



THE NATURE COAST LAW OFFICES OF

GREGORY G. GAY P.A.

PLANNING FOR A LIFETIME™

**BOARD CERTIFIED WILLS, TRUSTS AND ESTATES
BOARD CERTIFIED ELDER LAW**

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MEDICAID FACT FINDER

1. Husband's Name: _____
2. Date of Birth: _____
3. Husband's SSN: _____
E-Mail Address: _____
4. Husband's home address: _____
Phone Number: _____ Does husband own home?: _____ If yes, is home owned with anyone else? _____ If yes, name(s) of other owners of home: _____
Present intention to enter: Nursing Home (yes) (no) ACLF (yes) (no)
5. If husband is living at home, who else is living there? _____
6. Husband's current residence: _____
How long at current residence? _____
Is current residence a: Nursing Home _____ ACLF _____
Present intention to return home (yes) (no)
7. Physical Condition of Husband? _____
8. Mental Condition of Husband: Alzheimer's Disease? ___ Organic Brain Syndrome? ___ Senility? ___
Other illness affecting ability to communicate? ___
Is the above condition early? ___ advanced? ___
9. Names and addresses of Husband's attending physician(s): _____

10. Wife's Name: _____
11. Date of Birth: _____
12. Wife's Social Security Number: _____
13. Wife's home address? _____
 Phone Number: _____ Does wife own home?: _____ If yes, is home owned with anyone else? _____ If yes, name(s) of other owners of home: _____

Present intention to enter: Nursing Home (yes) (no) ACLF (yes) (no)

14. If Wife is living at home, who else is living there? _____

15. Wife's Current Residence: _____
 How long at current residence? _____ Is current residence a: Nursing Home _____ ACLF _____

Present intention to return home (yes) (no)

16. Physical Condition of Wife? _____

17. Mental Condition of Wife? Alzheimer's Disease? __ Organic Brain Syndrome? __ Senility? __
 Other illness affecting ability to communicate? ____

Is the above condition early? ____ advanced? ____

18. Names and addresses of Wife's attending physician (s)? _____
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19. Date of Marriage? _____

20. Is this the first marriage? _____

21. If this is a second marriage, were any pre-nuptial or post-nuptial agreements executed? _____

22. Children of present marriage:

Name:	Address:	Telephone Number:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Children of husband's prior marriage:

Name:	Address:	Telephone Number:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Children of wife's prior marriage:

Name:	Address:	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. If no surviving spouse or children, closest relatives:

Name/Relationship	Address:	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Last Will and Testament:

Husband	yes	no	Date and Place signed: _____
Wife	yes	no	Date and Place signed: _____

Please bring a copy to the meeting.

27. Durable Power of Attorney for Assets:

Husband	yes	no	Date and Place signed: _____
Wife	yes	no	Date and Place signed: _____

Please bring a copy to the meeting.

28. Health Care Power of Attorney:

Husband	yes	no	Date and Place signed: _____
Wife	yes	no	Date and Place signed: _____

Please bring a copy to the meeting.

29. Living Will:

Husband	yes	no	Date and Place signed: _____
Wife	yes	no	Date and Place signed: _____

Please bring a copy to the meeting.

30. Has a Guardian been appointed:

Husband	yes	no	Date and County of adjudication: _____
Wife	yes	no	Date and County of adjudication: _____

Please bring an Order of Appointment to the meeting.

31. Revocable or Irrevocable Trust:

Husband yes no Date and Place signed: _____
Wife yes no Date and Place signed: _____

Please bring a copy to the meeting.

32. Burial Arrangements: _____ Paid Up Contract _____

Please bring a copy to the meeting

33. Medical Insurance: Medicare Part A: Husband yes no Wife yes no
 Medicare Part B: Husband yes no Wife yes no

Please bring a copy of any supplemental Health Ins. Policies

34. Long Term Health or Nursing Home Insurance:

Husband: yes no Wife: yes no

Please bring a copy of any policies

ASSETS:

35. Primary Residence: Owner(s): _____
Address: _____

Type of Structure:
One Family Residence ___ Condominium ___ Two Family Residence ___ Mobile Home ___

Purchase Price: \$ _____ Approximate Fair Market Value: \$ _____

36. Other Real Estate: Owner(s): _____
Address: _____

Type of Structure:
One Family Residence ___ Condominium ___ Two Family Residence ___ Mobile Home ___

Purchase Price: \$ _____ Approximate Fair Market Value: \$ _____

37. Bank Accounts

Name of Bank	Account #	Current Bal.	Owners of Acct.	Sole/Joint ITF/Cus.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

38. Stocks

Name of Com.	# of shares	Common/Preferred	Price Paid	Cur. Val.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

39. Mutual Funds

<u>Name of Fund</u>	<u>Account #</u>	<u>Owner</u>	<u>Price Paid</u>	<u>Cur. Val.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

40. Accounts Held by Broker:

<u>Broker Name</u>	<u>Account #</u>	<u>Val. of Portfolio</u>	<u>Price Paid</u>	<u>Cur. Val.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

41. Annuities:

<u>Name of Company</u>	<u>Current Val.</u>	<u>When Pay. Begin</u>	<u>Monthly Pay</u>	<u>Term</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

42. Life Insurance

<u>Name of Company</u>	<u>Name of Insured</u>	<u>Beneficiary</u>	<u>Death Value</u>	<u>Cash Val.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

43. Automobiles:

<u>Make/Model/Yr.</u>	<u>Owner</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

44. Safe Deposit Box:

<u>Bank</u>	<u>Lessee</u>	<u>Contents</u>
_____	_____	_____
_____	_____	_____

45. Loans:

<u>Borrower</u>	<u>Date of Loan</u>	<u>Repayment Date/Terms</u>
_____	_____	_____
_____	_____	_____

Please bring a copy of all notes and mortgages

46. Debts:

Mortgages:

Bank:	Property Mortgaged	Balance Due
_____	_____	_____
_____	_____	_____

47. Other Debts and Amounts Owed:

48. Gifts during past three years:

Name of Donee	Amount	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Income

49. Source A:

	Husband:	Wife:
Wages:	_____	_____
Social Security:	_____	_____
Railroad Retirement:	_____	_____
Pension:	_____	_____
IRA/KEOGH Interest:	_____	_____

50. Source B:

	Husband:	Wife:
Interest:	_____	_____
Dividends:	_____	_____
Annuity Income:	_____	_____
Rental Income:	_____	_____
Mortgage Income:	_____	_____
Business Income:	_____	_____