD), or any other form of government assistance?  Yes  No
- If yes, which child or children?  Child 1  Child 2  Child 3  Child 4  Child 5  Child 6

What type of assistance is he or she receiving (if you know):

- SSI  Medicaid (ACCESS Card)  Social Security Disability (SSD)  Other

If known, what is the amount of the child's or grandchild's monthly payment? \$\_\_\_\_\_

- Do any of your children or others you would name as beneficiaries in your Will require special consideration in your estate plan for any other reason, such as creditor claims, inability to handle finances, etc.?  Yes  No
- If yes, which child or children?  Child 1  Child 2  Child 3  Child 4  Child 5  Child 6

### SECTION 3. HEALTH INFORMATION

**Health Issues.** Please describe any specific health-related problems.

**Client (if single) or Husband:** \_\_\_\_\_

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**Wife or Partner:** \_\_\_\_\_

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<b>Memory and Understanding.</b>	<b>Client / Husband</b>	<b>Wife/Partner</b>
Are there any known problems with memory or understanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		
	<b>Client / Husband</b>	<b>Wife/Partner</b>
Able to sign name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to speak?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to recognize friends and family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognizant of property and possessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to leave current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 4. FINANCIAL INFORMATION

**Please fill out to the best of your ability. If you can only give approximate balances with or without account numbers that is acceptable at this stage. We will do our best to provide you with an understanding of asset protection with the information you are able to provide. Of course, if you hire us, we will need your specific information and will work with you to locate everything that you need.**

#### MONTHLY INCOME

<b>Client (if single) or Husband</b>		<b>Wife/Partner</b>	
<b>Social Security Retirement</b>		<b>Social Security Retirement</b>	
Gross (Monthly)	\$	Gross (Monthly)	\$
Medicare Deduction:	\$	Medicare Deduction:	\$
Net (Monthly)	\$	Net (Monthly)	\$
Direct deposit to:		Direct deposit to:	
<b>Employment</b>		<b>Employment</b>	

Employer:		Employer:	
Gross (Monthly)	\$	Gross (Monthly)	\$
Deduction:	\$	Deduction:	\$
Net (Monthly)	\$	Net (Monthly)	\$
<b>Pension</b>		<b>Pension</b>	
Gross (Monthly)	\$	Gross (Monthly)	\$
Deduction:	\$	Deduction:	\$
Net (Monthly)	\$	Net (Monthly)	\$
<b>Annuity Income</b>		<b>Annuity Income</b>	
Insurance Co.		Insurance Co.	
Monthly payment	\$	Monthly payment	\$
	Only list "annuitized" annuities here – that is, those from which you are receiving equal monthly payments <i>but cannot withdraw the principal</i> . (Annuities <i>that you can cash in</i> , even if you would have to pay a penalty, are an Asset listed under "Tax-Deferred Annuities" below.)		
<b>Other Income</b>		<b>Other Income</b>	
Source:		Source	
Amount:	\$	Amount:	\$
<b>Veterans Administration</b>		<b>Veterans Administration</b>	
Amount:	\$	Amount:	\$



**Is your monthly income generally enough to cover your monthly expenses?**

Yes  No If not, what is the average monthly shortfall? \$ \_\_\_\_\_


### HEALTH INSURANCE

<b>Medicare Supplement</b>			
Owner's name		Owner's name	
Company name		Company name	
Policy #		Policy #	
Monthly premium	\$	Monthly premium	\$
<b>Private Health Insurance (Blue Cross, UPMC, etc.)</b>			
Owner's name		Owner's name	
Company name		Company name	
Policy #		Policy #	
Monthly premium	\$	Monthly premium	\$

<b>Long-Term Care Insurance</b>			
Owner's name		Owner's name	
Company		Company	
Daily Benefit	\$	Daily Benefit	\$
Coverage	<input type="checkbox"/> Home Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> All Three	Coverage	<input type="checkbox"/> Home Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> All Three
Term	Number of Years: _____ <input type="checkbox"/> Life	Term	Number of Years: _____ <input type="checkbox"/> Life

<b>Life Insurance</b>			
Owner's name		Owner's name	
Company name:		Company name:	
Policy #		Policy #	
Type:	<input type="checkbox"/> Term or Group <input type="checkbox"/> Whole or Universal Life	Type:	<input type="checkbox"/> Term or Group <input type="checkbox"/> Whole or Universal Life
Beneficiary:		Beneficiary:	
Face value:	\$	Face value:	\$
Net cash value:	\$	Net cash value:	\$
Death Benefit		Death Benefit	

**BANK ACCOUNTS AND OTHER FINANCIAL ASSETS**

	<i>If the asset is an IRA, 401(k) or other RETIREMENT account funded with pre-tax income, list under "RETIREMENT ACCOUNTS" below.</i>
<b>Checking</b> Bank: _____ Account #: _____ Approximate balance: \$ _____	
How is account titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____	
<b>Checking</b> Bank: _____ Account #: _____ Approximate balance: \$ _____	
How is account titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____	
<b>Savings</b> Bank: _____ Account #: _____ Approximate balance: \$ _____	
How is account titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____	
<b>Savings</b> Bank: _____ Account #: _____ Approximate balance: \$ _____	
How is account titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust	

<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>CD Bank:</b>	Account #:	Maturity Date:	Current value:\$
How is CD titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>CD Bank:</b>	Account #:	Maturity Date:	Current value:\$
How is CD titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Mutual Fund:</b>	Name of Fund:	Current value \$	
Bank or Brokerage Firm:			
How is account titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Mutual Fund:</b>	Name of Fund:	Current value \$	
Bank or Brokerage Firm:			
How is fund titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Mutual Fund:</b>	Name of Fund:	Current value \$	
Bank or Brokerage Firm:		City:	
How is fund titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Stock:</b>	Name	No. of shares:	Current value \$
Bank or Brokerage Firm:		City:	
How is stock titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Stock:</b>	Name	No. of shares:	Current value \$
Bank or Brokerage Firm:		City:	
How is stock titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children <input type="checkbox"/> Other? Explain: _____			
<b>Stock:</b>	Name	No. of shares:	Current value \$
Bank or Brokerage Firm:		City:	
How is stock titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			



<input type="checkbox"/> Joint with Child or Children		<input type="checkbox"/> Other? Explain: _____	
<b>Savings Bonds:</b> Type? <input type="checkbox"/> E <input type="checkbox"/> EE <input type="checkbox"/> H <input type="checkbox"/> Other Current value \$			
Bank or Brokerage Firm:		City: Held at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are bonds titled? <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Trust			
<input type="checkbox"/> Joint with Child or Children		<input type="checkbox"/> Other? Explain: _____	
<b>Tax-Deferred Annuity</b> (Not a fixed monthly payment; money in annuity CAN be withdrawn – even if penalty)			
Bank or Brokerage Firm:		City:	
Who is annuity owner?		Issue date:	
Current Value: \$	Original contribution: \$	Annuity #:	
Beneficiary: <input type="checkbox"/> Spouse <input type="checkbox"/> Child or Children <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			

**RETIREMENT ACCOUNTS:** (IRAs, 401ks, and other accounts funded with pre-tax income.)

Bank or Brokerage Firm:		City:	
Account #		Current value: \$	
Who is the owner?		Minimum IRA distribution: \$	
Beneficiary: <input type="checkbox"/> Spouse <input type="checkbox"/> Child or Children <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
Bank or Brokerage Firm:		City:	
Account #		Current value: \$	
Who is the owner?		Minimum IRA distribution: \$	
Beneficiary: <input type="checkbox"/> Spouse <input type="checkbox"/> Child or Children <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			

**REAL ESTATE** (Attach copy deeds and recent tax bills for all real estate with this form.)

<b>Residence</b> Address:		City/Township:		State:	
County:		Current Value? \$		Purchase price \$	
Year acquired:		Mortgage balance: \$		Mortgage Bank:	
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust					
<input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____					

**Other Real Estate**

Address:		City/Township:		State:	
County:		Current Value? \$		Purchase price \$	
Year acquired:		Mortgage balance: \$		Mortgage Bank:	
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust					

<input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____		
Address:	City/Township:	State:
County:	Current Value? \$	Purchase price \$
Year acquired:	Mortgage balance: \$	Mortgage Bank:
How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Children <input type="checkbox"/> Trust		
<input type="checkbox"/> Life Estate <input type="checkbox"/> Other? Explain _____		

<b><u>MOTOR VEHICLES</u></b>	
Year, Make & Model:	How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only
Current value? \$	<input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Child or Children
Year, Make & Model:	How titled: <input type="checkbox"/> Your name only <input type="checkbox"/> Spouse only
Current value? \$	<input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Joint with Child or Children

### 5. PRIOR GIFTING

Have you made gifts or transfers, greater than \$500 total in any one calendar month, within the last five years (60 months)? **If yes, please complete the following** (as best you can)

To (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$
To (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$
To (name):		To (name):	
Date of Gift:		Date of Gift:	
Amount gifted:	\$	Amount gifted:	\$

### 6. OTHER INFORMATION

Have?	Client (if single) or Husband	Date	Have?	Spouse or Partner	Date
<input type="checkbox"/>	Last Will and Testament		<input type="checkbox"/>	Last Will and Testament	
<input type="checkbox"/>	Durable Power of Attorney		<input type="checkbox"/>	Durable Power of Attorney	
<input type="checkbox"/>	Healthcare Power of Attorney		<input type="checkbox"/>	Healthcare Power of Attorney	
<input type="checkbox"/>	Living Will		<input type="checkbox"/>	Living Will	
<input type="checkbox"/>	Living Trust		<input type="checkbox"/>	Living Trust	



<input type="checkbox"/>	Premarital Agreement	<input type="checkbox"/>	Premarital Agreement
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1. Do you have a safe deposit box? Yes No If yes, name of bank:

2. Do you have a personal safe in your home? Yes No



*If yes to either, make sure you include any financial or legal documents stored in your safe/safe deposit box when filling out this form.*

3. Have you filed tax returns with the IRS for the past three years? Yes No

*(If yes, please enclose a copy of your most recent return.)*

4. Do you have a financial adviser? Yes No If yes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

5. Do you expect to receive an inheritance within the next year? Yes No

6. Do you have home-owner's insurance? Yes No

If yes, with what company?

7. Do you have pre-paid funeral/cremation arrangements? Yes No

If Yes, complete the following:

Funeral Home: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

8. What hospital do you use? \_\_\_\_\_

Name of person who completed the form:

Date: \_\_\_\_\_

**ONLY COMPLETE IF EITHER YOU OR YOUR SPOUSE IS OR WAS A VETERAN**

Veteran's Name:		Service #:	
Veteran's Place of Birth:		Branch of military:	
Date entered:		Date discharged:	

Is the Veteran currently receiving any of the following public benefits?

<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Social Security Disability (SSD)	<input type="checkbox"/> SSI	
<input type="checkbox"/> Medicare Part A	<input type="checkbox"/> Medicare Part B	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Other

Is the spouse currently receiving any of the following public benefits?

<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Social Security Disability (SSD)	<input type="checkbox"/> SSI	
<input type="checkbox"/> Medicare Part A	<input type="checkbox"/> Medicare Part B	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Other

If married Veteran, complete information (and **include marriage certificate**)

Date of marriage: \_\_\_\_\_ Veteran's place of marriage \_\_\_\_\_

If married, was the Veteran or spouse previously married? Yes No

**If so, please include proof of dissolution of all previous marriages; i.e., divorce papers and/or death certificates of prior spouses.**

Are there any dependent parent(s)? Yes No

If yes, who? \_\_\_\_\_

- Does the Veteran have military discharge papers; i.e. DD214? Yes No
- Is the Veteran blind? Yes No
- Is the Veteran homebound? Yes No
- Is the spouse homebound? Yes No
- Has the Veteran filed for health benefits through VHA? Yes No
- Is the Veteran receiving retired military pay (annuity)? Yes No
- Is the Veteran receiving service-connected *Compensation* from the VA? Yes No  
If yes, has Veteran filed for Combat-Related Compensation through the DOD? Yes No
- Did the Veteran serve in Vietnam? Yes No
  - If yes, does the Veteran have any of the following health conditions:

<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Cancer
<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)			

Has the Veteran previously filed a claim with the VA? Yes No

If yes, what was the type of claim and claim number? \_\_\_\_\_