



**Brauman Moore and Harvey Law Offices**

Questions:	Circle One	Comments
Do you have long term care insurance?	Yes No	
Is a member of your immediate family (spouse or children) on Social Security Disability?	Yes No	
Have you given any large gifts in the last 5 years?	Yes No	
Do any of your beneficiaries have special needs of any kind?	Yes No	
Are you concerned that a beneficiary has a problem with a spouse, drugs, alcohol, or handling money?	Yes No	
Do you wish to disinherit any of your children, grandchildren, or other close relative?	Yes No	
If a named beneficiary dies before you, do you want the assets to go to that beneficiary's child or children?	Yes No	
Do you have an existing will?	Yes No	
Have you ever executed a trust?	Yes No	

Question:	Full Name of Individual(s)
During your life, who do you want making financial and healthcare decisions on your behalf?	
After you pass, who will be your personal representative/executor of your estate?	
Who will raise your minor child (if applicable)?	
In general, how do you want your estate distributed?	
_____	
_____	
_____	
What is your goal for your appointment with the attorney?	
___ General Estate Planning – Will, Power of Attorney, Living Will, Etc.	
___ Find out if I need a trust	
___ Protect my assets from the cost of Long-Term Care or other Medical Expenses	
___ Avoid Probate and Costly Attorney/Administration fees at my death	
___ Other	

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Please Complete this Chart with the Type of Estimated Value of Your Assts:

Resource Description	Acct. Type	Joint Owner/ Beneficiary	Value
<b><u>BANK ACCOUNTS and CDs</u></b>			
<b><u>INVESTMENTS (non-qualified) (stocks, bonds, mutual funds, other)</u></b>			
<b><u>LIFE INSURANCE AND ANNUITIES</u></b>	Death Benefit		Cash Surrender Value
<b><u>REAL ESTATE</u></b>	Mortgage/Loan balance		Fair Market Value
<b><u>VEHICLE(s) (auto, R.V, boat, etc.)</u></b>	Loan Balance		Fair Market Value
<b><u>PREPAID FUNERAL and/or CEMETERY PLOT</u></b> <span style="float: right;">Yes/No?</span>			
<b><u>QUALIFIED FUNDS (pre-tax funds – retirement accounts)</u></b>			

\*\*\* Please list all assets, use extra pages if needed\*\*\*

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## ASSET GATHERING LIST

### Estate Planning/Asset Protection Clients:

In order to properly advise you in your estate planning and asset protection, the following documentation would be helpful to have on hand. If you have a trust or a long term care insurance policy, we need a copy to properly advise you. We request these prior to the appointment- preferably a week ahead for proper preparation.

### Medicaid/VA Planning Clients:

To file an application for benefits we must have the following documents prior to filing an application. If you are having trouble locating these documents, please do not cancel the appointment. Let our assistant know what you are having trouble with and we may be able to give you ideas or assist with obtaining the document(s).

### Resources/Assets/Gifting

1. Resource verifications: **most recent statement** for each account (past 3 months' for Medicaid)
  - Bank accounts, CDs,
  - Brokerage/Investment Accounts,
  - Retirement Accounts,
  - Stocks or Bonds,
  - Life Insurance Policies including recent cash surrender values and death benefit;
  - Annuity statements – and, if possible, the policies;
  - Title or registration for vehicles
  - Deeds to any real property owned, and/or property tax statements,
  - Prepaid funeral documents front and back of all pages; Cemetery plot
  - Statements for any other assets
2. Proof or list of any gifts made in the last 5 years
3. Long term care insurance policy
4. Most Current Tax Return

### Legal Documents/Disability

5. Legal documents, i.e.; Power of attorney, Trust, Wills
6. Disability paper if anyone in immediate family (spouse or children) is disabled.

### Income/Medical Expenses:

7. Verification of income from any source including: Social Security, Retirement/Pension, annuities, Earned Income (from employment), Rental Income, Etc.
8. Verification of health insurance premiums paid

### General Documents Used for Medicaid Applications:

9. Birth certificate and Driver's License or State ID;
10. Proof of Marital Status (Marriage certificate/License, Spouse's death certificate or Divorce Decree)
11. Social Security card, Medicare card, health insurance Supplemental cards
12. If married - home owner's insurance, mortgage statement, rental agreement, and one utility bill