Senior Planning Services

749 Gateway Street. Ste. 202
Abilene, TX 79602
(325) 676-5775* (800) 676-5775
FAX (325) 673-3109

Benefits Assessment Form

Contact Information of Person Submitting Form

Name_____

Phone_____

Email_____

Fax Completed Form to: 325-673-3109

(Fax additional pages along with this completed form if needed)

In order for the Ladyman Law Office for Senior Planning (the Firm) to conduct a review and analysis of your financial planning profile, and to induce the Firm to provide an Estate Preservation Analysis, you agree to provide the information below. ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY. You understand that inaccurate or incomplete information by you will constitute of your representations and warranties in this application. You also understand the Firm will rely entirely upon the information provided in this application in making its suggestions to you for Estate Preservation Analysis purposes and will be under no obligation to conduct any independent investigation or verification of the facts disclosed herein. You, the undersigned applicant, hereby supply the following information and make the following representations and warranties to the Firm:

1. Name (The Person Near or In a Nursing Facility) **Male:** _____

_____ **Female:** _____

2. Name of Spouse (Remaining at Home)

_____

3. Homestead: Address and Telephone Number (no P.O. Boxes)

_____

_____

Phone: ( ) _____

4. Date of Birth: **Applicant** ____-____-____
Spouse ____-____-____

5. Marital Status: Married ___ Single ___ Separated ___
Divorced___ Widowed ___

6. Do You Have a Financial Power of Atty: YES___ NO ___

7. Gifts, Loans or Transfers of Money or Property:

(a) Have you and or Spouse made any gifts, i.e., land, houses, cars money, etc., to anyone or organization in the last 60 months?
YES NO

If your answer is **YES**, *show the month and year of the gift, loan or transfer and the amount or value of each.*

(Date)	(Amount and or Value of Gift)
___/___/___	_____
___/___/___	_____
___/___/___	_____

8. Monthly Income ***(Must be listed Separately if Married)***

Social Security	*(Per Mo.* Applicant)	$_____
	(Per Mo. Spouse)	$_____
VA Pension	***Per Mo.* - Applicant)**	$_____
	***(Per Mo.* - Spouse)**	$_____
Pension	*Per Mo.* - Applicant)	$_____
	(Per Mo. - Spouse)	$_____
Rental Income	*(Per Mo.* Applicant)	$_____
	(Per Mo. Spouse)	$_____
Other Mo. Income	(Applicant)	$_____
	(Spouse)	$_____
TOTAL Mo. Inc.	(Applicant)	$_____
(Spouse)		$_____

ASSETS – LIST FOR BOTH IF MARRIED

(Assets are viewed JOINTLY even if they are not)

Homestead Value	$_____
Other Owned Property Value	$_____
Real Estate Notes Owned (Property you have sold and carrying a Note)	$_____
Automobile (s) Value	$_____
	$_____
RV's, Boats, Motor Homes, etc.	$_____
IRA /401K	$_____
Checking Acct. (s) Current Bal.	$_____
Savings Acc.(s) Balance	$_____
	$_____
CD's, Money Market, etc. Balance	$_____
	$_____
Mutual Funds, Stocks, Bonds etc.	$_____
	$_____
Life Insurance (FACE VALUE)	$_____
Life Insurance (CASH VALUE)	$_____
	$_____
Pre Paid Burial Plan (Amount Paid)	$_____
Burial Plots (Amount Paid) (Number of Remaining Spaces) _____	$_____
Mineral Rights (Current Production)	$_____
Any Other Assets – Total Value	$_____
TOTAL ASSETS	$_____

10. Does He/She have a Medicare Supplement Ins. Policy? Y / N

If Yes, what is the monthly premium $_____

Currently in a Nursing Home? – If Yes, date of entry

___/___/___

Name of the Facility? _____

NOTES

FOR ADDITIONAL INFORMATION OR CLARIFICATION