



Life Care Planning Consultation Checklist

Date: _____

Applicant's Name: _____

Spouse's Name: _____

- _____ 1. If not a US citizen, a copy of **Naturalization Papers** or **Alien Registration**.
Copy of **Social Security, Driver's License, Medicare card** and **Supplemental Insurance card** (including spouse), **Marriage License** (all marriages), **Divorce Decree(s)** (if any), **Death Certificate of Deceased Spouse(s)** (if applicable)
- _____ 2. Copy of **Last Will and Testament** (including spouse)
- _____ 3. Copy of **Durable Power of Attorney** or **Legal Guardianship**.
Copy of **last five Bank Statements** for all accounts in the Applicant's or Community Spouse's name or on which either is authorized to sign (checking, savings, CDs, money markets, IRAs). Bring all pages of the statement, even if some are blank.
- _____ 4. Proof of **monthly income** for Applicant and Spouse. (Social Security, Employment, Pension, Civil Service, Annuities, Private Retirement Accounts Interest and Dividends, TRS, or VA Pension.) Provide Award Letter or copy of check/stub.
- _____ 5. Copy of **Closing Statement** for any account closed within the last five years. (including spouse)
- _____ 6. Copy of any **Trust Agreement**, including a **Miller Trust**. (including spouse)
- _____ 7. Copy of **Inventory of Safety Deposit Box content list**. (including spouse)
- _____ 8. Copy of all **Notes, Stocks and Bonds**. (including spouse)
- _____ 9. Copy of **Deed to all Sold/Transferred Property** (houses, lots, lands, mineral rights). (including spouse)
- _____ 10. Copy of **all Oil, Gas, Mineral or Surface Rights and Income**. (including spouse)
- _____ 11. Copy of **recent Tax Statements of all properties**, including Oil Rights. (including spouse)
- _____ 12. Copy of **Deed to all real property**. (including spouse)
- _____ 13. Copy of **Deed or Receipt to Cemetery Plot/Property**. (including spouse)
- _____ 14. Copy of **Preneed Funeral Contracts** with **IRREVOCABLE** statement. (including spouse)
- _____ 15. Copy of **Title to all vehicles**. (including spouse)
- _____ 16. Proof of **Life and Health Insurance Policies** (Whole and Term Life, Health). A statement and/or check is needed to show the monthly premium for Health Insurance is required. (including spouse)
- _____ 17. **Military Discharge papers**. (including spouse)
- _____ 18. **Voided Check**
- _____ 19. Other: _____
- _____ 20. Other: _____
- _____ 21. Other: _____
- _____ 22. Other: _____