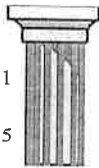


Senior Planning Services

541 E.S. 11th Street, Suite 101
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 Services 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:

Veteran of Armed Forces YES NO

2. Name of Spouse (Remaining at Home)

Veteran of Armed Forces YES NO

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. Are you the beneficiary of a Trust? YES NO

8. 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. (use page 2 if necessary)

(Date) (Amount and or Value of Gift)

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 \$
(Automobile 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 \$
Trust Fund at Nursing Facility \$
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? YES NO

If Yes, what is the monthly premium \$

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

Name of the Facility?

