

ESTATE PLANNING QUESTIONNAIRE
MEDICAID ADDENDUM

Names _____

1. Have either of you made any gifts or transfers, greater than \$500.00, to any individuals within the last 60 months (5 years)?
_____ If yes, please complete the following (use extra page if necessary):

Husband

Wife

To /From _____

To/From _____

Date of Gift _____

Date of Gift _____

Item _____

Item _____

Value _____

Value _____

To /From _____

To/From _____

Date of Gift _____

Date of Gift _____

Item _____

Item _____

Value _____

Value _____

2. Have either of you ever given a gift greater than the annual exclusion for gifts (2004-05: \$11k, 2006-08: \$12k, 2009-12: \$13k, 2013-17: \$14k, 2018-19: \$15k) to any individual during your lifetime? If yes, please complete the following (*use extra page if necessary*). If yes, did you file a gift tax return? _____.

To /From _____

To/From _____

Date of Gift _____

Date of Gift _____

Item _____

Item _____

Value _____

Value _____

3. List all life insurance and designate whether the policy is whole-life or term.

Husband

Wife

Company Name _____

Company Name _____

Owner _____

Owner _____

Term or Whole Life? _____

Term or Whole Life? _____

Beneficiary _____

Beneficiary _____

Face Value \$ _____

Face Value \$ _____

Cash Surrender Value \$ _____

Cash Surrender Value \$ _____

Company Name _____

Company Name _____

Owner _____

Owner _____

Term or Whole Life? _____

Term or Whole Life? _____

Beneficiary _____

Beneficiary _____

Cash Surrender Value \$ _____

Cash Surrender Value \$ _____

Loan Amount \$ _____

Loan Amount \$ _____

Total **cash value** of any whole life \$ _____

Total **cash value** of any whole life _____

4. **Valuable Personal Property** – Autos, Mobile Homes, RVs, Boats, Art, Antiques, Jewelry *(use extra page if necessary)*.

Description of Property

Value

How Titled? In Whose Name?

Total value of personal property \$ _____

5. **Real Estate** *(use extra page if necessary)*

Personal Residence Address and description of property _____

Names as they appear on deed _____

Date Acquired _____

Purchase Price _____

Current Value _____

Mortgage Balance _____

Mortgage Company _____

Other Property Owned Address and description of property _____

Names as they appear on deed _____

Date Acquired _____ Purchase Price _____

Current Value _____ Mortgage Balance _____

Mortgage Company _____

If rented, how much is the rent? _____

please use extra page if necessary

Total Value Real Estate \$ _____

6. Other Assets (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, IRAs, Annuities, and Mutual Funds) It is important that you complete this section in full. Include ALL assets – owned by both of you, by husband alone, and by wife alone. If the asset is an IRA, Roth IRA, Keogh, or 401k plan, please designate as such. If you already have this information summarized, please use a copy of the summary instead of completing the following pages regarding your liquid assets. Use an extra page if necessary

Type of Asset _____

Name & Address of Company _____

Value _____

How is it titled? _____

When does it come due and interest rate? _____

Type of Asset _____

Name & Address of Company _____

Value _____

How is it titled? _____

When does it come due and interest rate? _____

Type of Asset _____

Name & Address of Company _____

Value _____

How is it titled? _____

When does it come due and interest rate? _____

Type of Asset _____

Name & Address of Company _____

Value _____

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When does it come due and interest rate? _____

Type of Asset _____

Name & Address of Company _____

Value _____

How is it titled? _____

When does it come due and interest rate? _____

Type of Asset _____

Name & Address of Company _____

Value _____

How is it titled? _____

When does it come due and interest rate? _____

Total of Other Assets listed above:

INCOME

7. This must include income from all sources, even if reinvested.

HUSBAND	WIFE	JOINT
Social Security (after Medicare deductions)		
\$ _____	\$ _____	
Employment		
\$ _____	\$ _____	
Pensions (include any deductions)		
\$ _____	\$ _____	
Source _____	Source _____	
\$ _____	\$ _____	
Source _____	Source _____	
IRA distributions		
\$ _____	\$ _____	
Annuities		
\$ _____	\$ _____	\$ _____
Interest on Bank Accounts, Savings Accounts, CDs		
\$ _____	\$ _____	\$ _____
Dividends of Stocks and Bonds		
\$ _____	\$ _____	\$ _____
Other (Rents, Etc.)		
\$ _____	\$ _____	\$ _____
Total		
\$ _____	+	\$ _____
	+	\$ _____
TOTAL FOR ALL INCOME \$ _____		

Which sources of income have a benefit for a surviving spouse upon the first death?

EXPENSES

If husband and wife do not reside in the same household (e.g., one is in a nursing home), please complete a separate budget for each spouse.

8. A. **Rent, Mortgage, Care Facility** \$ _____

B. **Utilities:**

Water	\$	_____
Electricity	\$	_____
Gas	\$	_____
Phone (land)	\$	_____
Phone (cell)	\$	_____
Internet	\$	_____
Cable	\$	_____

C. Car Expenses	<u>Auto # 1</u>	<u>Auto # 2</u>	
	Loan Payment	\$	_____
	Insurance	\$	_____
	Gasoline	\$	_____
	Maintenance	\$	_____

D. Insurance premiums	<u>HUSBAND</u>	<u>WIFE</u>
Health	\$ _____	\$ _____
Medicare Supplement	\$ _____	\$ _____
Life	\$ _____	\$ _____
Other	\$ _____	\$ _____
Long-Term Care	\$ _____	\$ _____

E. Credit Card and Other Monthly Installment Payments

	<u>Balance</u>	<u>Monthly Payment</u>
Visa	\$ _____	_____
Master Card	\$ _____	_____
American Express	\$ _____	_____
Department Store	\$ _____	_____
Personal Loans	\$ _____	_____
Household	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____

F. Other Monthly Expenses or Contributions

- 1. Food \$ _____
- 2. Clothing \$ _____
- 3. Medical, Dental, Drugs \$ _____
- 4. Laundry & Cleaning \$ _____
- 5. Recreation (describe) \$ _____
- 6. Beauty or Barber Shop \$ _____
- 7. Newspapers \$ _____
- 8. Charity \$ _____
- 9. Other (please list) \$ _____

HEALTH INSURANCE

9. Please complete the following insurance information as it applies:

Husband

Wife

Medicare

Indicate type of Medicare coverage –

Traditional fee-for-service?	_____ Yes	_____ No	_____ Yes	_____ No
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Medicare HMO, PSO, PPO, Private Plan?	_____ Yes	_____ No	_____ Yes	_____ No
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Identification number	_____	_____
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Company	_____	_____
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Address	_____	_____
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_____	_____	_____
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Monthly premium	_____	_____
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Medicare Supplement or “Medigap”

Company	_____	_____
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Monthly premium	_____	_____
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Employer Retiree Health Plan

Company	_____	_____
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Monthly premium	_____	_____
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Private Insurance

Company	_____	_____
Monthly premium	_____	_____

Long Term Care Insurance

Company	_____	_____
Monthly premium	_____	_____

Other, Cancer, Accidental

Company	_____	_____
Monthly premium	_____	_____

PHYSICAL AND HEALTH INFORMATION - HUSBAND

How would you describe your overall health?

Do you currently have any medical or health problems?

What medical problems have you had in the past?

What limitations have been caused by your medical conditions?

Do you need assistance with your activities of daily living? Bathing, dressing, eating, toileting, transferring?

What type of assistance with these activities do you receive?

Does your family have a history of health problems (for example, heart disease, cancer, or Alzheimer's disease)?
Please describe.

How old was your father when he died? Cause of death?

How old was your mother when she died? Cause of death?

Do you currently have any unmet health care needs?

Do you foresee any future or near future health care needs?

PHYSICAL AND HEALTH INFORMATION - WIFE

How would you describe your overall health?

Do you currently have any medical or health problems?

What medical problems have you had in the past?

What limitations have been caused by your medical conditions?

Do you need assistance with your activities of daily living? Bathing, dressing, eating, toileting, transferring?

What type of assistance with these activities do you receive?

Does your family have a history of health problems (for example, heart disease, cancer, or Alzheimer's disease)?
Please describe.

How old was your father when he died? Cause of death?

How old was your mother when she died? Cause of death?

Do you currently have any unmet health care needs?

Do you foresee any future or near future health care needs?