



# ASSET PROTECTION & BENEFITS ELIGIBILITY FORM



Complete this page to receive a **FREE** personalized analysis outlining the amount of your assets that can be protected and your eligibility for VA, Medicaid or other benefits.

**COMPLETE AND SUBMIT THIS FORM ONLINE AT [WWW.COMMONSENSEELDERLAW.COM](http://WWW.COMMONSENSEELDERLAW.COM)**

**MAIL TO: 200 N. WOOD RIVER AVE, WOOD RIVER, IL 62095; OR FAX THIS FORM TO (618) 251-3358**

**\*\*CONFIDENTIAL - SUBJECT TO ATTORNEY/CLIENT PRIVILEGE\*\***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

**Veteran?**  Yes  No  **Who is the Veteran?**  You  Spouse

Dates of Service: \_\_\_\_\_ Honorable, Medical or General Discharge  Yes  No

### Existing Estate Planning:

	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA	
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rev. <input type="checkbox"/> Irr.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rev. <input type="checkbox"/> Irr.	Date: _____
Power of Attorney - Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney - Healthcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit: \$ _____ Term _____ (yrs)
In a Nursing Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mo. Cost: \$ _____ Unpd. Bal.: \$ _____

### Your health plays an important role in designing an estate plan best suited for you and your loved ones.

**You** - current health:  Good  Concern  Problem (Details) \_\_\_\_\_

**Spouse** - current health:  Good  Concern  Problem (Details) \_\_\_\_\_

Have you given away any assets since February 8, 2006?  No  Yes Total Value \$ \_\_\_\_\_

	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Any children disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY INCOME	CLIENT	SPOUSE	TOTAL
Pension	\$		\$
Social Security	\$		\$
Other: _____	\$		\$
<b>Total Monthly Income</b>	\$		\$
ASSETS (CURRENT VALUE)	IN CLIENT/JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Mgmt Accts.	\$	\$	\$
Brokerage Accounts	\$	\$	\$
Qualified Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$
Life Insurance	Cash Surrender Value	\$	\$
	Death Benefit	\$	\$
Annuities: (Current Value)	\$	\$	\$
Home (From Most Recent Tax Statement)	\$	\$	\$
Other Assets	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$
LIABILITIES / DEBTS	CLIENT/JOINT	SPOUSE	TOTAL
Mortgage(s)/Other Debts	\$	\$	\$
MONTHLY LIVING EXPENSES	CLIENT/JOINT	SPOUSE	TOTAL
Medical (Care Costs, Medicare, Prescriptions, Etc.)	\$	\$	\$
Non-Medical (Food, Utilities, Insurance, Etc.)	\$	\$	\$

