

**Please bring this completed form
to your appointment.
(Do not mail it to us)**

Areas of practice:
Accidents/Personal Injury
Corporate/Business/LLC
Criminal/Traffic/DWI
Divorce/Custody/Support
Elder Law/Guardianships
Landlord/Tenant
Matrimonial/Family Law
Municipal Law
Not-for-Profit
Corporations
Probate/Estates
Real Estate
Trials/Appeals
Wills/Trusts

INFORMATION FOR MEDICAID PLANNING

Your appointment is scheduled on ___/___/___ at _____ a.m./p.m. at our Akron/Batavia/ Clarence/
West Seneca/Niagara Falls/Rochester office with Robert Friedman/Michael H. Ranzenhofer

1. Name: _____ Spouse Name: _____
Street Address: _____
City, County, State & Zip Code: _____
Home Phone No. _____ Business Phone No. _____ Fax No. _____
DOB: _____ Social Security Number: _____
Occupation/Employer: _____ Spouse's Occupation/Employer: _____
Spouse's DOB: _____ Spouse's Social Security Number: _____
Citizenship: _____ Referred By: _____

2. All relatives who would share in your property if you had no Will (e.g. children, parents or siblings):

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Any prior marriages for you or your spouse? _____
4. Do you have a safe deposit box? _____ If so, where? _____
5. Do you have a: Living Will? _____ Health Care Proxy? _____
Power of Attorney? _____ Living Trust? _____
6. Date and location of your Will: _____

TURN OVER

7. List all life insurance policies:

<u>Company</u>	<u>Type</u>	<u>Face Value/Cash Value</u>	<u>Beneficiary</u> <u>1st and 2nd</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. List bank accounts, CDs and money market funds (individual and joint):

<u>Bank/Institution</u>	<u>Type of Account</u>	<u>Approx. Bal.</u>	<u>Name of Owners</u>
_____	_____	_____	_____
_____	_____	_____	_____

9. List all real estate (individual and joint):

<u>Brief Description</u>	<u>Value</u>	<u>Mortgage Balance</u>	<u>Name of Owners</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. List all retirement plans, IRAs, 401-Ks, etc.: _____

11. Stocks, bonds, mutual funds and annuities (individual and joint):

<u>No. of Shares</u>	<u>Class</u>	<u>Company</u>	<u>Value</u>	<u>Name of Owners</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. List any other property you own or in which you have an interest, including business interests, notes or mortgages owed to you, autos, boats, valuable jewelry, art work, etc.

13. Are you or any of your relatives disabled? _____

14. List the company name and benefit amount of any Long Term Care Insurance: _____

15. List all gifts of property and money over the past five years: _____

16. Do you have a prepaid funeral account? _____

17. List the sources and amounts of all income , including SS and pensions: _____

18. Have you or your spouse served in the military during a war? _____.