

PLEASE INDICATE IF THERE IS ANY PLANNED OR CURRENT PLACEMENT IN A NURSING HOME OR ASSISTED LIVING FACILITY: Yes ___ No ___

DO EITHER OF YOU HAVE LONG TERM CARE INSURANCE? Yes ___ No ___

If yes, please indicate from which company, what the monthly or daily benefit is and the terms:

DO EITHER OF YOU HAVE HEALTH INSURANCE THAT SUPPLEMENTS MEDICARE ("Medigap")?

Yes ___ No ___

If yes, please indicate which company: _____

ARE EITHER OF YOU A VETERAN OF THE UNITED STATES ARMED FORCES?

Yes ___ No ___

HOW WERE YOU REFERRED TO OUR FIRM? _____

PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THE FOLLOWING:

Family/Corporate Attorney _____

Accountant _____

Financial Planner/Broker _____

Banker _____

Insurance Agent _____

Homeowners _____

Auto _____

Life _____

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	HUSBAND	WIFE	JOINT	LIABILITIES
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD					
CD					
CD					
Residence					
Other Real Estate					
(State: _____)					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
(Name: _____)					
Mutual Funds					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
TOTALS					

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values)					
	✓ if None	OWNER	INSURED / ANNUITANT	BENEFICIARY	VALUE/DEATH BENEFIT
QUALIFIED FUNDS					
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
LIFE INSURANCE					
TOTALS					

DO YOU HAVE A POWER OF APPOINTMENT IN A TRUST CREATED BY ANOTHER PERSON OR IN ANOTHER PERSON'S ESTATE? _____ Yes _____ No

Assets:

MONTHLY INCOME

	HUSBAND	WIFE
Net Salary or Wages	\$	\$
Social Security	\$	\$
Pension	\$	\$
Other Income	\$	\$
TOTAL INCOME	\$	\$

GIFTS

Gifts made to someone other than your spouse within the past 60 months (including transfers of real estate , eg. Adding a child's name to a deed)

RECIPIENT	DATE	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$

ANTICIPATED MONTHLY NURSING HOME EXPENSES (if applicable)

Name of Nursing Home/Assisted Living Facility	
Date of Admission	
Average Monthly Bill	\$