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LONG TERM CARE WORKSHEET

Below is information that will be required regarding Medicaid planning. If, at any time, there is insufficient room in any section of this worksheet, please feel free to utilize the back of any sheet in this packet. Thank you.

Date Completed: _____

PERSONAL INFORMATION

Full Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile Work

Email: _____

Driver's License State and Number: _____ Are you an organ donor? _____

Date of Birth: _____ Social Security Number: _____

Date of Marriage and Spouse Name (if applicable): _____

Are you currently residing somewhere other than the address listed above? Yes No

If Yes, please complete the following:

Where are you residing (Name of facility or person): _____

Address: _____
Street City State Zip

Phone: _____

Spousal Information: Do you have a spouse? Yes No

If Yes, please complete the following:

Full Name: _____
 First Name Middle Initial Last Name

Address: _____
 Street City State Zip

Phone(s): _____
 Home Mobile Work

Email: _____

Date of Birth: _____ Social Security Number: _____

Is Spouse currently in Assisted Living/Nursing Home? Yes No

If Yes, please complete the following:

Name of facility: _____ Year they entered facility: _____

Address: _____
 Street City State Zip

Phone(s): _____
 Home Mobile Work

Contact Person's Information:

Full Name: _____
 First Name Middle Initial Last Name

Address: _____
 Street City State Zip

Phone(s): _____
 Home Mobile Work

Email: _____

Date of Birth: _____ Relationship: _____

Oldest Child:

	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Phone(s):	Home	Mobile	Work
Date of Birth:	_____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Second Oldest Child:

	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Phone(s):	Home	Mobile	Work
Date of Birth:	_____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Third Oldest Child:

	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Phone(s):	Home	Mobile	Work
Date of Birth:	_____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Fourth Oldest Child:

	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Phone(s):	Home	Mobile	Work
Date of Birth:	_____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Fifth Oldest Child:

	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Phone(s):	Home	Mobile	Work
Date of Birth:	_____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

INSTRUCTIONS FOR COMPLETING

Please keep all the following in mind while filling out the entire worksheet

This *Worksheet* checklist is designed to help you list all the property you own and what it is worth (estimations are acceptable). Throughout this entire document the more information provided the more it helps our firm provide quality legal services (it is acceptable to leave inapplicable questions blank). Please use **extra sheets** of paper to list any additional property shall you run out of space.

Immediately after the heading of **TYPE** please list each kind of property owned relevant to that topic. Example: Under the topic **FURNITURE AND PERSONAL EFFECTS**, jewelry is a **TYPE**.

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property listed throughout this document where it says **OWNER** please indicate how the property is titled. When doing so, please use the abbreviations listed in the table below:

Owner of Property	Please Use
If married, Husband's name alone, with no other person	H
If married, Wife's name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. child, parent, sibling etc.	JTO
If entity that is owned by selves	SE
If entity that is owned with others	OE
If you cannot determine how the property is owned	?

GIFTING

Please list any gifts of \$1,000 or more that were made by self, husband, and/or wife, or by your Trust within the last five (5) years.

Date: _____

Recipient: _____

Reason: _____

Amount (\$): _____

GROSS MONTHLY INCOME

Description of Income	Owner	Income
Social Security		
Pension		
Annuity		
Employment		
Other		

MONTHLY EXPENSES

Description of Expense	Owner	Expense
Rent/Mortgage		
Electricity/Gas		
Telephone/Internet		
Garbage/Sewer/Water		
Medical Expenses		
Other		

LIABILITIES

Description of Liability	Owner	Value
Mortgage		
Home Equity Loan		
Loan on Vehicle		
Other		
Other		

REAL ESTATE

List any interest in real estate including your family residence, vacation home, time share, farm land, etc.

Property County	Acres and/or Address	Owner	Market Value	Loan(s)/ Amount(s) owed

BANK AND SAVINGS ACCOUNTS

TYPE: Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD), Money Market (MM)
Do not include IRAs or 401(k)s here

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Banking Institution and Address	Owner	Account Number	Type of Account	Balance	Beneficiary/ POD

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Company and Address	Owner	Account/Policy Number	Type of Plan	Value	Beneficiary/ POD

INVESTMENTS

List any and all stocks, bonds, or investment accounts you own. If held in a brokerage account, lump them together under each account and provide brokerage firm's information.

Company/Broker And address	Owner	Account/Policy Number	Type of Account	Value	Beneficiary/ POD

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term (T), Whole Life (W), Universal (U), Group Life (G), Annuity (A).

Insurance Company/ Insurance Agent	Owner	Account/Policy Number	Type of Insurance	Value	Beneficiary/ POD

LONG TERM CARE INSURANCE

Insurance Company/ Insurance Agent	Owner	Account/Policy Number	Details on Coverage

AUTOMOBILES, BOATS, AND RVS

List the make, model, year, VIN #, how titled, market value and the amount of any outstanding loan on each titled vehicle.

Make, Model, Year, and Vin	Owner/Titled	Market Value	Outstanding Loan Amount

FURNITURE AND PERSONAL EFFECTS

List major personal effects (ex. Jewelry, collections, antiques, etc.) and please give an estimated value.

Description	Owner	Mark Value

FARM MACHINERY AND EQUIPMENT

List major farm machinery and equipment, and tools, and please give an estimated value.

Description	Owner	Market Value

MONEY OWED TO YOU

Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Please describe in as much detail as you have available.

OTHER ASSETS/ BUSINESS INTERESTS

Other property that you have that does not fit into any listed category.

EXAMPLES INCLUDE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, farm and ranch interests. Please give a description of the interests, your ownership in the interests, and the estimated value of the interests.

SUMMARY OF VALUES

Joint Property values enter half (1/2) in husband's column and half (1/2) in wife's column.

<u>ASSETS</u>	<u>Husband</u>	<u>Wife</u>	<u>Total Value</u>
Real Estate			
Bank Accounts			
Retirement Plans			
Investments			
Life Insurance			
Long Term Care Insurance			
Automobiles			
Furniture, etc.			
Farm Machinery/Equipment			
Money Owed to You			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			