

Confidential Questionnaire – Medi-Cal Planning –



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ATTORNEYS AT LAW

Competent and Compassionate Counsel for What Matters Most

Instructions:

- Please be careful to spell all names correctly
- If you are unsure of the answer to a question, leave it blank. Add extra pages if you need more space.
- **Please provide us with any existing estate planning documents prior to your appointment.**
- Please bring a copy of the last income tax return you filed.
- **Please complete the entire questionnaire and return it to us prior to your appointment.** The more complete the questionnaire is, the more productive and efficient your meeting will be!

Part One: Personal Information

Spouse 1 Name: _____

Legal AKA: _____

Formerly Known As/Maiden Name: _____

Date of Birth ___/___/_____ City and State of Birth: _____ US Citizen? Yes No

Marital Status: Single Married Divorced Widowed **Are you a military veteran?** Yes No

Are you currently in a skilled nursing facility? Yes No Date of Entry: _____

Name of Facility: _____ Phone (____) ____ - _____

Address: _____

Please list any chronic medical conditions for which you are **currently** being treated: _____

Have you ever received any of the following? Cash Aid SSI Food Stamps Medi-Cal

Spouse 2 Name (if currently married): _____

Legal AKA: _____

Formerly Known As/Maiden Name: _____

Date of Birth ___/___/_____ City and State of Birth: _____ US Citizen? Yes No

Currently receiving home or assisted living care? Yes No **Are you a military veteran?** Yes No

Have you ever received any of the following? Cash Aid SSI Food Stamps Medi-Cal

Please list any chronic medical conditions for which you are currently being treated: _____

Current Occupation: _____

Employer: _____ Work Phone: (____) ____ - _____

Home Address: _____

City _____ State _____ Zip _____

County of _____ Do you own (or make payments on) your home? Yes No

Home Phone (____) ____ - _____ Preferred Email Address: _____

Married Couples

Date of Marriage: ___/___/___ Do you consider all of your assets community property? Yes No

If no, which assets are considered separate property assets? _____

Did you or your spouse receive any valuable gifts or inheritance after marriage? Yes No

Did you or your spouse come into your marriage with any substantial assets? Yes No

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Yes No

Did you (or your spouse) have a trust with a previously deceased spouse? Yes No

Children and Family

Full Name _____ **Sex** M F **DOB** ___/___/___ **Child Of** S1 S2 Both **# of Kids** _____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____ Marital Status _____

Are you concerned with this child's ability to manage money? Yes No

Full Name _____ **Sex** M F **DOB** ___/___/___ **Child Of** S1 S2 Both **# of Kids** _____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____ Marital Status _____

Are you concerned with this child's ability to manage money? Yes No

Full Name _____ **Sex** M F **DOB** ___/___/___ **Child Of** S1 S2 Both **# of Kids** _____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____ Marital Status _____

Are you concerned with this child's ability to manage money? Yes No

Full Name _____ **Sex** M F **DOB** ___/___/___ **Child Of** S1 S2 Both **# of Kids** _____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____ Marital Status _____

Are you concerned with this child's ability to manage money? Yes No

Part Two: Financial Information

Instructions:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please list the approximate balance of each account.
- We will need to include all account numbers in your Medi-Cal application. The more information you provide us with now, the less work you will have to do later!
- Please watch for REMINDERS regarding papers we would like you to bring in to your appointment.

CPA Information

Name: _____ Company: _____

Address _____

Work Phone (____) _____ - _____ Email: _____ Fax (____) _____ - _____

Are we authorized to speak to this person on your behalf? Yes No

Financial Planner Information

Name: _____ Company: _____

Address _____

Work Phone (____) _____ - _____ Email: _____ Fax (____) _____ - _____

Are we authorized to speak to this person on your behalf? Yes No

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 4.

Name of Institution	Account Number	Ownership	Account Type <small>(Checking, Savings, CD)</small>	Approx. Balance
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
6. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
Total Value:				\$ _____

Mutual Funds and Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 4.

Name of Brokerage Firm	Account Number	Ownership	Approx. Market Value
7. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
8. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
9. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
10. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
11. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
12. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
Total Value:			\$ _____

Stocks or Bonds – Not in a Brokerage Account

These are certificates you actually hold.

Name of Stock or Company	Ownership	Number of Shares	Approx. Market Value
13. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
14. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
15. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

If yes, which ones? (insert # from above) _____

Promissory Notes & Deeds of Trust Owed to You

Please include any personal loans you have made, and any instances of someone paying you on a note.

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.")

Name of Debtor	Secured by TD?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____

Do any of your children owe you money? Yes No

If yes:

Child's Name	Date of Loan	Amount Loaned	Loan Being Repaid?
1. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

IRA Accounts & Company Pension or Retirement Plans

These accounts should include qualified annuities.

Custodian of Account (Name of Bank, Broker, Employer)	Type (IRA, 401(k), Pension, etc.)	Account Owner	Approx. Value
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____

Life Insurance

Insured Person	Policy No.	Company	Cash Value?	Death Benefit
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? Yes No

Medical Insurance

REMINDER: Please provide monthly statements for ALL insurance premiums paid by you or your spouse.

Real Estate

Please list all homes, rental properties, other buildings, land, and timeshares in which you have an interest.

REMINDER: please bring both the GRANT DEED and a recent PROPERTY TAX BILL or APN for each property

Property Address & APN	Original Cost	Current Value	Debt	Net Value
1. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			
2. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			
3. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			
4. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			
5. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			
6. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
APN: _____	Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both			

Real Property Follow Up Questions

Which #?

Are you planning on selling any of your real estate soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are any properties owned with someone other than your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are any properties owned by an entity (Corp, LLC, FLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do any of your children (or other relatives) reside on any of your properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you plan on gifting specific properties during your lifetime or at death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Non-Qualified Annuities

These accounts are non-retirement plan accounts

Insurance Company	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____

Limited or General Partnership Interests

Please provide copies of any written documents (partnership agreements, etc.) related to your business interests.

Name of Partnership	Owner	Interest	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____

Other Business Interests

Please provide copies of any written documents (buy-sell agreements, etc.) related to your business interests.

Name of Business	Owner	Corporation?	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

Vehicles, Boats, Trailers, Motorhomes

You may also attach your most recent tax depreciation schedule for farming or industrial equipment

Year	Make & Model	License No.	Owner	Value
1. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
2. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
3. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
4. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____

Other Assets

- Please list any **unusually valuable personal items** such as art, coins, jewelry, collections. _____

- Please list any **digital assets** that are of particular concern. Digital assets include computers, tablets, smartphones, flash drives, software (esp. Quicken, Turbo Tax and other programs with financial information), domain names, virtual currency and exchange accounts, websites and social media accounts (Facebook, LinkedIn, Twitter, Ancestry.com) digital accounts and assets associated with iTunes and Amazon, etc.: _____

Do you have a list of all passwords and account information for your hardware, software, and digital accounts (bank accounts, email accounts, social network accounts, file sharing, etc.)? Yes No

Does a prospective trustee have access to this information? Yes No

- Please list any **other assets not mentioned** such as stock options, patents, **oil, gas and mineral** or other royalties, etc. _____

Part Three: Designation of Agents

During our appointment we will consider which persons would act for you if you are unable to act for yourself. If you have an idea of who those persons will be, please add their information below:

Agent 1. _____ Agent for: S1 S2 Both

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Agent 2. _____ Agent for: S1 S2 Both

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Agent 3. _____ Agent for: S1 S2 Both

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

— Thank you for completing the Questionnaire —