

HAMMERLE FINLEY

LAW FIRM

MEDICAID PLANNING WORKSHEET

If there is not enough space to adequately complete your answer(s), please attach additional sheet(s) of paper. You may also attach copies of account statements, transfer documents, income statements, etc.

RESOURCES

Check to show things you and your spouse have or are buying. If you answer "Yes," show amount or value.

	Yes	No	Account No.	Name and Location of Institution	Amount
1. Checking Accounts					\$
					\$
2. Savings Account					\$
					\$
3. Certificate(s) of Deposit, Money Market Certificates(s), IRAs					\$
					\$
					\$
4. Savings Bonds, Stocks, Annuities					\$
					\$
If you or your spouse own an annuity, is the state of Texas named the remainder beneficiary?					
5. Closed Accounts (within the last 60 months)					\$
6. Signature Authorization on Other Accounts					\$
7. Safe Deposit Box			Location?		\$
			List Contents		
8. Patient Trust Fund			Location?		\$
9. Cash on Hand					\$

10. Life Insurance			Policy No.	Name of Company	Face Value
					\$
					\$
11. Burial Plots			# of Plots	Name of Cemetery	Value
					\$
12. Preneed Funeral Contract			Purchaser/Owner	Name of Funeral Home	Value
					\$
13. Promissory/Mortgage Notes (submit a copy)			Description:		\$
14. Trusts			Description:		\$
15. Automobiles, Trucks, Recreational Vehicles			Year	Make/Model	Value
					\$
					\$
					\$
					\$
16. a. Homestead, including Mobile Home (submit homestead tax appraisal)			Address/Location	Amount of Land	Current Value
b. If you are not currently living in your home, do you consider it your primary residence and intent to return?			Current Status of Home (check all that apply)		
			<input type="checkbox"/> Vacant <input type="checkbox"/> Occupied	<input type="checkbox"/> Not Producing Income <input type="checkbox"/> Producing Income	
17. Life Estate/Remainder Interest					
18. Other Land, Lots, Houses (either total or part ownership)			Amount of Land	Address/Location	Current Value
					\$
					\$
					\$

19. Oil, Gas, Mineral, Surface Rights				\$
				\$
				\$
20. Livestock, Poultry			Itemize:	\$
21. Work Equipment			Itemize:	\$
22. Retroactive Benefits			Specify:	\$
23. Personal Property (fine china, silver, antiques, etc.)			Itemize:	\$
24. Do you own or share ownership of anything not named in this section?			Itemize:	\$

TRANSFER OF ASSETS

1. Have you transferred, deeded, sold, or given away any houses, lots, land, money, or anything else in the last sixty (60) months? Yes No

If "Yes," please complete the following:

Item	Date of Transaction	To Whom?	Market Value	Amount Received

2. Have you waived the right to receive any income or an inheritance, or have you reduced the amount of benefits you receive from any source? Yes No

If "Yes," explain: _____

OTHER INCOME

Check "Yes" or "No" to show money you and your spouse receive. If you answer "Yes" show the amount.

	Self			Spouse		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
1. Social Security / Claim No.			\$			\$
2. Supplemental Security Income / Claim No.			\$			\$
3. Veteran's Payments / Claim No.			\$			\$
If "No," have you, your spouse, parent(s), or deceased child ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No 						
If "Yes," complete the following:						
Veteran's Name	Service No.	Relationship	Dates of Service			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
	Self			Spouse		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
4. Railroad Retirement / Claim No.			\$			\$
5. Civil Service Annuity / Claim No.			\$			\$
6. Other Retirement / Specify			\$			\$
7. Annuities/Payments from Private Insurance Name of Company			\$			\$
8. Interest from checking, Savings, Certificates of Deposit, Payment from Notes How Often Received?			\$			\$
9. Dividends from Stocks, Bonds, Insurance How Often Received?			\$			\$
10. Rents from Rooms, Houses, Apartments, Etc. How Often Received?			\$			\$
11. Money from Oil, Gas, Mineral, Surface Leases or Royalties / How Often Received? Name of Company.			\$			\$

12. Farm Income, including Pasture Rentals, ASC Payments, Livestock, etc.			\$			\$
13. Money from any person or place not listed in this section, including cash, gifts, contributions, bills pad for you by relatives or friends, or child support (including a training stipend)			\$			\$
<p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>						

HAMMERLE FINLEY LAW FIRM

www.hammerle.com

INFORMATION WORKSHEET FOR ESTATE PLANNING

Please fill out the following information sheet to assist us in completing your estate documents. This information will be held in the strictest confidence.

Name (first, middle, last): _____

Maiden Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Place of Birth: _____

Are you a U.S. citizen? Yes No

Spouse's full name: _____

Spouse's Date of Birth: _____

Have you been previously married? Yes No. If Yes, please provide the following:

Name of your former spouse: _____

Was marriage terminated by death divorce annulment

Date of termination _____

Your Children:

Name (first, middle, last)	Adopted (y/n)	Birthdate	Other Parent
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Your Grandchildren:

Name <u>(first, middle, last)</u>	Adopted (y/n)	Birthdate	Parents
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Please list the planning documents you currently have:

Will ___ special needs trust ___ durable power of attorney ___ directive to physician ___
health care power of attorney ___ Life estate ___ irrevocable trust ___
revocable trust ___ family limited partnership ___ guardianship appointment ___
appointment of agent to control disposition of remains and direction for disposition ___

When were these last updated? _____

Is there anyone in your family who is at risk of needing long term care? ___ Yes ___ No

If yes, please describe _____

Is there anyone in your family who has special needs? ___ Yes ___ No

If yes, please describe: _____

Are you or your spouse a veteran? ___ Yes ___ No Branch _____

Dates served _____ Honorably discharged? ___ Yes ___ No

Do you own your own home? ___ Yes ___ No

If yes, please estimate its fair market value: \$ _____

Are you currently residing in your home? ___ Yes ___ No

Do you or your spouse have life insurance? Yes No

If yes, please estimate the amount and state the beneficiary \$ _____

What is the total of the rest of your estate (do not include your house and your life insurance) :

- Less than \$250,000 \$500,000- \$1 million
- \$250,000-\$500,000 more than \$1 million

Do you or your spouse have long-term care insurance? Yes No

Do you have a CPA or financial planner? Yes No

If yes, what is his or her name and contact information: _____

The following information gives us a starting place for discussion.

Last Will and Testament

Do you have any specific bequests (gifts) that you wish to leave? If so, please describe. If the beneficiary is a charitable organization (such as a church), please give the full name.

Beneficiary	Relationship	Bequest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you wish to leave the remainder of your estate?

In Texas, it is not recommended to leave money or property to children under the age of eighteen (18) years (minors). To do so would require an unwieldy and expensive procedure in which the Probate Court appoints a Guardian for the child's estate to supervise and manage the property. It is preferable to leave the property to someone you designate, in trust, for the use and benefit of the child until such child reaches majority (or a certain designated age) and can hold the property in his or her own right.

Would you like a Trust within your Will (Testamentary Trust) to provide for your children?

____ Yes ____ No If yes, then please answer the following questions:

a. At what age do you want your children to receive the Trust Estate? (Check one):

____ 18 years ____ 21 years ____ Other _____

b. Check one of the following:

____ one trust for all children

____ separate trust for each child

The Trustee will administer the assets of the trust for the benefit of the children. The Trustee is not necessarily the same person whom you appoint as Guardian.

Original Trustee

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Alternate Trustee

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Guardianship of Minor Children (person and estate)

In the event of simultaneous deaths of you and each child's parent, the Court will appoint a Guardian of the person and estate to look after that child. The Court will consider your wishes in appointment of the Guardian. Sometimes the Court will require the Guardian to post a bond, to ensure that the Guardian does not commit fraud against your child. Please contact that person to ensure that he or she will serve as Guardian before you make the designation in your Will. The alternate Guardian is someone who will serve if the original Guardian cannot or will not serve.

Original Guardian

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Alternate Guardian

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Executor

The Executor is the person whom you wish to be in charge of the disposition of your Estate by the terms of your Will. The Executor may be your spouse or other family member, or any other person (or corporation) in whom you place trust. The alternate executor is the person whom you wish to take charge if for any reason the original executor either cannot or will not serve as your Executor.

Original Executor

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Alternate Executor

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

OTHER PLANNING DOCUMENTS

Directive to Physicians

A living will (or Directive to Physicians) directs that life-sustaining procedures be withheld in the event of a terminal illness. If you are pregnant, the Physician may not follow the Directive.

Do you desire a Directive to Physicians? _____ Yes _____ No

Have you been diagnosed with a terminal illness? If so, please describe (and include the date of diagnosis) _____

Person you would like to carry out the terms of the Directive

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

Health Care Power of Attorney

A Health Care Power of Attorney allows you to designate the person whom you would like to make medical decisions for you should you become unable to personally make such a decision.

Do you desire a Health Care Power of Attorney? _____ Yes _____ No

Person you would like to act under the Health Care Power of Attorney

Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

Alternate

Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

Statutory Durable Power of Attorney

A Durable Power of Attorney allows you to give another person the legal authority to make decisions regarding your financial affairs, such as selling your house, depositing your checks, making investments and paying your debts. It is "durable" meaning that it does not cease when you become incapacitated. Generally, this would mean that a guardianship would not be necessary to take care of your financial affairs. The Power of Attorney may be "springing," meaning that it does not become effective unless a doctor certifies that you are no longer capable of handling your own affairs (in other words, are incompetent).

Do you desire a Durable Power of Attorney? _____ Yes _____ No

Would you like it to be "springing"? _____ Yes _____ No

Person you would like to act under the Durable Power of Attorney

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

Trust

A Trust protects assets from creditors and gives a third party the right to manage and control the assets. It is often used for estate planning and succession purposes. When placed inside a Will, it is called a testamentary trust and is not created until the will is probated. When set up outside of a Will, it is immediately created and can be funded as deemed necessary.

Do you desire a trust? _____ Yes _____ No

What assets do you wish to transfer into the trust? _____

The Trustee will administer the assets of the trust for the benefit of the beneficiaries. The Trustee can be an individual or a corporate entity with trust powers.

Original Trustee

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Alternate Trustee

Name: _____

Address: _____

Relationship: _____ Post Bond? ____ Yes ____ No

Guardianship Declaration

The law allows you to designate the person you would like to be a guardian of you and your property should it become necessary to have a guardian appointed.

Do you desire a Guardianship Declaration? ____ Yes ____ No

Person you would like to act as your Guardian

Name: _____

Address: _____

Relationship: _____

Alternate Name: _____

Address: _____

Relationship: _____

Is there anyone you specifically do **not** want to serve as Guardian? ____ Yes ____ No

If so, please identify: Name: _____

Relationship: _____

Appointment of Agent to Control Disposition of Remains

The law allows you to designate a person who will determine funeral arrangements, place of burial, and other issues, including cremation.

Do you desire to execute an Appointment of Agent? ____ Yes ____ No

Person you would like to act under the Appointment

Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

1st Alternate Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

2nd Alternate Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

Directions for Disposition of Remains

You have the right to provide written directions for the disposition of your remains.

Do you desire to issue Directions for Disposition _____ Yes _____ No

Directions: _____

Date: _____

Signature: _____

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2220 San Jacinto Blvd., Ste 200
Denton, TX 76205
Telephone (940) 383-9300
Facsimile 940.383.8000*

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1660 S. Stemmons, Ste 300
Lewisville, TX 75067
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