



Client Name \_\_\_\_\_

Today's Date \_\_\_\_\_

### Medicaid Planning Asset List

This form is designed to give a broad picture of your assets and liabilities and many of your answers will no doubt be estimates. If you are married, it is not necessary to separate his and hers at this point. This is just a partial list of assets. If you elect to proceed with the Family Heritage Planning™ approach, a more detailed worksheet will be provided.

1.) **Cash Accounts** Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Certificates of Deposit \$ \_\_\_\_\_

2.) **Investment Accounts** Name of Advisor \_\_\_\_\_

Money Market \$ \_\_\_\_\_ Investment Account(s) \$ \_\_\_\_\_ Cash Management \$ \_\_\_\_\_

3.) **Publicly Traded Stock** Name of Advisor \_\_\_\_\_ \$ \_\_\_\_\_

4.) **Personal Effects** (jewelry, art, collectables, antiques) \$ \_\_\_\_\_

5.) **Vehicles** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

6.) **Retirement Plan(s)** Name of Advisor \_\_\_\_\_

Profit Sharing \$ \_\_\_\_\_ IRA \$ \_\_\_\_\_ 401(k) \$ \_\_\_\_\_ SEP \$ \_\_\_\_\_ H.R. 10 \$ \_\_\_\_\_

7.) **Pension Plan(s)** \$ \_\_\_\_\_

8.) **Insurance Policies** (Where you are the owner) Name of Agent \_\_\_\_\_

Term \$ \_\_\_\_\_ Whole Life \$ \_\_\_\_\_ Variable \$ \_\_\_\_\_ Group \$ \_\_\_\_\_

Universal \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Nursing Home Care \$ \_\_\_\_\_

9.) **Annuities and Bonds** \$ \_\_\_\_\_

10.) **Money Owed to You** \$ \_\_\_\_\_

11.) **Business, Corporate, Sole Proprietorship, Partnership, and/or LLC Interests** \$ \_\_\_\_\_

12.) **Real Property** Land \$ \_\_\_\_\_ \$ Buildings \$ \_\_\_\_\_ Home(s) \$ \_\_\_\_\_

Time Shares \$ \_\_\_\_\_ Cemetery Plot(s) \$ \_\_\_\_\_

13.) **Farm Equipment** \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

#### Medicaid Exempt Assets

**Home** - for as long as the community spouse lives in it, if no community spouse, for as long as the institutionalized person is not certified by a physician as never being able to return home. House is exempt during life, but can be collected against after death if held in name of either spouse; **Auto** – can exempt 2; **Personal Property** – clothing, furniture, appliances; **Life Insurance** – term insurance is exempt; whole life – cash value has to be less than \$1500; **Medicaid Qualified Annuity**; **Prepaid Funeral**; **Irrevocable Trusts**; **Special Needs Trusts**; **Income Producing Property**.



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**Your Liabilities**

**1.) Primary Home Mortgage** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**2.) Secondary/Vacation Home Mortgage** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**3.) Vacant Property Mortgage** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**4.) Farmland Mortgage** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**5.) Income Property Mortgage** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**6.) Taxes** Balance \$ \_\_\_\_\_

**7.) Student Loans** Balance \$ \_\_\_\_\_ Lending Institution \_\_\_\_\_

**8.) Secured Bank Loans** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Collateral \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Collateral \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Collateral \_\_\_\_\_

**9.) Unsecured Bank Loans** Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

Balance \$ \_\_\_\_\_ Lending Institution/City \_\_\_\_\_

**10.) Credit Card Accounts** Account name \_\_\_\_\_ Account name \_\_\_\_\_

Account name \_\_\_\_\_ Account name \_\_\_\_\_

Account name \_\_\_\_\_ Account name \_\_\_\_\_

**11.) Loans from Family or Friends** Who? \_\_\_\_\_ How Much \$ \_\_\_\_\_

Who? \_\_\_\_\_ How Much \$ \_\_\_\_\_

**Total Liability \$ \_\_\_\_\_**