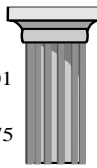
**Senior Planning Services**

541 E.S. 11th Street, Suite 101
 Abilene, TX 79602
 (325) 676-5775* (800) 676-5775
 FAX (325) 673-3109



Benefits Assessment Form

**Contact Information of Person
Submitting Form**

Name _____

Phone _____

Email _____

Fax Completed Form to: 325-673-3109**DATE:** _____**(Fax additional pages along with this completed form if needed)**

In order for the Ladyman Law Office for Senior Planning Services to conduct a review and analysis of your financial planning profile, and to induce the Firm to provide an Estate Preservation Analysis, you agree to provide the information below. ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY. You understand that inaccurate or incomplete information by you will constitute of your representations and warranties in this application. You also understand the Firm will rely entirely upon the information provided in this application in making its suggestions to you for Estate Preservation Analysis purposes and will be under no obligation to conduct any independent investigation or verification of the facts disclosed herein. You, the undersigned applicant, hereby supply the following information and make the following representations and warranties to the Firm:

1. Name (The Person Near or In a Nursing Facility) **Male:** __________
Veteran of Armed Forces**Female:** _____
YES____ **NO** _____**2. Name of Spouse** (Remaining at Home)_____
Veteran of Armed Forces**YES**____ **NO** _____**3. Homestead: Address and Telephone Number (no P.O. Boxes)**_____

Phone: () _____

4. Date of Birth: **Applicant** _____ - _____ - _____
Spouse _____ - _____ - _____**5. Marital Status:** Married _____ Single _____ Separated _____
Divorced _____ Widowed _____**6. Do You Have a Financial Power of Atty:** YES____ NO _____**7. Are you the beneficiary of a Trust?** YES____ NO _____**8. Gifts, Loans or Transfers of Money or Property:**

- (a) Have you and or Spouse made any gifts, i.e., land, houses, cars money, etc., to anyone or organization in the last 60 months? YES____ NO _____ *If your answer is YES, show the month and year of the gift, loan or transfer and the amount or value of each. (use page 2 if necessary)*

(Date) _____ (Amount and or Value of Gift) _____
_____/_____/_____**9. Monthly Income (Must be listed Separately if Married)****Social Security** (Per Mo. Applicant) \$ _____ (Gross)
(Per Mo. Spouse) \$ _____ (Gross)**VA Pension** **Per Mo. - Applicant** \$ _____
(Per Mo. - Spouse) \$ _____**Pension** **Per Mo. - Applicant** \$ _____ (Gross)
(Per Mo. - Spouse) \$ _____ (Gross)**Rental Income** (Per Mo. Applicant) \$ _____
(Per Mo. Spouse) \$ _____**Other Mo. Income** (Applicant) \$ _____
(Spouse) \$ _____**TOTAL Mo. Inc.** (Applicant) \$ _____
(Spouse) \$ _____**ASSETS – LIST FOR BOTH IF MARRIED***(Assets are viewed JOINTLY even if they are not)*

Homestead Value \$ _____

Other Owned Property Value \$ _____

Real Estate Notes Owned \$ _____
(Property you have sold and carrying a Note)

Automobile (s) Value \$ _____

\$ _____

RV's, Boats, Motor Homes, etc. \$ _____

IRA /401K \$ _____

Checking Acct. (s) Current Bal. \$ _____

Savings Acc.(s) Balance \$ _____

Trust Fund at Nursing Facility \$ _____

CD's, Money Market, etc. Balance \$ _____

\$ _____

Mutual Funds, Stocks, Bonds etc. \$ _____

\$ _____

Life Insurance (FACE VALUE) \$ _____

Life Insurance (CASH VALUE) \$ _____

\$ _____

Pre Paid Burial Plan (Amount Paid) \$ _____

Burial Plots (Amount Paid) \$ _____
(Number of Remaining Spaces) _____

Mineral Rights (Current Production) \$ _____

Any Other Assets – Total Value \$ _____

TOTAL ASSETS \$ _____**10. Does He/She have a Medicare Supplement Ins. Policy? YES__ NO __****If Yes, what is the monthly premium \$** _____**Currently in a Nursing Home? – If Yes, date of entry**

____/____/____

Name of the Facility? _____

NOTES

FOR ADDITIONAL INFORMATION OR CLARIFICATION

[illegible]