

# ASSET PROTECTION WORKSHEET



Free Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For  
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**Form provided by: Beth Du Toit, Access Financial Resources, Inc** Date: \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
**Veteran**  No  Yes (Over) **Who**  You  Spouse  Both **Dates of Service:** \_\_\_\_\_ Honorable Discharge  Yes  No

**Current Information**

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

**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
Do You Have Children: <input type="checkbox"/> Yes How Many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How Many? _____ <input type="checkbox"/> No
Do Any Live With You: <input type="checkbox"/> Yes How Many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Children Disabled: <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	\$ _____	\$ _____	\$ _____

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