



BRYSON LAW FIRM, P.C.

MEDICAID & VA PLANNING QUESTIONNAIRE

Note: Please print all names and addresses as clearly and legibly as possible, making sure all proper names are the full, correctly spelled legal names.

Date: _____

Full Name (Client 1): _____

Nickname: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Client 2's Name: _____ Relation to Client 1? _____

Nickname: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Mailing Address

County

City

State

Zip

Home Phone

Work (or alternate) Phone

Client 1:

Client 2:

Cell Phones

E-mail Addresses

What/Who referred you to us? _____

If not Client, who is the person we should also include in communications (provided name, address and phone)? _____

Health/prognosis of Client 1: _____

Health/prognosis of Client 2: _____

CPA or tax preparer: _____ Investment Advisor: _____

Client 1 Employer (current or prior): _____

Client 2 Prior Employer (current or prior): _____

Child #1 (indicate if child not from both clients:_____)

Name:_____ Phone #:_____

Address:_____

Date of Birth:_____ Spouse:_____

Children and birthdates: _____

Child #2 (indicate if child not from both clients:_____)

Name:_____ Phone #:_____

Address:_____

Date of Birth:_____ Spouse:_____

Children and birthdates: _____

Child #3 (indicate if child not from both clients:_____)

Name:_____ Phone #:_____

Address:_____

Date of Birth:_____ Spouse:_____

Children and birthdates: _____

[attach sheet if more than 3 children]

Deceased children:_____

Questions & Information Relevant to Benefits

1. Years of active duty in military? _____ Branch of Service? _____
2. Client 1's monthly medical expenses (attach itemized list for detail)?
3. Client 2's monthly medical expenses (attach itemized list for detail)?
4. Current location of Client 1? _____ Duration anticipated? _____
5. Current location of Client 2? _____ Duration anticipated? _____
6. Any dependents for Client (e.g. disabled child)?
7. Clients are U.S. Citizens?
8. Does either Client have a long-term care insurance policy?
9. List all health insurance policies (e.g. Medicare supplement):
Client 1: _____
Client 2: _____
10. Has either Client prepaid for funeral or burial?
11. Have you made any gifts (transfers of assets) in the last 5 years?
12. Do you expect to inherit any property in the near future?
13. List the estate planning documents in place for each Client (e.g., Will, Trust, Financial Power of Attorney, and Health Care Advance Directive):
Client 1: _____
Client 2: _____
14. Any additional relevant information to consider?

Asset Evaluation

Note: The manner in which your property is legally titled is integral to proper benefit planning.

<u>ASSET</u>	<u>CLIENT 1</u>	<u>CLIENT 2</u>	<u>JOINT</u>
Primary Residence	\$ _____	\$ _____	\$ _____
Other real property (include location by state)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Listed or traded securities (exclude retirement accounts)	\$ _____	\$ _____	\$ _____
Closely held and untraded securities	\$ _____	\$ _____	\$ _____
Partnership or sole proprietor interests	\$ _____	\$ _____	\$ _____
Cash, savings accounts, CDS, etc.	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Other notable personal property	\$ _____	\$ _____	\$ _____
Retirement Accounts (e.g. 401k, IRAs) (provide detail on next page)	\$ _____	\$ _____	\$ _____
Life Insurance Cash Value (provide detail on next page)	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
Mortgage debt	\$ _____	\$ _____	\$ _____
Other debts	\$ _____	\$ _____	\$ _____
NET TOTAL	\$ _____	\$ _____	\$ _____

Do you own property jointly with any person other than your spouse? (If so, whom, and is the ownership a joint tenancy with right of survivorship?)

Custodial Accounts [in which you are the owner]?

Are you currently handling [or expected to handle] the financial affairs of another?

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

Life Insurance:

<i>Insured</i>	<i>Owner of Policy</i>	<i>Company</i>	<i>Face Amount</i>	<i>Primary Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Is this policy T (term) WL (whole life) U (universal) or O (other)</i>	<i>Cash Surrender Value (ADD THIS VALUE TO PRIOR PAGE)</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Benefit Plans (e.g., IRA, 401(k), deferred compensation, annuities)

<i>Type of Plan (e.g. IRA, 401(k))</i>	<i>Benefit Provided or Amount</i>	<i>Primary Death Beneficiary (If Any)</i>	<i>Contingent Death Beneficiary (If Any)</i>	<i>Comments</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Documents Helpful to Have at Planning Meeting

- Current estate planning documents (Trust, Will, Financial Powers of Attorney, and Health Care Advance Directive)
- Declaration page of life insurance policies and annuities
- Account statements
- Property deeds
- Military discharge papers (DD-214)
- Cemetery, burial plot, and prepaid burial information
- Picture ID
- Financial Statement
- Income statements (e.g. Social Security Award Letter, Pension stub/statement, etc.)