

Free Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For  
**MAIL TO: Richard Winblad, 102 E. Thatcher St., Edmond OK 73034 Fax 866.712.1093 rsw@winbladlaw.com**  
 CONFIDENTIAL – PROTECTED BY ATTORNEY CLIENT PRIVILEGE

**How did you hear about us** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Spouse (if applicable)** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_

**Veteran**  No  Yes **Who**  You  Spouse **Dates of Service:** \_\_\_\_\_ **Dishonorable Discharge**  Yes  No

<b>Current Information</b>	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA	
Trust Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rev <input type="checkbox"/> Irr <b>Date:</b> _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Daily Benefit:</b> \$ _____ <b>Term:</b> _____ (yrs)
In a Nursing Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Mo. Cost:</b> \$ _____ <b>Unpaid Balance:</b> _____

**Your Health**  
**You - Current Health**  Good  Concern  Problem (Details) \_\_\_\_\_  
**Spouse - Current Health**  Good  Concern  Problem (Details) \_\_\_\_\_

**Have You Given Away Any Assets in The Last 60 Months?**  No  Yes **Total \$** \_\_\_\_\_ **Date** \_\_\_\_\_

	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA <input type="checkbox"/> Same	
<b>Do You Have Children:</b>	<input type="checkbox"/> Yes <b>How Many?</b> _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <b>How Many?</b> _____ <input type="checkbox"/> No	
<b>Do Any Live With You:</b>	<input type="checkbox"/> Yes <b>How Many?</b> _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Any Children Disabled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONTHLY INCOME – (Pension, Soc. Sec, Etc.)	YOU \$ _____	SPOUSE \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)	YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.	\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.	\$ _____	\$ _____	\$ _____
“Qualified” (IRA, 401K, etc.) Accounts	\$ _____	\$ _____	\$ _____
Life Insurance	Cash Surrender Value	\$ _____	\$ _____
	Death Benefit	\$ _____	\$ _____
Annuities (Current Value)	\$ _____	\$ _____	\$ _____
Home (Fair Market Value)	\$ _____	\$ _____	\$ _____
Other Assets _____	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____
LIABILITIES/DEBTS	YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities	\$ _____	\$ _____	\$ _____
MONTHLY LIVING EXPENSES	YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live	\$ _____	\$ _____	\$ _____
How much you spend each month on medical needs	\$ _____	\$ _____	\$ _____