Estate Preservation Analysis

Thank you for contacting our firm regarding your family's long-term care planning needs. We realize the information requested on this form is very personal, however it will help us better identify your family circumstances and objectives. Your accuracy and completeness will help us with that process. Please return the completed form to our office and we will schedule your initial telephone consultation with our attorney.

Information provided by: _____ **Relation:** _____

Phone: _____ **Email:** _____

Client Information		
	Client 1 (person seeking benefits)	**Client 2 (spouse)**
Full legal name		
Preferred name		
Date of birth		
Social Security Number		
Home Address		
Mailing Address (if different)		
Current location of client		
Home phone		
Cell phone		
Email Address		
Place of Birth		
Citizenship (check all that apply)	□ Texas Resident □ US Citizen □ Naturalized Citizen □ Lawfully Admitted Alien	□ Texas Resident □ US Citizen □ Naturalized Citizen □ Lawfully Admitted Alien

How did you hear about us? _____

Estate Preservation Analysis

Family Information

*Please include **all** children including deceased. Print or copy page for additional children.*

Primary Contact

Name: _____ Relation: _____

Phone: _____ Email: _____

Address: _____

_____

Check all that apply: ☐ Primary Caretaker ☐ Power of Attorney ☐ Legal Guardian ☐ Child of client

Primary Caretaker (if different than above)

Name: _____ Relation: _____

Phone: _____ Email: _____

Address: _____

_____

Child

Name: _____ Relation: _____

Phone: _____ Email: _____

Address: _____

_____

Child

Name: _____ Relation: _____

Phone: _____ Email: _____

Address: _____

_____

Are any children receiving disability or government benefits? ☐ Yes ☐ No

Is there any additional information about the family that we should know about?

_____

_____

Estate Preservation Analysis

Current Health Information

	Client 1	Client 2
Diagnosis	☐ Alzheimer's ☐ Dementia ☐ Memory Loss ☐ Other:	☐ Alzheimer's ☐ Dementia ☐ Memory Loss ☐ Other:
Disabilities		
Other Health Issues		
	Does the client still operate a motor vehicle? ☐ Yes ☐ No Does the client have the capacity to sign documents? ☐ Yes ☐ No	Does the client still operate a motor vehicle? ☐ Yes ☐ No Does the client have the capacity to sign documents? ☐ Yes ☐ No

Health Insurance

Provide proof of insurance

Medicare: ☐ Part A ☐ Part B ☐ Part D

Medicare Supplemental: _____ Monthly Cost: $_____

Medicare Prescription: _____ Monthly Cost: $_____

Long Term Care Insurance: _____

Admission Dates

Dates should pertain to latest continuous care without a return to the home

Hospital/Rehab	Date entered:	_____	Monthly Cost:	$_____
Nursing Home Facility	Date entered:	_____	Monthly Cost:	$_____
Assisted/Independent Living	Date entered:	_____	Monthly Cost:	$_____

Estate Preservation Analysis

Marital Information

	Client 1	Client 2
Current Marital Status	☐ Single/Divorced ☐ Widowed ☐ Married	☐ Single/Divorced ☐ Widowed ☐ Married
Date of marriage		
Place of marriage (city and state)		
Name of former spouse Date of marriage and divorce/death		

Military Background

Did client or spouse serve in the Armed Forces? ☐ Yes ☐ No

Veteran's Name: _____

(Provide discharge papers. Use form SF180 to order a certified copy of the DD-214 as required by the Veteran's Administration)

Was the service during wartime? ☐ Yes ☐ No

☐ WW II 12/7/1941 – 12/31/1946
☐ Korean War 6/27/1950 - 1/31/1955
☐ Vietnam 2/28/1961 – 5/7/1975 (served in Vietnam)
☐ Gulf War 8/2/1990 - Present
☐ Vietnam 8/5/1964 - 5/7/1975 (all other service)

Branch: _____ Length of Service: _____

Type of Discharge: _____ Retired Military: ☐ Yes ☐ No

Service Connected Disability: ☐ Yes ☐ No Receiving Aid & Attendance: ☐ Yes ☐ No

Legal Documents Information

Legal Documents	Client	Spouse	Date Executed
Will	☐ Have ☐ Need	☐ Have ☐ Need	
Trust	☐ Have ☐ Need	☐ Have ☐ Need	
Financial/Durable Power of Attorney	☐ Have ☐ Need	☐ Have ☐ Need	
Medical Power of Attorney	☐ Have ☐ Need	☐ Have ☐ Need	
Living Will/Directive to Physicians	☐ Have ☐ Need	☐ Have ☐ Need	

THE HILBUN LAW FIRM

Estate Preservation Analysis

Asset Information

Cash Accounts

List all accounts including checking, savings, money market, CD, cash management accounts, etc.

Owner	Bank	Type of Account	Balance
			$
			$
			$
			$

Retirement Accounts

List all accounts including IRAs, 401k, 403b, Pension, etc.

Owner	Company	Type of Account	Market Value
			$
			$
			$
Estimated Required Minimum Distribution (RMD)			$

Annuities

List all accounts

Owner	Company	Type of Account	Value
			$
			$
			$

Mutual Funds & Brokerage Accounts

List all accounts

Owner	Firm or Fund	Market Value
		$
		$
		$

Estate Preservation Analysis

Stocks & Bonds

List all accounts where you hold certificates.

Owner	Name of Stock	Number of Shares	Market Value
			$
			$
			$

Real Estate & Residence

Including oil, gas, & mineral rights and Life Estate interests

Complete Property Address	Cost	Market Value	Debt
		$	$
		$	$
		$	$

Vehicles

List all automobiles, boats, RVs, travel trailers, etc.

Owner	Year/Make/Model	Value
		$
		$
		$

Promissory Notes & Trust Deeds

Where someone is paying you a note.

Payor	Monthly Payment	Security	Balance
			$
			$
			$

Life Insurance

Provide policies, latest statements, and proof of cash value

Owner	Company	Whole or Term	Death Benefit	Value
				$
				$
				$

Estate Preservation Analysis

Burial Provisions			
Prepaid Funeral Plan:	□ Yes □ No		
Owner:			
Funeral Home:		Irrevocable:	□ Yes □ No
Amount Paid	$	Insurance Company:	
Burial Plots	How many?	Value:	$
Cemetery:			

Other Assets

Personal property (household & personal goods including jewelry, art, antiques, etc.
Family business (Provide name and how it is held; is it a corporation?)
Anything else that has not been listed.

Owner	Description	Value
Safe Deposit Box □ Y □ N		$
		$
		$
		$

Closed Accounts

List accounts that have been closed in the last 60 months.

Owner	Type of Account	Value
		$
		$
		$

Gifts, Transfers, Sales

Gifts, transfers, or sales to any person or entity, Including real estate deeds in the last 60 months.

To Whom	Item	Date of Transaction	Value
			$
			$
			$
			$

Estate Preservation Analysis

Existing Debt

Medical bills, credit cards, loans, etc.

Creditor	Amount Owed
	$
	$
	$
	$

Current Monthly Income (Gross)

Provide current reports/statements

Source	Client	Spouse	Amount
Social Security	$	$	$
VA Benefits	$	$	$
Pension, Retirement, etc.	$	$	$
Other	$	$	$
Other	$	$	$
TOTAL	$	$	$

What are your primary goals & objectives?

1.

2.

3.

4.

The undersigned hereby represents to The Hilbun Law Firm that the information contained in this form (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by The Hilbun Law Firm may not be appropriate.

Signature of Client or Client Representative	**Date**

Estate Preservation Analysis

Notes:

For Office Use - Referrals

	Agency/Name
Hospice/Palliative Care	
Geriatric Care Manager	
Accountant	
Financial Advisor	
Placement Coordinator	
Other	

For Office Use

	Plan Type	Other	
□ Client capacity	□ Level One	□ Medicaid Application	□ SPIA
□ Spouse capacity	□ Level Two	□ VA Application	□ Care and Services
□ Home visit	□ Level Three	□ Qualified Income Trust	□ Spend Down Monitoring
□ Conflict of interests	□ Level Four	□ Summary	□ CGT
□ Review of old docx	□ Level Five	□ Ladybird Deed	□ Other