

**CONFIDENTIAL
MEDICAL ASSISTANCE PLANNING
QUESTIONNAIRE**

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LEGAL PLANNING INFORMATION

This is a **confidential** estate planning worksheet designed to gather the basic information we need to begin the process of preparing your estate plan. We will use this information to make recommendations about the structure of your estate in light of possible medical and long-term care needs, potential long-term disabilities, and, eventually, death. The information that you provide will be strictly confidential. In order to represent your interests adequately in these matters, we must have the most detailed, up-to-date information possible.

We realize that some of the information requested in this worksheet may not apply to your situation, and you should fill out only those portions of the worksheet that apply to you. We also realize that you might not be able to supply all of the information requested in a perfectly accurate or up-to-date form. If information is currently unavailable, or if locating the information will take a great deal of time, we can begin our discussions with the information that you do provide and locate the other items at a later date.

Please complete this form prior to our meeting. If possible, return the worksheet to us before our conference. If we are able to review the information it contains prior to our meeting, the discussion can immediately focus on the substance of your estate planning and we can streamline the time-consuming process of gathering information. In most cases, there will be a charge at the attorney's hourly rate for reviewing this information. If you have not been able to send the completed form to us before our meeting, please bring it with you to your appointment.

IF YOUR APPOINTMENT IS TO DISCUSS MATTERS REGARDING SOMEONE OTHER THAN YOURSELF, COMPLETE THIS FORM WITH THAT PERSON'S INFORMATION.

PLEASE PRINT OR TYPE WHEN COMPLETING THIS FORM.

If assistance is needed to complete the form, please call.
We look forward to meeting with you.

CONFIDENTIAL LEGAL PLANNING INFORMATION

PERSONAL DATA:

Name _____	Spouse (if applicable) _____
Address _____	Address _____
_____	_____
County of Residence _____	County of Residence _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Email Address _____	Email Address _____
Birth date _____ Age _____	Birth date _____ Age _____
Employer _____	Employer _____
Retirement date _____	Retirement date _____
Veteran: Yes _____ No _____	Veteran: Yes _____ No _____
U.S. Citizen: Yes _____ No _____	U.S. Citizen: Yes _____ No _____
Soc. Sec. No. _____	Soc. Sec. No. _____

Type of residence:

- _____ Rent home/apartment
- _____ Own home
- _____ Assisted Living
- _____ Nursing home/Care facility

Type of residence:

- _____ Rent home/apartment
- _____ Own home
- _____ Assisted Living
- _____ Nursing home/Care facility

Date of hospital/nursing home admission, if applicable: _____

Has either spouse been in a hospital or nursing home or combination of both for 30 days or more?
_____ yes _____ no. If so, please list date(s) of admission. _____

Have you completed an Asset Assessment form for the county? _____
If so, please bring a copy of the form with you to your conference.

Were you referred to our office? _____ If so, by whom? _____

IF YOUR FAMILY MEMBER IS IN A NURSING HOME OR IS RECEIVING HOME HEALTH SERVICES, PLEASE ALSO COMPLETE THE ATTACHED NURSING HOME SUPPLEMENT

CONFIDENTIAL LEGAL PLANNING INFORMATION

FAMILY DATA:

Date of marriage: _____

Previously married? _____

Children:

Name _____

Birth date _____

Address _____

Home Telephone No. _____

Work Telephone No. _____

Spouse's Name _____

Names of Children (your grandchildren)

Name _____

Birth date _____

Address _____

Home Telephone No. _____

Work Telephone No. _____

Spouse's Name _____

Names of Children (your grandchildren)

Name _____

Birth date _____

Address _____

Home Telephone No. _____

Work Telephone No. _____

Spouse's Name _____

Names of Children (your grandchildren)

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Do you or your spouse have children by a previous marriage? _____ yes _____ no

If yes, please list names _____

Do you or your spouse have any children who died leaving children of their own? _____ yes _____ no

Do you or your spouse have any children who are permanently and totally disabled? _____ yes _____ no

If yes, please list name and disability _____

Does the disabled child receive either SSI or Social Security Disability benefits? _____ yes _____ no

Do you have special financial or caregiving responsibility for any family members (aging parents, disabled children or grandchildren, or other relatives)? _____ yes _____ no

Does anyone to whom you may be leaving part of your estate required any help or protection in managing money or other property? _____ yes _____ no

In your household:

Who pays the bills? _____

Who balances the checkbook? _____

Who decides how to invest? _____

DECISION-MAKERS, CONSULTANTS:

If you were in a hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care? (List in order of priority.) _____

Who knows best how you like to live and would help you if you were incapacitated? _____

If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions, and carry out other transactions for you? _____

With whom do you consult about investment decisions? _____

Who is your insurance agent? _____

Location of important papers: _____

HEALTH AND LONG-TERM CARE INSURANCE: (include name of provider and monthly premiums)

	Husband	Wife
Medicare	_____	_____
Health Insurance from employer	_____	_____
Other health insurance	_____	_____
Medicare supplement	_____	_____
Long-term care insurance	_____	_____

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TRANSFERS:

Please give details concerning any transfers, gifts, or sales of cash or other property that you or your spouse has made in the last five years, including outright gifts and the additions of someone's name to bank accounts or title to real estate.

Donor	Recipient	Type of asset transferred	Date of transfer	Value of asset at time of transfer
1.				
2.				
3.				
4.				
5.				

ESTATE PLANNING:

	<u>Date Made</u>	<u>Location of Original</u>
<u>Will</u>		
Husband	_____	_____
Wife	_____	_____
<u>Trust</u>		
Husband	_____	_____
Wife	_____	_____
<u>Power of Attorney</u>		
Husband	_____	_____
Wife	_____	_____
<u>Health Care Directive</u>		
Husband	_____	_____
Wife	_____	_____

I am the legally appointed guardian of _____

I have been appointed under a power of attorney from _____

I am serving as executor or administrator of an estate _____

I have or will be signing health care contracts for _____

I am obligated on other legal contracts or documents _____

I am involved in a lawsuit _____

CONFIDENTIAL LEGAL PLANNING INFORMATION

FINANCIAL INFORMATION:

*****Please read these instructions. They will help you complete this form.*****

1. If you do not know the exact value of an asset, a reasonable estimate will be sufficient to allow the planning process to begin.
2. Each table has two columns for you to list the value of your assets. If you or your spouse has been admitted to a nursing home or hospital and stayed in one or the other facility or both for more than 30 days, you should list the value of the assets as of the date of the admission to the nursing home or hospital, whichever occurred first. This amount goes under the column titled "NH Admit." In the column titled "Current Balance" you should list the current value of your assets. If you have given any financial information to a social worker, either at the nursing home or at the county, please bring to our conference a copy of the information that you gave that person.
3. You must clearly state who owns each asset by writing the full name of each person with an ownership interest in the space provided. If you know if the property is owned in joint tenancy, tenancy in common, or with a life estate, please indicate which ownership classification applies. Also, if any bank or other investment account lists beneficiaries, please state who are the beneficiaries.
4. IRA accounts and other retirement plans should be listed in the section specified for those assets on page 12, regardless of the investment vehicle. For instance, if you have an IRA invested in a certificate of deposit or an annuity contract, list the IRA under the retirement plan section on page 12, and do not list it under the certificate of deposit or annuity sections.
5. If you find that there is not enough space for a full listing of a particular type of asset on this form, page 13 has additional space for you to continue your list.

Residence:

Description of property _____
Names as they appear on the deed _____
Date acquired _____ Purchase price _____
Current estimated market value _____ Mortgage balance _____

Other real property:

1. **Description of property** _____
Names as they appear on the deed _____
Date acquired _____ Purchase price _____
Current estimated market value _____ Mortgage balance _____

If rental property: Monthly rent received _____ Monthly property tax _____
Monthly property insurance premium _____ Average monthly maintenance costs _____

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Description of property _____

Names as they appear on the deed _____

Date acquired _____ Purchase price _____

Current estimated market value _____ Mortgage balance _____

If rental property: Monthly rent received _____ Monthly property tax _____

Monthly property insurance premium _____ Average monthly maintenance costs _____

Personal Property: (Cars, RVs, boats, etc.)

Description of Property	Estimated Value	Owners as listed on the title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contracts for Deed:

Addresses for Property Sold	Name of Seller(s)	Monthly Payment Received	Value as of Hospital/NH admission	Current Balance
1.		\$	\$	\$
2.		\$	\$	\$
Totals		\$	\$	\$

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Checking accounts:

	Bank name	Name of Owner(s)	Interest rate	Balance on NH Admit	Current Balance
1.			%	\$	\$
2.			%	\$	\$
3.			%	\$	\$
4.			%	\$	\$
Total Balance				\$	\$

Savings/Money Market Accounts:

	Bank name	Name of Owner(s)	Interest rate	Balance on NH Admit	Current Balance
1.			%	\$	\$
2.			%	\$	\$
3.			%	\$	\$
4.			%	\$	\$
Total Balance				\$	\$

Certificates of Deposit:

	Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				%	\$	\$
2.				%	\$	\$
3.				%	\$	\$
Total Balance					\$	\$

Treasury Bills

	Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				%	\$	\$
2.				%	\$	\$
3.				%	\$	\$
Total Balance					\$	\$

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Government Bonds

Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				% \$	\$
2.				% \$	\$
3.				% \$	\$
Total Balance				\$	\$

Other Bonds & Notes

Institution Name	Name of Owner(s)	Name of Beneficiary	Maturity Date and Interest Rate	Balance on NH Admit	Current Balance
1.				% \$	\$
2.				% \$	\$
3.				% \$	\$
Total Balance				\$	\$

Stocks/Mutual Funds

Corporation Name	Name of Owner(s)	Number of Shares	Purchase Price	Value on NH Admit	Current Value
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
Total Value				\$	\$

Business Interests

Names of partnerships, sole proprietorships, or corporations in which you have an interest	Type of business and location and name of owner(s)	Estimated value
1.		\$
2.		\$
Total Value		\$

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IRAs, Keoghs, Profit Sharing, 401(k)s, and other retirement plans

Company Name	Name of Owner	Name of Beneficiary	Type of plan or IRA	Balance on NH Admit	Current Balance
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
Total Balance				\$	\$

Life Insurance

Company Name	Name of Owner and Name of Insured, if different from owner	Name of Beneficiary	Face Amount	Cash Surrender Value	
				Value on NH Admit	Current Value
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
Total Value				\$	\$

Annuity Contracts

Company Name	Name of Owner and Name of Annuitant, if different from owner	Name of Beneficiary	Face Amount	Cash Surrender Value	
				Balance on NH Admit	Current Balance
1.			\$	\$	\$
2.			\$	\$	\$
Total Cash Surrender Value				\$	\$

Other Assets

Type of Asset and Company Name	Name of Owner(s) and Beneficiaries	Interest Rate	Value on NH Admit	Current Value
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
5.		%	\$	\$
Total Value			\$	\$

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SUMMARY OF ASSETS AND VALUES (from previous pages)

Description	Total Value for Each Category	
	NH Admit	Current
Non-residential real property	\$	\$
Personal property other than one excluded vehicle and household furnishings	\$	\$
Contracts for Deed	\$	\$
Checking and Savings Accounts	\$	\$
Certificates of Deposit	\$	\$
Treasury Bills	\$	\$
Government Bonds	\$	\$
Other Bonds and Notes	\$	\$
Stocks/Mutual Funds	\$	\$
Business Interests	\$	\$
Cash Surrender Value of Life Insurance Policies	\$	\$
Annuity Contracts	\$	\$
Retirement Accounts (IRAs, Keoghs, 401(k)s, etc.)	\$	\$
Additional Assets	\$	\$
Total	\$	\$

Debts and Liabilities

Descriptions	To Whom Owed	Due Date	Mo nthly Payment	Interest Rate	Balance Due
Mortgages			\$	%	\$
Notes			\$	%	\$
Car Payments			\$	%	\$
Loans on Insurance			\$	%	\$
Other			\$	%	\$
Total			\$	%	\$
indebtedness					

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Financial obligations arising from dissolution of marriage or support actions: _____

Inheritance: Do you or your spouse expect an inheritance? _____ yes _____ no

Burial/Funeral Expenses:

Have you or your spouse prepaid your funeral expenses? _____ yes _____ no

Have you purchased burial plots, caskets, vaults, etc.? _____ yes _____ no

How much did you set aside for each funeral? _____

The money is invested in (check all that apply): ___ Irrevocable funeral trust agreement ___ life insurance ___ annuity

MONTHLY INCOME:

	Husband	Wife	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRA's, annuities, etc. _____	\$ _____	\$ _____	\$ _____
Rents _____	\$ _____	\$ _____	\$ _____
Business interests _____	\$ _____	\$ _____	\$ _____
Interest & dividends _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>

Which sources of income have a benefit for the surviving spouse? _____

MONTHLY SHELTER EXPENSES FOR HOME:

Rent or mortgage payments, including principal and interest	\$ _____
Real property taxes	\$ _____
Homeowner's insurance	\$ _____
Required maintenance charges for a cooperative or condominium	\$ _____
Heating and/or cooling (if in addition to rent or association fee)	\$ _____
Electricity (if in addition to rent or association fee)	\$ _____

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NURSING HOME SUPPLEMENT

Please complete the following if your family member is currently residing in a nursing home.

1. Nursing home name _____
2. Nursing home address _____
3. Nursing home telephone number _____
4. Nursing home manager _____
5. Date of admission (if family member was admitted first to a hospital and then transferred to a nursing home, state date of admission to hospital) _____
6. Current case mix classification: A B C D E F G H I J K
7. Daily nursing home rate _____
8. Long term care insurance carrier and daily benefit _____
9. Cost of nursing home care per month \$ _____
 Medical insurance \$ _____
 Medications \$ _____
 Physician and other costs \$ _____
 Special expenses, e.g. oxygen, etc. \$ _____
 Miscellaneous \$ _____
 Total Expenses **\$ _____**
10. Physical and mental condition of family member in nursing home _____

