

ASSET PROTECTION WORKSHEET



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Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For
CONFIDENTIAL – PROTECTED BY ATTORNEY CLIENT PRIVILEGE

How did you hear about us _____ Date: _____

Name _____ DOB _____ Spouse (if applicable) _____ DOB _____

Address _____

Veteran No Yes **Who** You Spouse Dates of Service: _____ Dishonorable Discharge Yes No

Current Information

You

Spouse NA

Trust Planning Yes No Yes No Rev Irr Date: _____
 Long-Term Care Insurance Yes No Yes No Daily Benefit: \$ _____ Term: _____ (yrs)
 In a Nursing Home? Yes No Yes No Mo. Cost: \$ _____ Unpaid Balance: _____

Your Health

You - Current Health Good Concern Problem (Details) _____

Spouse - Current Health Good Concern Problem (Details) _____

Have You Given Away Any Assets in The Last 60 Months? No Yes Total \$ _____ Date _____

Do You Have Children: **You** Yes How Many? _____ No **Spouse** NA Same
 Do Any Live With You: Yes How Many? _____ No Yes How Many? _____ No
 Any Children Disabled: Yes No Yes No

MONTHLY INCOME – (Pension, Soc. Sec, Etc.)	YOU \$ _____	SPOUSE \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)	YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.	\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.	\$ _____	\$ _____	\$ _____
“Qualified” (IRA, 401K, etc.) Accounts	\$ _____	\$ _____	\$ _____
Life Insurance	Cash Surrender Value	\$ _____	\$ _____
	Death Benefit	\$ _____	\$ _____
Annuities (Current Value)	\$ _____	\$ _____	\$ _____
Home (Fair Market Value)	\$ _____	\$ _____	\$ _____
Other Assets _____	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
LIABILITIES/DEBTS	YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities	\$ _____	\$ _____	\$ _____
MONTHLY LIVING EXPENSES	YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live	\$ _____	\$ _____	\$ _____
How much you spend each month on medical needs	\$ _____	\$ _____	\$ _____

AUTHORIZATION – FOR FINANCIAL PROFESSIONALS ONLY

FOR RELEASE OF INFORMATION AND RECORDS

TO: _____

I, _____, hereby give my consent to authorize _____ to release to the _____, whose address is _____ any and all information regarding both personal and financial matters, including, but not limited to birth certificate, marriage certificate, family information, financial investments, stocks, bonds, certificates of deposits, bank accounts, tax returns, retirement accounts, pension plans, insurance plans, or any other financial documents. I hereby release _____ from any liability for providing the above-referenced information to the _____ reliance of this consent.

A photocopy of this authorization shall retain the same force and effect as the original.

Dated: _____

Client Name

Witness