



MCKENZIE LEGAL & FINANCIAL

FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

2631 Copa De Oro Drive, Los Alamitos, CA 90720
TEL: (562) 594-4200 ♦ Fax: (562) 394-9512
Website: www.ThomasMcKenzieLaw.com

TRANSMITTAL MEMO

Greetings!

Re: Estate Planning/Medi-Cal Planning

Enclosed you will find a confidential questionnaire. This questionnaire is used to gather the information necessary for proper planning. It is likely that many questions may not apply to your particular circumstances, and if so, please leave those sections blank. Otherwise, please answer all applicable questions as completely as you can. If you have not scheduled an appoint, but would like one, please call our office at (562) 594-4200.

If you schedule a meeting, please bring **the completed questionnaire, any existing estate planning documents** (e.g. trusts, wills, etc.), as well as a **copy of the deed(s) to any real property**, if any, along with a **copy of the latest property tax statement(s)** on such properties, any bank and brokerage account statements, insurance and annuity policies, stock certificates and pre-paid funeral contracts. If you live in Leisure World, please also bring your Leisure World stock certificate and active membership certificate.

Our standard fee for appointments is \$295.00 per hour, payable at our meeting. Notwithstanding the foregoing, if you have been informed prior to your appointment by a member of our staff that the appointment (or a portion thereof) will be at a lesser rate, or complimentary, that lower or complimentary rate will apply.

Please note that no attorney-client relationship is established until an Agreement for legal services has been executed by yourself and a representative of the firm, and the required deposit, if any, is paid in full.

Thank you for your cooperation,

THOMAS L. McKENZIE

TLM:nam



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Thomas L. McKenzie JD, RFC Financial and Legal Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first try, Tom established *McKenzie Legal & Financial*, and went on to practice in the areas of estate planning, financial consulting, elder law and long-term care planning.

Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. He is also a member of ElderCounsel, a network of attorneys who serve the needs of the disabled and elderly. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.



Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. He is a member of the Financial Planning Association of Orange County, and the International Association of Registered Financial Consultants. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by *Los Angeles Magazine*, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in *Newsweek Magazine's* "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in *Orange Coast Magazine* as one of Orange County's top wealth managers. With an understanding of both legal and financial issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age 14; Ryan, age 13; Cody, age 8; and Noah, age 6. The firm offers estate planning, long-term care planning, financial consulting and educational services to consumers throughout California.



OF ORANGE COUNTY



MCKENZIE LEGAL & FINANCIAL – DRIVING INSTRUCTIONS
2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA
(562) 594-4200

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

From the 5 Freeway or the 605 Freeway traveling South: If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

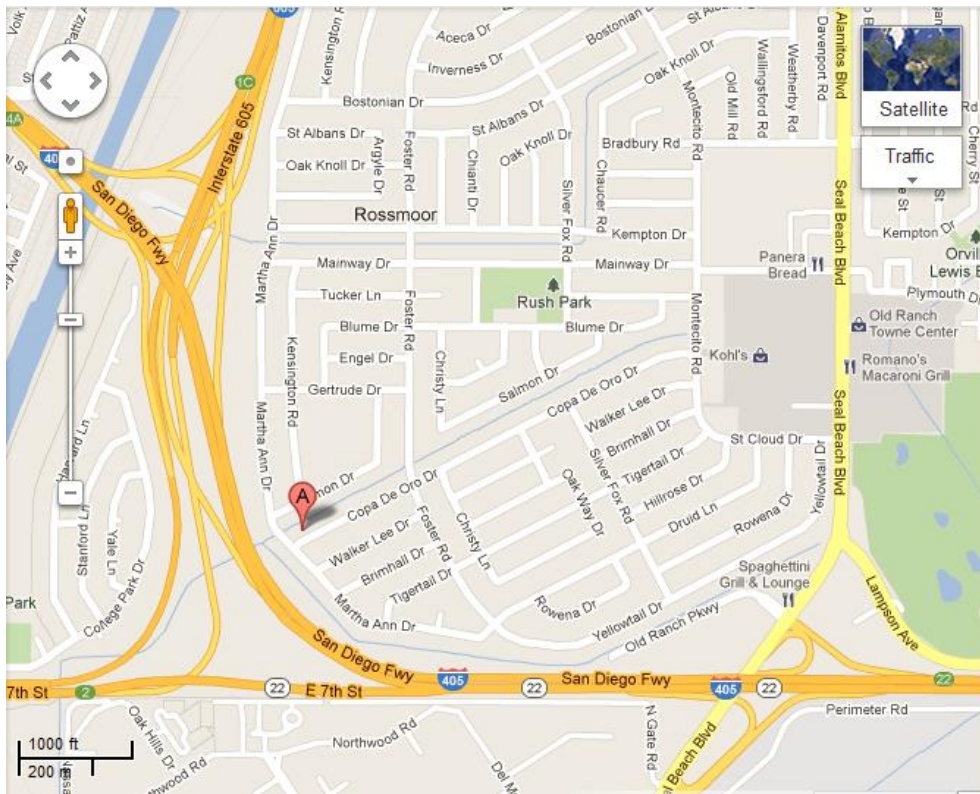
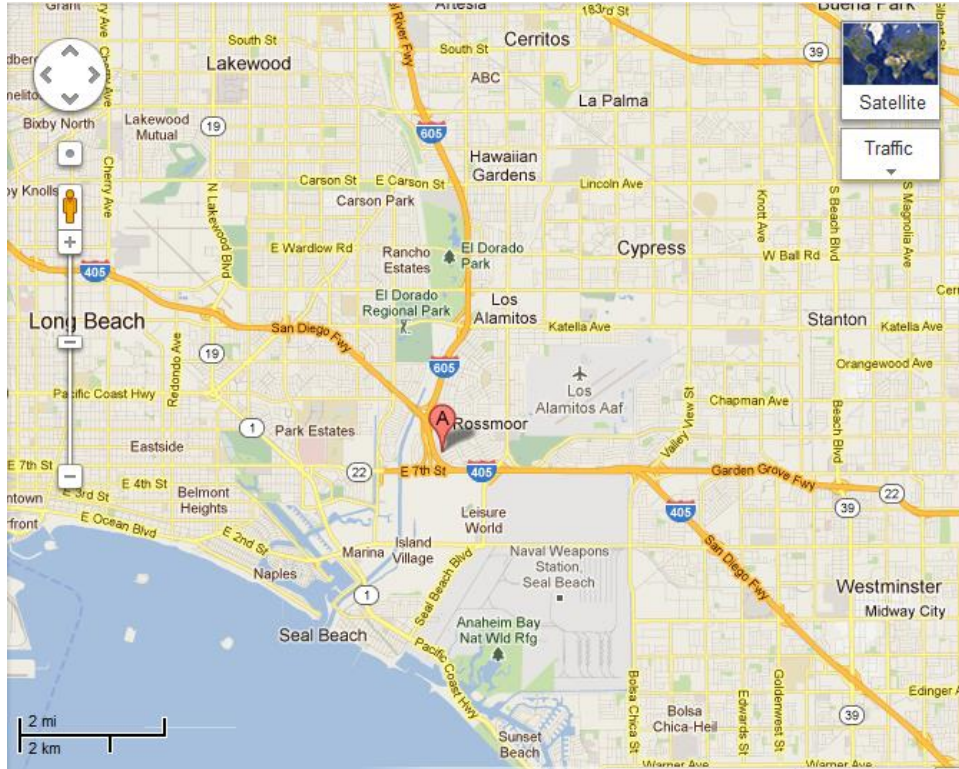
From the 405 Freeway traveling South: Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 405 Freeway traveling North: Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 22 Freeway traveling West: Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 91 Freeway traveling West towards the 605 Freeway. Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

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ESTATE AND ENTITLEMENT PLANNING QUESTIONNAIRE

This questionnaire is intended to elicit preliminary information necessary to help us with estate and entitlement planning pertinent to your particular circumstances. The more complete and accurate your responses, the better we will be able to serve you. Feel free to attach extra sheets if necessary. When you come in for your appointment, please bring copies of any wills, trusts, deeds, powers of attorney, and other legal and financial papers you may have. **PLEASE NOTE THAT FAILURE TO PROVIDE COMPLETE INFORMATION MAY DELAY THE PLANNING AND APPLICATION PROCESS.**

Dated: _____

Referred By: _____

PERSONAL INFORMATION

Husband *Please fill out information on spouse, even if deceased.* **Wife**

(Full Name)

(Full Name)

(Other or former names)

(Maiden Name)

(Social Security Number)

(Social Security Number)

(Birthdate) (Age or date of death)

(Birthdate) (Age or date of death)

(Place of Birth; City, State, Country)

(Place of Birth; City, State, Country)

(Mentally competent to sign legal documents?)

(Mentally competent to sign legal documents?)

(Healthy enough to obtain insurance?)

(Healthy enough to obtain insurance?)

(Military Service: Branch, dates of service)

(Military Service: Branch, dates of service)

(Service-Related Illness?)

(Service-Related Illness?)

(Ethnic group and primary language)

(Ethnic group and primary language)

(Employer or former employer)

(Employer or former employer)

(Are you a U.S. citizen? If not, name country of citizenship)

(Are you a U.S. citizen? If not, name country of citizenship)

Home Address: _____
Number Street City State Zip

County: _____ Telephone (Home): _____

Telephone (Work): (_____) _____ Telephone (Cell): (_____) _____

Other Addresses during last five years: _____

If the potential Medi-Cal applicant is not able to represent himself/herself due to incapacity, please give the name, address and telephone number of the person who will be the primary representative for the Medi-Cal applicant:

Name: _____

Address: _____

Telephone (Home): (_____) _____ Telephone (Work): (_____) _____

Telephone (Cell): (_____) _____ Email: (_____) _____

Please fill out if ill person is already living in a facility:

Name of facility: _____

Address: _____ Telephone Number: (_____) _____

Type of facility: _____ Medi-Cal certified: Yes No

Level of care (e.g. skilled, custodial, etc.): _____ Date of admission: _____

Number of months in long-term care: _____ Number of months you have been paying for such care: _____

What is the monthly private pay rate? \$ _____

Funding source(s): _____

Other expenses paid: _____

Where was applicant staying prior to entry to this facility (please provide the name, address, and telephone number of all facilities the applicant has resided in since he/she left her primary residence, along with the dates he/she stayed at each facility)?:

Name of Facility: _____ Telephone Number: (_____) _____

Address: _____

Date of Admission: _____ Date of Discharge: _____

Name of Facility: _____ Telephone Number: (_____) _____

Address: _____

Date of Admission: _____ Date of Discharge: _____

Name of Facility: _____ Telephone Number: (_____) _____

Address: _____

Date of Admission: _____ Date of Discharge: _____

Do you have any old, unpaid medical bills for medical services rendered in the past 4 years? _____

MARITAL INFORMATION

Marital Status: Married Widowed Divorced Separated Single

If applicable, please enter the date last married, widowed or separated: _____

If married, please enter the date, city and state of your marriage: _____

Has either spouse been married previously? Yes No If yes, give each prior spouse's name and the date of death or divorce from prior spouse _____

When did you begin living in the State of California as a married couple?: _____

If your spouse has predeceased you, was your spouse on Medi-Cal (please explain): _____

FAMILY

Children and Grandchildren: Please list all children, living or deceased. Indicate if adopted, and give the date adopted and the court granting the adoption order. Indicate if a child is deceased by putting "D" next to name. If the child is disabled, please indicate so next to name.

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Name of child: _____

Date of birth: _____ Age: _____ If deceased, date of death: _____

Address: _____

Home Phone: _____ Work Phone: _____

Spouse: _____ Parent of child (if child of a prior marriage): _____

Grandchild Name

Date of Birth

Age

Other Living Adult Relatives. Please list other living adult relatives, e.g. parents, siblings, of both spouses:

Name

Relationship

Address

FOR HUSBAND:

FOR WIFE:

HUSBAND (or single individual)**WIFE**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Living at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	In-Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	At home but not for long	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Must live with relative	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted Living: Soon	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Board & Care: Soon	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing Home: Soon	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted Living: Soon	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted Living: Now	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Board & Care: Now	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing Home: Now	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital: Now	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rehab: Soon	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rehab: Now	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mentally Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Understands Sometimes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Good days/Bad days	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Very confused	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alzheimer's	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Strong	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically: Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically: Can't Get Around	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically: Very Ill	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically: Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can take care of self	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Needs Help	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Needs high level of care	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver is spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver is child	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregivers are children	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver is relative	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver is a friend	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conservatorship established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor's statements of incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL ADVISORS

	Name	Address	Telephone	Your Relationship
Other Attorney:	_____			Good Fair Not much contact
CPA/Accountant:	_____			Good Fair Not much contact
Insurance Agent:	_____			Good Fair Not much contact

ESTATE & FINANCIAL INFORMATION

1. Your investment objective summarizes the primary purpose of your financial plan. It serves to define how assets should be managed. While asking yourself "What do I want most to accomplish?", select the objective that best fits the purpose of your plan.

Preserve asset value	Achieve strong asset growth with nominal income
Generate high current income	Achieve maximum capital appreciation
Achieve asset growth with moderate current income	

2. Please check the box that indicates your response to the following statement: I am comfortable with investments that may lose money from time to time, if they offer the potential for higher returns.

Strongly disagree	Agree
Disagree	Strongly agree
Somewhat agree	

3. When it comes to your investments, how would you characterize your tolerance for risk?

No risk tolerance at all	Moderate to high risk tolerance
Moderate risk tolerance	Highest risk tolerance

4. Your investment time horizon is an important variable to consider when constructing your portfolio. How long will it be before you begin making withdrawals of principal?

0 - 1 year	4 - 6 years
1 - 2 years	More than 6 years
2 - 4 years	Only in case of emergencies

5. How long could you cover monthly living expenses with the cash you currently have on hand?

1 month or less	6 - 12 months
1 - 3 months	12 months or more
3 - 6 months	

6. What is your outlook for your future income from sources other than investments over the next 10 years?

It will greatly decrease	It will increase, but not by much
It will decrease, but not by much	It will greatly increase
It will stay the same	

7. What is the level of your gross annual income?

<input type="checkbox"/> \$50,000 or less	\$100,000 to \$200,000
<input type="checkbox"/> \$50,000 to \$100,000	\$200,000 or more

8. What is the amount of your net worth (excluding your residence) which can be readily sold.

\$50,000 or less	\$100,000 to \$250,000	\$500,000 to \$1,000,000
\$50,000 to \$100,000	\$250,000 to \$500,000	\$1,000,000 or more

9. What is your degree of prior investment experience?

- None
- Some prior experience with investments (Mutual funds, stocks, bonds, etc.)
- Bank investments only
- Much prior experience with investments

10. What is your income tax bracket (if you know it)? _____

11. If you are married, how long have you been married: _____

- (a) Do you and your spouse consider your assets to be community property? ___ Yes ___ No
- (b) Did either of you receive any substantial gifts or inheritances after your marriage? ___ Yes ___ No
- (c) Would you consider inheritances as community property? ___ Yes ___ No
- (d) Did you or your spouse come into your marriage with any substantial assets? ___ Yes ___ No

12. Do you have a financial advisor or broker? ___ Yes ___ No

Name and firm: _____

How would you characterize your relationship? Good Fair Not much contact

13. What is the value of your estate:

_____ Less than \$500,000	_____ Between \$500,000 and \$1,000,000
_____ Between \$1,000,000 and \$2,000,000	_____ Between \$2,000,000 and \$3,500,000
_____ Over \$3,500,000	

14. How comfortable are you with your current investments?

Very comfortable	Not very comfortable
Moderately comfortable	Not sure

15. If there were techniques you could use to lower your taxes, improve your financial position, and/or increase your financial security, what would be your level of interest?

I would be very interested	I would not be interested
I would be moderately interested	

PLANNING CONCERNS AND ANXIETIES

In filling out this questionnaire, your job is to teach us about you, your family, your assets, and your goals and objectives; our job is to teach you about the law, and how to accomplish those objectives.

Level of Concern (if any)
None Low Medium High

TAX CONCERNS

- Risk of the IRS inheriting half of the estate when I/we die
- Risk of my/our children or beneficiaries not taking advantage of tax preferred or "stretch-out" treatment of my/our IRA's upon my/our death
- Risk of capital gains taxes paid on the sale of property
- Risk of unnecessary income taxes being paid on investment assets

FAMILY CONCERNS

- Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability
- Providing for and protecting a spouse
- Providing for and protecting children
- Providing for and protecting grandchildren
- Providing for a child with disabilities or special needs, such as medical or learning disabilities
- Risk of persons other than those we select will gain custody of any minor children . . .
- Protecting children's inheritance from the possibility of failed marriages
- Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money
- Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir
- Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for crucial governmental benefits . .
- Risk that assets left to my spouse might not pass to my intended heirs as a result of my spouse remarrying
- Risk of a will or trust contest or other dispute upon death
- Disinheriting a family member
- Risk that my parents, who may need financial assistance, are not provided for . .

Level of Concern (if any)
None Low Medium High

DISABILITY AND LONG-TERM CARE CONCERNS

- Avoiding a conservatorship (õliving probateö) in case of your disability.
- Risk of unnecessary court procedures due to improper planning
- Risk of unwanted efforts made to save my life if I feel that it's best to
cease efforts and die peaceably and without pain
- Risk that my wishes will not be carried out if I become unable to manage
my affairs
- Risk of loss of assets due to long-term nursing home costs
- Risk of loss of family home due to long-term nursing home costs
- Risk of diminished income due to long-term care costs
- Risk of being forced to reside in a nursing home, rather than at home due to
a lack of funds to pay for home care
- Risk that my spouse will suffer a diminished standard of living if
I should require expensive long-term nursing or custodial care

FINANCIAL CONCERNS

- Risk that I will outlive my assets
- Risk that I will suffer losses if the stock market should drop
- Risk that my current rate of return is not adequate to provide for my future
support and the support of my spouse (if I am married)
- Risk that my current portfolio is not properly balanced
- Risk that all or most of my assets are in low-yielding fixed assets, and that I
may not have enough growth in my portfolio for future needs

POST-DEATH CONCERNS

- Avoiding probate.
- Reducing administration costs at time of your death
- Risk of having to sell assets in a õfire saleö manner, in order to create the
liquidity needed to pay taxes and expenses
- Risk of private matters unnecessarily being made public

OTHER CONCERNS (Please list, if any): _____

MEDICAL INFORMATION

Medical Information For Client (or husband, if married):

Name, Address and telephone number of your current physician: _____

Current health, diagnosis, prognosis, etc. _____

Medical Information For Spouse (if any):

Name, Address and telephone number of your current physician: _____

Current health, diagnosis, prognosis, etc. _____

HEALTH INSURANCE

___ Medicare for applicant (Number: _____) Monthly premium: \$ _____

___ Medicare for spouse (Number: _____) Monthly premium: \$ _____

___ Medicare Supplemental Insurance for applicant

(Company Name and Address: _____)

(Number: _____) Your monthly premium: \$ _____

___ Medicare Supplemental Insurance for spouse

(Company Name and Address: _____)

(Number: _____) Monthly premium: \$ _____

___ Medi-Cal for applicant (Number: _____)

___ Medi-Cal for spouse (Number: _____)

Other health insurance for applicant (e.g. dental, etc.): _____

Other health insurance for spouse (e.g. dental, etc.): _____

Does the applicant's health insurance provide or pay for (check all that apply)?:

Hospital outpatient

Prescription drugs

Long-term care/nursing home

Hospital stays

Dental care

Only specific illness (i.e. cancer)

Doctor visits

Vision care

Types of illness: _____

Is your policy a Medicare Supplement?: Yes No

Do you have to obtain medical services from a specific facility or group of providers? Yes No

LONG TERM CARE INSURANCE

Do you have long-term care insurance? (you) ___ Yes ___ No (spouse) ___ Yes ___ No

If so, please fill out the following:

Insurance Carrier: _____ Date of Policy: _____
Maximum Coverage (years) : _____ Maximum Daily Benefit Level: \$ _____
Is Nursing Home care, Home Health Care, or Both covered under this policy? _____
What is the % of home care coverage (if any)? _____% Annual Premium \$ _____
Elimination Period (deductible period in days): _____ Inflation Protection: ___ Yes ___ No
Are you currently utilizing benefits from any such policy (explain)?: _____

ADDITIONAL QUESTIONS

Are you expecting to receive property or money from a lawsuit? ___ Yes ___ No If so, how much? \$ _____

Are you expecting to receive property or money from gift or inheritance? ___ Yes ___ No If so, how much? \$ _____

Do you and your spouse, if married, have a **CURRENT** form of ID (e.g. California Driver's License or a California ID Card)? Client: _____ Spouse: _____

	<u>Client</u>	<u>Spouse</u>
Form of ID:	_____	_____
ID Serial Number:	_____	_____
ID Expiration Date:	_____	_____

IMPORTANT NOTE: Documents to be notarized require identification. If you (or your spouse, if you are married) do not have a current California Driver's License, or a current California ID card issued by the DMV, please indicate: _____

If you are female, would you prefer to be addressed as: ___ Miss ___ Ms. ___ Mrs.

Is anyone (other than your spouse) dependent upon you for support? If so, please identify the person, and provide some general information as to the reason for, and extent of, support provided.

Are you or your spouse on Medi-Cal, SSI, or any other public benefits program, or have you been on any such programs in the past? _____

PERSONAL GOALS: Please describe your personal goals below:

1. Protect assets from the costs of long-term care Yes ___ No ___
2. Preserve as much of your estate as possible for your heirs/beneficiaries Yes ___ No ___
3. Accelerate Medi-Cal qualification for ill person Yes ___ No ___
4. Avoid probate Yes ___ No ___
5. Avoid conservatorship Yes ___ No ___
6. Other: _____

PROPERTY

List your own and your spouse's property with estimated fair market values in the broad categories provided. Specify how the property is held; for example, "individually by me," "jointly with my spouse," "by me/us as trustee of our trust" etc.:

Value

Family residence

Tax assessed value: \$ _____ Fair Market Value: \$ _____
 Mortgage balance: \$ _____ Paid Off? _____
 Year of purchase: _____
 Purchase price: \$ _____
 How is the property titled? _____

Is this home being rented out? Yes No

If yes, please answer the following:

Income and Expenses on Rental property

How often paid?

Monthly Rental Income: \$ _____	Monthly	Yearly
Interest on loans: \$ _____	Monthly	Yearly
Taxes and Assessments: \$ _____	Monthly	Yearly
Utilities: \$ _____	Monthly	Yearly
Insurance: \$ _____	Monthly	Yearly
Upkeep and Repairs: \$ _____	Monthly	Yearly

General household furniture

and furnishings \$ _____

Household effects of special

value (such as china, silver, art works, antiques, collections, etc.) \$ _____

Automobiles

Year: _____	Year: _____	Year: _____
Make: _____	Make: _____	Make: _____
Value: \$ _____	Value: \$ _____	Value: _____
Loan balance: \$ _____	Loan balance: \$ _____	Loan balance: \$ _____

Other real estate

Address: _____
 Tax assessed value: \$ _____ Mortgage balance: \$ _____
 Year of purchase: _____ Purchase price: \$ _____
 How is the property titled? _____

Other real estate

Address: _____
 Tax assessed value: \$ _____ Mortgage balance: \$ _____
 Year of purchase: _____ Purchase price: \$ _____
 How is the property titled? _____

Cash, CD's and Bank Balances: NOTE: Please be complete!

<u>Bank</u> <u>(include Branch)</u>	<u>Account</u> <u>Number</u>	<u>Type of</u> <u>Account</u>	<u>Annual %</u> <u>rate of return</u>	<u>Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total: \$ _____

Mutual Funds

<u>Name of</u> <u>Fund</u>	<u>Account</u> <u>Number</u>	<u>How Title</u> <u>is held?</u>	<u>Market</u> <u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total: \$ _____

Securities (Stock and bonds):

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Company: _____
Date of purchase: _____
Cost: \$ _____ Value: \$ _____

Total: \$ _____

IRAs, Keoghs, 401 (k) plans, etc.

<u>Where</u> <u>Held?</u>	<u>Account</u> <u>Number</u>	<u>In Whose</u> <u>Name</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total: \$ _____

Life Insurance, Accident Insurance and Annuities

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Company: _____ **Type of Contract:** _____
Policy Number: _____ **Date Purchased:** _____
Insured party/annuitant: _____ **Owner:** _____
Beneficiary(ies): _____
Present Interest Rate: _____ **Present Cash Value:** \$ _____ **Death Benefit:** \$ _____

Business interests (such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc.)
Please list the following: (1) name of business, (2) location of business, (3) percentage owned by you, (4) relationship of co-owners, (5) the form of the business, (e.g. sole proprietorship, closely held corporation, partnership, etc.), (6) whether there is a buy-sell agreement, or any agreements relating to death, disability or retirement of a partner or shareholder (if there is such an agreement, please provide us with a copy), (7) and the present value of the business. Please bring copies of the last 5 years of financial statements, and any other information regarding its value.

Total: \$ _____

Pre-paid funeral: Do you, or your spouse, if you are married, have a pre-paid funeral, irrevocable burial account, burial insurance, burial plot(s), cremation, etc. Please explain:

Trust deeds and/or mortgages:

Amount (original): \$ _____ Amount (current): \$ _____

Maturity and payments: _____

Amount (original): \$ _____ Amount (current): \$ _____

Maturity and payments: _____

Employee benefits: Vested interest(s) in profit sharing or pension plans; stock options, etc.

Name of employee: _____

Name and address of employer: _____

Payment of death benefit: ___ Lump Sum ___ Annuity

To be elected by: _____

If you receive a pension, what are the terms during your life and upon your death? _____

Name of employee: _____

Name and address of employer: _____

Payment of death benefit: ___ Lump Sum ___ Annuity

To be elected by: _____

If you receive a pension, what are the terms during your life and upon your death? _____

Rights or interests in trusts, estates, or prospective inheritance: Give name of person who is the source of the interest, as well as the nature and value of the interest. Include powers of appointment, if any. (If you or your spouse have a power of appointment, please bring a copy of the instrument which creates the power of appointment).

Miscellaneous assets: Do you have an interest in any of the following?

Leaseholds? _____ Oil/mineral rights? _____ Franchises/licenses?: _____

Contracts? _____ Rights as creditor? _____ Memberships? _____

Other assets not described herein? _____

LIABILITIES/DEBTS

Please list debts owed by you, contractual and leasehold obligations, pending lawsuits and claims, etc.

<u>Description</u>	<u>Amount</u>	<u>When Due?</u>
Home Mortgage_____		
Other Mortgage_____		
Secured real property loans_____		
Secured personal property loans_____		
Notes and accounts payable by you_____		
Loans on insurance policies_____		
Unsecured promissory notes_____		
Credit cards_____		
Other general obligations_____		
Other_____		
	Total: \$ _____	

GIFTS YOU HAVE MADE

Within the last 5 years, have either you or your spouse (if married) made any gifts, transferred any real estate or other property for less than fair market value, placed any property in an irrevocable trust, or removed or added names to joint accounts? If yes, please list each action and explain when and why the transfer was made. (Be specific)

<u>Who made the gift?</u>	<u>To whom was the gift made?</u>	<u>Date of gift</u>	<u>Gift return filed?</u>	<u>Value of gift</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROPERTY SOLD

Has any property been sold in the last 5 years? If so, what happened to the proceeds from the sale?

CLOSED BANK OR OTHER ACCOUNTS

Have any bank or other accounts been closed in the last 30 months? If so, where were the funds from the closed accounts spent or deposited? (Be specific)

PRESENT MONTHLY GROSS INCOME

Please provide the following information regarding the monthly income of you and your spouse. Please note if any amounts are withheld and the reason for withholding and the amount.

<u>SOURCE</u>	<u>YOU</u>	<u>SPOUSE</u>	<u>JOINT</u>
Work earnings	_____	_____	_____
Social Security Benefits	_____	_____	_____
Social Security Disability	_____	_____	_____
Supplemental Security Income	_____	_____	_____
Veterans' benefits	_____	_____	_____
Private pension	_____	_____	_____
Private pension	_____	_____	_____
Annuity	_____	_____	_____
Annuity	_____	_____	_____
Public employment pension	_____	_____	_____
Railroad retirement	_____	_____	_____
Support from spouse	_____	_____	_____
Regular support from others	_____	_____	_____
Unemployment compensation	_____	_____	_____
Worker's compensation	_____	_____	_____
Regular income from trust	_____	_____	_____
Rental income	_____	_____	_____
Other income (_____)	_____	_____	_____
TOTAL:	_____	_____	_____

Do any of these income sources cease or decrease at death? If so, please list source of payment and the amount of the decrease: _____

Interest and dividends received on investments: Please indicate interest rate and amount received on EACH income-producing asset owned.

<u>Description of income producing asset</u>	<u>Interest rate</u>	<u>Amount received each month</u>

Total monthly income from interest and dividends: \$ _____

SEPARATE PROPERTY

Did either you or your spouse come to the marriage with significant amounts of property or later individually acquire significant property, other than from work or investment earnings, such as by inheritance? If yes, please explain briefly:

SUBSTANTIAL MEDICAL EXPENSES

Have either you or your spouse, during the last 90 days, had substantial medical expenses, such as nursing home or hospital bills, that have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance? If yes, please provide details and explain:

SHARED LIVING ARRANGEMENTS

Have any of your children or brothers or sisters lived with you during the last two years? If so, please describe the circumstances of the individual, the reason for the arrangement, and how it was handled financially:

DEFERRED MAINTENANCE/REPAIRS:

Is your home in need of any modifications or repairs? If so, please explain: _____

Is your automobile in need of repair? (Please explain): _____

VETERAN'S BENEFIT ISSUES

1. Have you, or has your spouse, served on active duty military in an armed service of the United States? Yes No
2. Are you, or is or was your spouse, receiving VA benefits? Yes No
3. Were, or are, these VA benefits pension or compensation? Yes No If compensation, then for what disabilities and at what level of disability? (Percentage assigned by the VA): _____
4. Do you, or your spouse, have a service-connected disability? Yes No
5. Are you, or is or was your spouse, receiving Social Security benefits? Yes No
6. Was the receipt of Social Security benefits due to the same disability or disabilities for which VA compensation is being paid? Yes No
7. If your spouse is deceased, had he or she been considered by the VA totally disabled for either pension or compensation purposes in the ten years prior to death? Yes No
8. How long were you married to your spouse? _____ Specifically, how long were you married to your spouse while the VA considered your spouse to have been totally disabled? _____
9. If your spouse has predeceased you, was the cause of your spouse's death due to or had been substantially contributed to by a service-connected disability? Yes No
10. Do you have savings of more than \$65,000? Yes No
11. Do you receive pension payments, retirement payments, disability payments, which total annually more than \$12,929.00 (more than \$1,077.00 per month)? Yes No
12. Do you currently suffer from a disability or disease which requires regular aid and attendance to your physical needs by another, including your spouse, or makes you homebound? Yes No

QUESTIONS YOU WOULD LIKE ANSWERED?

CERTIFICATION AND SIGNATURES

I/We hereby represent to McKenzie Legal & Financial that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I/We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate. Please sign below to verify the accuracy of the above information.

Signature verification of client _____

Print Name _____ Date: _____

Signature verification of spouse(if any) _____

Print Name _____ Date: _____

CHECKLIST OF REQUIRED VERIFICATIONS

*** IMPORTANT ***

In the event that you decide to move forward to obtain Medi-Cal benefits for long-term care, below is a checklist of verifications and information we need to proceed with the processing of the Medi-Cal application. Unless otherwise specified, all information requested below pertains to the person the application is being submitted for--i.e. the applicant.

In order to make sure that your application is processed as soon as possible, and to avoid possible additional charges for excessive attorney time required to process your application, please follow the instructions below, carefully.

Where documents are requested, **we only need COPIES of the original document(s). Do not provide originals of any materials, including bank statements! Do not staple documents together; please paper clip or otherwise attach multiple page documents so that we may more easily process them. Also, do not copy documents "double-sided." If a document is double-sided, please make individual copies of each side of the document.**

Please note that Medi-Cal will not take your word for anything. Every assertion you make, must be backed up with written verifications. For example, if you say you receive a \$100 pension, you MUST provide a pay stub, copy of check or other verification of this payment. Please check off all relevant information below, and when you have finished compiling all of the requested materials, please forward them to our office immediately so that we may begin working on your application. (Note: If you believe that one or more items below will not be available in a timely manner, please call our office to discuss.)

Vital Statistics

- Social Security cards (applicant and spouse)
- If applicant is a citizen, but not born in the U.S., please provide citizenship verification (for example, Certificate of Naturalization)
- Proof of identity for **applicant, applicant's spouse** (if any) and **the applicant's representative** (if someone is assisting the applicant in making this application), for example, copy of a driver's license, DMV ID card, or passport (Note: Other forms of ID, like Leisure World Identification Cards, will not suffice)
- Alien registration card, if applicable (copy of both sides)
- Medicare cards for applicant and spouse
- Copies of any other health insurance cards, front and back (applicant and spouse)

Income (also applicable to spouse at home) (provide information regarding all sources of income payable to the applicant, and the applicant's spouse (if any))

- Written verification of gross amount of retirement benefits or pensions
- Written verification of gross amount of Social Security benefits (for example, a copy of the statement you receive at the beginning of the year stating this year's benefit amount)
- Written verification of gross amount of any other sources of income (in the form of a copy of a pay stub, check, or a letter from the payor stating gross payments made)
- Veterans benefit award letter or copy of current check
- Income received from rental property, if any, along with expenses involved
- Copy of disability check, stubs or notice of computation, if any

Housing Information

- Most recent rent receipt, lease or rental agreement, if any
- House or trailer payment book, if any
- Unpaid balance on house, land or trailer
- Last property tax statements on all properties you own
- Latest deeds on any properties you own
- If you live in Leisure World, a copy of your Stock Certificate and your Active Membership Certificate
- Utility bills and other expenses for rental property, if any

Property

- Copy of **ALL PAGES** of the last four months of bank/credit unions statements, brokerage accounts, IRAs or any other accounts you or your spouse have. (**Note: We will also need copies of all statements from today forward, until Medi-Cal eligibility is obtained--if you do not receive monthly statements, please have the bank or other financial institution verify the current value of the CD, IRA, mutual fund, etc. on their letterhead**)
- Full** copies of all life insurance AND annuity policies AND proof of current death benefit value (for life insurance policies) and cash surrender value for each policy (you must obtain this information in writing from the various insurance carriers by calling their customer service number and requesting a statement of current cash value)
- Copies of any stock or bond certificates you own, with evidence of their current value
- Written verifications of all accounts that you have closed in the last 5 years (with closing statement of account, and verification of where any remaining sums were deposited, transferred or spent). Verification of where the sums were deposited must be specific, for example, if you closed an account at Washington Mutual Bank and received \$21,000, and deposited that money at Bank of America, we would need a closing statement from Washington Mutual which references the \$21,000, and a deposit slip to Bank of America that reads \$21,000.
- Auto, motorcycle, trailer, camper registration or pink slips (if more than one) and amount owed on any vehicle, if applicable
- Written verification of any burial plots, burial trusts, contracts or pre-need funeral arrangements you have, with copies of any contracts or deeds involved
- Papers verifying sale of any property in the last 2 ½ years

Expenses

- Written verifications of any health or dental insurance premiums
- Proof of child support which you or your spouse pay and copy of court order
- Proof of alimony which you or your spouse pay (or receive) and copy of court order

Gifts

- Verifications of all gifts made by the applicant (or the applicant's spouse) over the last 5 years. For example, if the applicant gave \$5,000 to her granddaughter on July 1, 2002, we would need to see a copy of the check (if any) and information about what account was used to make the gift (e.g. a copy of the bank statement for the month the gift was made).
- Remember, **ANY** transfer from the applicant (or the applicant's spouse, if any) to any third party will be considered a gift, even those that may seem innocent. For example, if a daughter transfers mom's money to herself and opens up an account that is "mom's money," for payment of mom's expenses, unless daughter can prove she spent the money on mom's behalf, the Department may consider the transfer to be a gift, or even worse, the Department may consider the money to be held in trust for mom's benefit, and mom may not qualify for Medi-Cal.
- Also, any transfer for less than fair market value is also considered a gift. For example, if you sell a rental property valued at \$400,000 to your son for \$300,000, the Department may construe that as a gift of \$100,000 to your son.
- Finally, please do not make any gifts or transfers without first obtaining legal advice from our office.

Miscellaneous

- Notice of veterans benefits
- A copy of any military records, if any
- Any doctor's or social worker's letters that the applicant is unable to act on their own behalf
- A copy of any living trust document executed by the applicant, as well as any additional estate planning documents, for example, wills, powers of attorney, etc.

REMEMBER, PLEASE INCLUDE ALL PAGES OF ANY STATEMENTS OR DOCUMENTS THAT ARE REQUESTED!

OTHER INFORMATION NEEDED:

1. Let us know if the principal residence or any other property needs any repairs.
2. Let us know if a vehicle is needed for the applicant's transportation?
3. Let us know if the applicant needs any personal items that would make the stay at the facility more comfortable (e.g. clothing, glasses, hearing aids, dentures, etc.)?

PLEASE FOLLOW THESE DIRECTIONS CAREFULLY. MISSING OR INACCURATE INFORMATION COULD RESULT IN ONE OR MORE OF THE FOLLOWING: (1) A DELAYED APPLICATION DATE, AND MORE MONEY OUT OF POCKET FOR CARE COSTS; (2) A FINDING BY THE DEPARTMENT THAT THE APPLICANT IS NOT ELIGIBLE AT THE PRESENT TIME, REQUIRING A NEW APPLICATION AND ADDITIONAL LEGAL FEES; AND/OR (3)

ADDITIONAL LEGAL FEES REQUIRED AS A RESULT OF EXCESSIVE TIME SPEND BY ATTORNEY DUE TO MISSING, INACCURATE, OR ILL-PREPARED INFORMATION.

IMPORTANT NOTE: UNLESS OTHERWISE AGREED UPON IN WRITING, ALL MATERIALS REQUIRED TO PREPARE THE APPLICATION, INCLUDING ALL RELEVANT MATERIALS DISCUSSED ABOVE AND VERBALLY, MUST BE PROVIDED TO OUR OFFICE A MINIMUM OF FOURTEEN (14) BUSINESS DAYS PRIOR TO THE END OF THE MONTH IN WHICH YOU WISH TO QUALIFY FOR BENEFITS. IF ALL MATERIALS ARE NOT SUBMITTED WITHIN THIS TIME, THE APPLICATION MAY NOT BE FILED UNTIL THE NEXT MONTH, IN WHICH CASE, IT IS LIKELY THAT YOU WILL RESPONSIBLE FOR AN ADDITIONAL PAYMENT FOR THAT MONTH'S NURSING HOME BILL. SO PLEASE PROVIDE THE REQUIRED MATERIALS IN A TIMELY MANNER.