ASSET PROTECTION WORKSHEET

Asset protection includes much more than preparing for long-term care. We're here to help you create a plan and assist your trustees as they implement the plan to ensure that you are best prepared for any long-term care situation that could arise in the future.

FILL OUT THIS <u>BRIEF QUESTIONAIRE</u> TO HELP US CRAFT YOUR TAILORED ASSET PROTECTION DOCUMENTS

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

CLIENT DETAILS

Name:	SSN (required):				
Date of Birth:					
Single Married Date of M	larriage:	Div	vorced _	Wid	owed
Address:					
Phone:	Email:				
Phone: Veteran: Branch of Service:	S	ervice Dates:	:		
Spouse's Name:		SSN (req	uired):		
Spouse's Name: Date of Birth:	Deceased:	Date of De	ath:		
Phone:	Email:				
Veteran: Branch of Service: _	S	ervice Dates:	:		
Children's Names	Dates of Birth		Whose	Childre	en
		J	oint	His	Hers
					Hers
		т.			Hers
Trustees are the individuals who w Asset Protection Trust, they will h signing. Neither you nor a spouse Multiple Trustees can serve togeth Co-Trustee Decision-Making Sele Name 1	Trustee Information of the control of the power to may serve as Truster. For Co-Trusterion: Independent	ormation of managing o manage, in ustee of an In tees, please i ent Authority Co-T	vest, and rrevocab include a y, Major	d contro ble Asse all name ity, or U	l your assets upon t Protection Trustes on a single line
2					
3					

Beneficiary Distributions

Funds can be left to beneficiaries <u>Outright</u> (one lump-sum distribution) at a given age (the default age if none is listed will be 25).

Funds can be left to beneficiaries <u>In Trust</u>. This means that funds will be dispersed at given ages or in segments of years following death (Examples: at age 25, age 30, age 35 or at 5 years, 10 years, 15 years following death) (can protect beneficiaries from creditors, bankruptcy, divorce).

Name	Share %	Outright/In Trust	Ages/Years
	Concerns About I	Beneficiaries or Trustees	
Special Needs	_		
Potential Divorce			
Potential Drug Ab			
	l Mismanagement		
Potential Bankrup	•		
_	abilities (Professional subje	· /	
Potential Need of	Government Assistance (fir	nancial aid, Medi-Cal, disability	, food stamps)
	Power of	Attorney (POA)	
The person you wa		r your financial affairs in the eve	ent vou are not able
-	• •	ncapacitated (expires upon death	-
		can list different individuals as F	
	` 1	pouse first unless they are incap	,
•	· · · · · · · · · · · · · · · · · · ·	OAs, please include all names on	
<u> </u>		ndent Authority, Majority, or Un	_
Name		Co-POA Decision-N	Making Selection
1			
3			

Heath Care Agent

Similar to the POA, the Health Care Agent will make medical decisions on your behalf. This is an individual document (each spouse can list different individuals as their Agent). If married, it is recommended to select your spouse first unless they are incapacitated. It is recommended to select only individual Health Care Agents, not Co-Agents.

Name		
1		
2.		
3.		

Asset Information

		1
Type of Asset (real	Name of Institution (Wells Fargo, Fidelity, JP Morgan)	Individual or
estate, bank/stock	Name of Business (LLC, Scorp)	Joint Ownership
acct, life ins, CDs,	Address (real estate)	(who's the owner)
mineral/water,		
LLC, Scorp)		
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