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LONG TERM CARE PLANNING INFORMATION SHEET FOR MARRIED PERSONS

Client Name: _____ Spouse's Name: _____
(if applicable)

US Citizen Yes _____ No _____ US Citizen Yes _____ No _____
Veteran Yes _____ No _____ Veteran Yes _____ No _____

Name at Birth (if different from above): _____

Address _____ Phone _____

Client: Age _____ Date of Birth _____ Social Security No. _____

Spouse's: Age _____ Date of Birth _____ Social Security No. _____

Date of Nursing Home Admission: _____
(if applicable)

Name and Address of Nursing Home: _____
(or other facility where Client resides)

Telephone: _____

Client Documents:

Does Client have the current documents?

Mark yes or no to each and, if yes, indicate date of execution or signing of each.

Will? _____ POA? _____ Gift Power? _____ Living Will? _____

Assets: (List information if applicable):

1. Real Property - (List Address(es) and how the real property is titled on the Deed)

2. Car(s) – (List make, model, and year and name of owner(s) on the Title)

3. Life Insurance:

A. Owner _____ Company _____

Account Number _____

Face Value _____ Cash Value _____

Primary Beneficiary _____ Contingent Beneficiary _____

B. Owner _____ Company _____

Account Number _____

Face Value _____ Cash Value _____

Primary Beneficiary _____ Contingent Beneficiary _____

C. Owner _____ Company _____

Account Number _____

Face Value _____ Cash Value _____

Primary Beneficiary _____ Contingent Beneficiary _____

4. Bank Accounts

(a) Bank _____ \$ _____ Titled _____

(b) Bank _____ \$ _____ Titled _____

(c) Bank _____ \$ _____ Titled _____

5. Other investments/assets (Please include Stock, Mutual Funds or Brokerage Accounts etc)

9. *Burial Plots Where?

10. *Irrevocable Burial Accounts or Pre-paid Funeral

11. Trusts Created by Client/Spouse - Please Provide Copies.

12. Trusts Created by Others - Please Provide Copies.

13. Annuities - Please Provide Copies.

14. Long Term Care Insurance - Please Provide Copy of Policy.

Income

Client _____ Spouse _____

1. Social Security _____

2. Pension _____

3. IRA _____

Minimum Distribution _____

Primary Beneficiary _____

Contingent Beneficiary _____

4. Other Income (rental property, dividends etc.)

5. Pension _____ *Spouse's Pension _____

Beneficiary _____

6. Health Insurance _____

Premium (Client) _____ (Spouse) _____

Expenditures Following Nursing Home Admission (For Fair Consideration)

(Indicate if applicable)

1. Burial Fund.
2. Care At Home.
3. Home Repairs.
4. Mortgage Pay Down.
5. Legal Fees.
6. _____

Transfers of Property within the Last Five Years

- | | |
|------------|------|
| 1. Gift To | Date |
| 2. Gift To | Date |

Total

Children or Others That Should Be Considered as Beneficiaries*:

1. _____
2. _____
3. _____
4. _____

* Please indicate if any of the above persons are minors or are individuals with special needs.

TOTAL AVAILABLE RESOURCES \$ _____