



MCKENZIE LEGAL & FINANCIAL

FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

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

WEALTH PRESERVATION, ESTATE PLANNING, FINANCIAL CONSULTING AND ELDER LAW STRATEGIES

TRANSMITTAL MEMO

Greetings!

Enclosed you will find our confidential questionnaire. This questionnaire is used to gather the information necessary to properly determine if you, or a loved one, is eligible for Veteran's benefits under the Aid and Attendance improved pension plan. Please answer all applicable questions as completely as you can. The more information you can provide, the better I can answer your questions. However, accuracy to the exact dollar is not necessary.

If you have not scheduled an appointment, but would like one, please call our office at (562) 594-4200.

If you have scheduled 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** that you own, if any, along with a **copy of the latest property tax statement(s)** on such properties, and any **financial information or investments** that you would like reviewed (e.g. statements, annuity contracts, etc.).

If you live in Leisure World, please also bring your Leisure World Stock Certificate and Active Membership certificate to our meeting.

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.

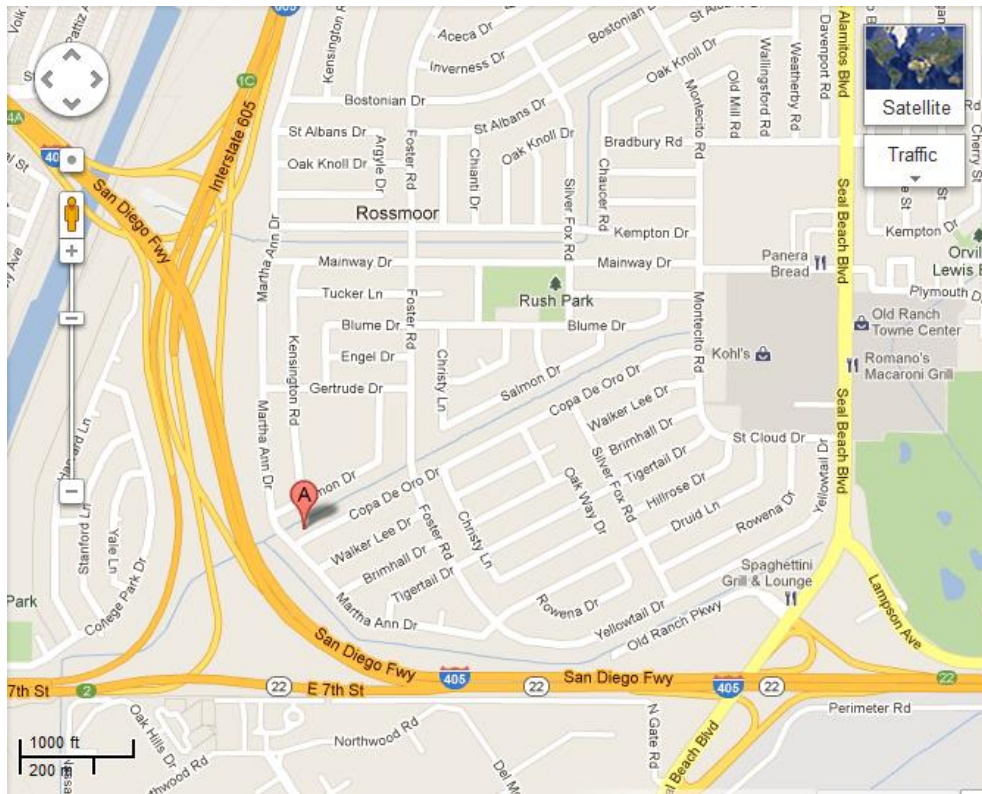
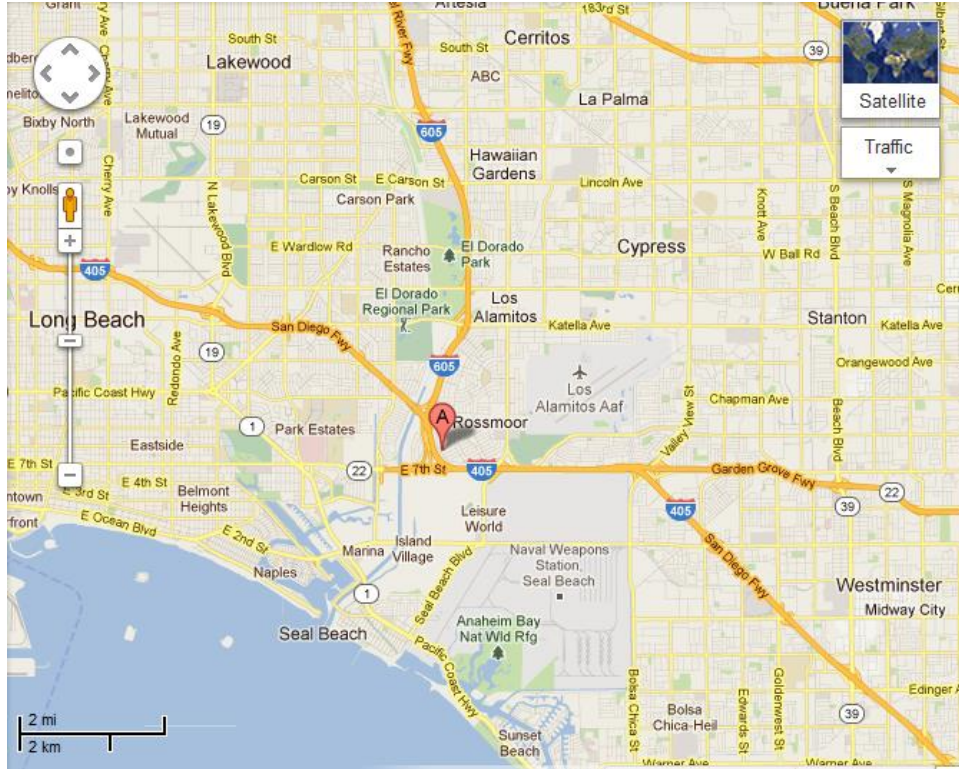
From the 405 Freeway traveling South: Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud 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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VETERAN'S BENEFITS WORKSHEET

Referred By: _____ Today's Date: _____

Proper analysis of your case may only be made if you fill out ALL relevant questions accurately. Any mistakes or omissions could have a direct and negative impact on eligibility. In addition, we need all information regarding the Veteran and the spouse, even if deceased.

**When completed, please forward a copy of this form to:
Thomas L. McKenzie, Attorney at Law
2631 Copa De Oro Drive, Los Alamitos, CA 90720**

APPLICANT INFORMATION:

Veteran's Name: _____

Spouse's Name: _____

Primary Address: _____

Primary Address: _____

Height: _____ Weight: _____

Height: _____ Weight: _____

Date of Birth: _____ Age _____

Date of Birth: _____ Age _____

Date of Death (if applicable): _____

Date of Death (if applicable): _____

City and State of Birth: _____

City and State of Birth: _____

Social Security Number: _____

Social Security Number: _____

Street Address: _____

Street Address: _____

City, State and Zip: _____

City, State and Zip: _____

Telephone Number: _____

Telephone Number: _____

Designated Contact Person or Agent's Name: _____

Full Address: _____

Phone #: () _____ Cell: () _____ Email: _____

Please indicate marital status: Married Single Divorced Widowed

If currently married, please provide:

Place of marriage: _____ Date of marriage: _____

If married, has the veteran or his/her spouse had previous marriages?: Yes No

Does veteran have proof of dissolution of all previous marriages, i.e. divorce papers and/or death certificates of prior spouses? Yes No

Does veteran have military discharge papers, i.e. DD-214 or separation papers? Yes No

Are they originals? Yes No What was the discharge status? _____

Has veteran filed a claim with the VA before? Yes No Has spouse filed a claim with the VA before? Yes No

If yes, give type of claim and claim number, if known:

Type of Claim: _____ Claim Number: _____ Type of Claim: _____ Claim Number: _____

SIGNATURE ABILITY:

Many forms must be filled out to obtain benefits, and these forms should be signed by the person applying for such benefits (i.e. the claimant). Can the claimant sign his/her name? Yes No

If the claimant cannot sign his/her name, can the claimant make a mark (X) or thumbprint? Yes No

SERVICE INFORMATION:

Did the veteran serve during one of the following war-times?: Yes No

(Please circle all that apply)

WWII *12/07/1941 – 12/31/1946* *Korean War* *06/27/1950 – 01/31/1955*
Vietnam Conflict *08/05/1964 – 05/07/1975* *Gulf War* *08/02/1990 -- Present*

If Yes, what branch of service, for how long, and what type of discharge did the veteran receive?:

Branch: _____ Length of Service: _____ Type of Discharge: _____

CURRENT HEALTH INFORMATION -- VETERAN:

Is the veteran alive? (if deceased, the following questions may be disregarded.) Yes No

Is the veteran suffering from any type of blindness? Yes No

Does the veteran need any assistance with the following? (check all that apply):

Eating Bathing Dressing Toileting Transferring

Does the veteran suffer from a mental disability (e.g. Alzheimer's)? Yes No

Does the veteran still operate a motor vehicle? Yes No

Has the veteran used tobacco within the past 2 years? Yes No

List any medical conditions treated in the last 5 years and surgery performed or scheduled in last 5 years:

| Veteran | Medication | Condition | Diagnosis and/or Treatment | Comments |
|---------|------------|-----------|----------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Is there a family history of cognitive impairment (i.e. Alzheimer's, dementia, etc.) or cancer? Yes No

Has the veteran suffered a stroke or been diagnosed with diabetes? Yes No

Is there longevity in the family? _____

CURRENT HEALTH INFORMATION -- SPOUSE:

Is the spouse alive? (if deceased, the following questions may be disregarded.) Yes No

Is the spouse suffering from any type of blindness? Yes No

Does the spouse need any assistance with the following? (check all that apply):

- Eating Bathing Dressing Toileting Transferring

Does the spouse suffer from a mental disability (e.g. Alzheimer's)? Yes No

Does the spouse still operate a motor vehicle? Yes No

Has the spouse used tobacco within the past 2 years? Yes No

List any medical conditions treated in the last 5 years and surgery performed or scheduled in last 5 years:

| Spouse | Medication | Condition | Diagnosis and/or Treatment | Comments |
|--------|------------|-----------|----------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Is there a family history of cognitive impairment (i.e. Alzheimer's, dementia, etc.) or cancer? Yes No

Has the spouse suffered a stroke or been diagnosed with diabetes? Yes No

Is there longevity in your family? _____

HOUSING INFORMATION -- VETERAN:

Does the veteran live alone, without any assistance? Yes No

Does the veteran currently reside in an assisted living facility? Yes No

If yes, please give name, address and phone # of facility: _____

Does the veteran currently reside in a nursing facility? Yes No

If yes, please give name, address and phone # of facility: _____

Is the veteran receiving home care? Yes No

Is the veteran receiving care through a caregiver agreement? Yes No

Is the veteran "housebound"? Yes No

HOUSING INFORMATION -- SPOUSE:

Does the spouse live alone, without any assistance? Yes No

Does the spouse currently reside in an assisted living facility? Yes No

If yes, please give name, address and phone # of facility: _____

Does the spouse currently reside in a nursing facility? Yes No

If yes, please give name, address and phone # of facility: _____

Is the spouse receiving home care? Yes No

Is the spouse receiving care through a caregiver agreement? Yes No

Is the spouse "housebound"? Yes No

MONTHLY INCOME:

| | Veteran's Monthly Income | Spouse's Monthly Income |
|-------------------------------------|---------------------------------|--------------------------------|
| Social Security Benefits: | \$ _____ | \$ _____ |
| Social Security Disability Income: | \$ _____ | \$ _____ |
| Supplemental Security Income (SSI): | \$ _____ | \$ _____ |
| Retirement Benefits (Gross): | \$ _____ | \$ _____ |
| VA Disability Benefits: | \$ _____ | \$ _____ |
| Annuity Income: | \$ _____ | \$ _____ |
| Rental Income: | \$ _____ | \$ _____ |
| Total Monthly Income: | \$ _____ | \$ _____ |

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

OTHER BENEFITS:

Is the Veteran receiving: Medicare Part A Medicare Part B Medicare Part D

Is the spouse currently receiving: Medicare Part A Medicare Part B Medicare Part D

Is veteran receiving retired military pay (annuity)? Yes No

Is veteran receiving Tricare for Life? Yes No

If a retired military veteran, is he/she receiving Service Connected Compensation that is combat related and has he/she filed for Combat Related Special Compensation through the DOD? Yes No

If a retired veteran with a service-connected condition, what is the current rating? _____

MONTHLY UNREIMBURSED MEDICAL EXPENSES (“UME”):

| | Veteran’s Monthly UME | Spouse’s Monthly UME |
|----------------------------|------------------------------|-----------------------------|
| Nursing Home: | \$ _____ | \$ _____ |
| Assisted Living: | \$ _____ | \$ _____ |
| Home Health Care: | \$ _____ | \$ _____ |
| Medicare Premiums: | \$ _____ | \$ _____ |
| Insurance Premiums: | \$ _____ | \$ _____ |
| Monthly Prescription Cost: | \$ _____ | \$ _____ |
| Monthly Other Costs: | \$ _____ | \$ _____ |
| Total Monthly UME: | \$ _____ | \$ _____ |

MONTHLY SHELTER EXPENSES:

(Please divide annual expenses by 12, and quarterly expenses by 3.)

| | |
|--|----------|
| Rent/Mortgage: | \$ _____ |
| Real Estate Taxes: | \$ _____ |
| Water: | \$ _____ |
| Sewer: | \$ _____ |
| Utilities (Heat, Electric): | \$ _____ |
| Homeowner’s Insurance Premiums: | \$ _____ |
| Condominium or coop fees: | \$ _____ |
| Total Monthly Housing Expenses: | \$ _____ |

MONTHLY NON-SHELTER EXPENSES: (Please estimate)

| | |
|--|----------|
| Food: | \$ _____ |
| Medical: | \$ _____ |
| Clothing: | \$ _____ |
| Telephone: | \$ _____ |
| Transportation (including auto ins.): | \$ _____ |
| Home Maintenance: | \$ _____ |
| Life Insurance Premiums: | \$ _____ |
| Health Insurance Premiums: | \$ _____ |
| Medicare Supplemental Ins. Premiums: | \$ _____ |
| Cable TV: | \$ _____ |
| Federal and State Income Taxes: | \$ _____ |
| Other: | \$ _____ |
| Total Monthly Non-Shelter Expenses: | \$ _____ |

FINANCIAL INFORMATION

Please answer all of the following questions as best you can.

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 financial plan.
 - Preserve asset value
 - Generate high current income
 - Achieve asset growth with moderate current income
 - Achieve strong asset growth with nominal income
 - Achieve maximum capital appreciation
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
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
3. When it comes to your investments, how would you characterize your tolerance for risk?
 - No risk tolerance at all
 - Moderate risk tolerance
 - Moderate to high 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?
 - Under 3 years
 - 3 to 6 years
 - 7 to 10 years
 - Over 10 years
 - Only in case of emergencies
5. Once you begin drawing money out of your investments, what percent per year will you choose to withdraw per year?
 - Do not plan on taking withdrawals
 - Under 3%
 - 3% to 4%
 - 4% to 7%
 - 7% to 13%
 - Over 13%
6. If you were to invest in the near future, what would be your primary goal for the money invested? (check all that apply)
 - Short-term "safe money"
 - "Safe money" put away for potential long-term care costs or uncovered medical expenses (e.g. home care, nursing care, etc)
 - Immediate income
 - Growth with some immediate income
 - Long-term growth

7. If you had \$100,000 to invest, which of the following investments (i.e. return and drawdown characteristics) would you choose for that money, if after 10 years you could have:
- About \$135,000 by earning 3% each and every year
 - About \$163,000 by earning 5% on average, but having your account value fall by 10% during year 4 of 10
 - About \$197,000 by earning 7% on average, but having your account value fall by 20% during year 4 of 10
 - About \$237,000 by earning 9% on average, but having your account value fall by 30% during year 4 of 10
 - About \$284,000 by earning 11% on average, but having your account value fall by 40% during year 4 of 10
- * The options listed above are not actual investment alternatives, but only used to help assess risk preference.
8. Assume that the stock market falls in value by 40%, and your stock market investments also fell by 40%. What are you most likely to do?
- Liquidate more than half of your stock market investments and move your money into less risky assets such as CD's or annuities
 - Liquidate less than half of your stock market investments and move your money into less risky assets such as CDs or fixed annuities
 - Retain your stock market investments
 - Increase your investments in the stock market
9. If you were to invest at this time, are there any companies, social exclusions (e.g. alcohol, firearms, gambling, weapons, tobacco, etc.), or sectors (e.g. retail, medical, energy, finance, utilities, etc.) that you would like to exclude from your portfolio? _____
10. How long could you cover monthly living expenses with the cash you currently have on hand?
- 1 month or less
 - 3 - 6 months
 - 1 - 3 months
 - 6 - 12 months
 - 12 months or more
11. What is your outlook for your future income from sources other than investments over the next 10 years?
- It will greatly decrease
 - It will stay the same
 - It will greatly increase
 - It will decrease, but not by much
 - It will increase, but not by much
12. What is your approximate net worth (i.e. assets minus liabilities)? \$ _____
13. What is your approximate gross estate (i.e. everything you own)? \$ _____
14. What is the "liquid" 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
15. How would you characterize your health? Client (or Husband): Good Average Poor
Spouse: Good Average Poor
16. How old are your parents, or how old were they when they passed away?
- Client (or Husband): Father's current age or age at death _____
Mother's current age or age at death _____
- Spouse: Father's current age or age at death _____
Mother's current age or age at death _____

17. Have you invested in any of the following? (please mark all that apply)
- Bank CDs
 - Fixed annuities
 - Money market accounts
 - Life insurance
18. Are you now or have you in the past invested in individual equities (e.g. stocks) or funds contained equities?
- Yes, and the risk was tolerable
 - Yes, and the risk was intolerable
 - No, but the risk will be tolerable
 - No, because the risk will be intolerable
19. Have you invested in individual bonds or funds containing bonds?
- Yes, and the risk was tolerable
 - Yes, and the risk was intolerable
 - No, but the risk will be tolerable
 - No, because the risk will be intolerable
20. Some people know certain aspects of the portfolio they desire, such as the allocation to U.S. fixed income. What are your feelings on this issue?
- I would rely on my financial advisor to help me determine the allocation
 - I and my financial advisor would determine the allocation
 - I want at least 75% invested in U.S. fixed income
 - I want at least 50% invested in U.S. fixed income
 - I want at least 25% invested in U.S. fixed income
 - I want as little as 0% invested in U.S. fixed income
21. Small company stocks are riskier than stocks of larger companies. But, high quality research indicates that small companies provide a higher risk adjusted return than larger companies. Please describe how you feel about investing in smaller companies in order to increase your returns.
- I do not have a strong opinion and prefer to rely on the advice of my financial advisor
 - I want high exposure to small companies within a diversified portfolio
 - I want some exposure to small companies within a diversified portfolio
 - I am not interested in investing in small company stocks
22. Have you ever invested in foreign securities? How do you feel about investing in foreign securities?
- I do not have a strong opinion and prefer to rely on the advice of a financial advisor
 - Yes I have, and I accepted the currency and political risk in exchange for diversification and potentially higher returns
 - Yes I have, and would not accept the currency and political risk in exchange for diversification and potentially higher returns
 - No, I have not, but I am willing to accept the currency and political risk in exchange for the diversification and potentially higher returns
 - No, and I am not willing to accept the currency and political risk in exchange for the diversification and potentially higher returns

ASSETS/LIABILITIES:

(Please insert the value of each asset/liability in the appropriate space)

| Asset | Veteran | Spouse | Joint | Liabilities |
|-------------------------|---------|--------|-------|-------------|
| Automobile | | | | |
| Additional Automobile | | | | |
| Checking Accounts | | | | |
| Savings Accounts | | | | |
| Money Market Accounts | | | | |
| Certificates of Deposit | | | | |
| Residence | | | | |
| Mutual Funds | | | | |
| Stocks | | | | |
| Bonds | | | | |
| Annuities | | | | |
| IRAs | | | | |
| Other Real Estate | | | | |
| Nursing Home Deposit | | | | |
| Other | | | | |
| Other | | | | |
| Totals | | | | |

Does Veteran intend to sell the primary residence within the next 12 months? Yes No

LIFE INSURANCE AND ANNUITIES:

| Company Name (include address and policy #) | Type | Death Benefit | Face Value | Cash Value | Insured | Owner | Beneficiaries |
|---|------|------------------|---------------|---------------|---------|-------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

It is very important to know the cash value and death benefit of your life insurance, as well as your cash value of your annuity policies. To obtain the cash value of the policy, please call the customer service number of the issuing insurance company.

If applicant or spouse has an IRA or other retirement plan, are distributions being taken? Yes No

Are such distributions expected to increase during the next 12 months? Yes No

If applicant or spouse has any CDs, are they expected to be cashing in within the next 12 months? Yes No

If applicant or spouse has U.S. Savings Bonds, are they expected to be cash in within the next 12 months? Yes No

GIFTS:

Please list gifts made in excess of \$100.00 in any one month, to an individual or group of individuals, within the past 60 months:

| | | |
|------------------|-------------|------------------|
| Recipient: _____ | Date: _____ | Amount: \$ _____ |
| Recipient: _____ | Date: _____ | Amount: \$ _____ |
| Recipient: _____ | Date: _____ | Amount: \$ _____ |
| Recipient: _____ | Date: _____ | Amount: \$ _____ |
| Recipient: _____ | Date: _____ | Amount: \$ _____ |
| Recipient: _____ | Date: _____ | Amount: \$ _____ |

Have you ever filed a Federal Gift Tax Return: Yes No

If so, please state details: _____

CHILDREN (if applicable):

| Child's Name | Address (with Zip Code) | Telephone Number | Date of Birth | Social Security Number |
|--------------|-------------------------|------------------|---------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are all of your children in good health?: Yes No

If not, please describe: _____

Are any of your children receiving SSI, Medi-Cal or other governmental entitlements? Yes No

If so, please describe: _____

Do any of your children live with you in your home?

Yes No

If so, please describe: _____

Are there any dependent children?: Yes No If yes, please describe: _____

Are there dependent parent(s)?: Yes No If yes, please describe: _____

Your Estate Planning Team - Revocable Trust

Sometimes it is necessary to update your existing estate plan, or establish one if you do not have one. The following questions relate to revocable living trusts, wills, powers of attorney, advance health care directives, etc.

1. Trustee(s) of your revocable living trust ó Usually, you would be the Trustee of your revocable living trust, however, sometimes other individuals or entities are named. Please list below the persons you would trust most to act, if you could not act yourself. **Please list your choice for your Trustees, in order of preference:**

#1 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

#2 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

#3 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

Do you have complete confidence in those you have appointed as your trustees? ___ Yes ___ No

2. Agents ó Usually, the same persons listed above would be your agents under your durable power of attorney and your advance health care directive. If you wish to name persons other than those listed above, please list them below. **Please list your choice for your Agents, in order of preference:**

#1 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

#2 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

#3 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

Your Estate Planning Team - Irrevocable Trust

Sometimes, an Irrevocable Trust is utilized in Veteran's benefit planning and/or Medi-Cal planning. This may or may not be indicated in your case, however, there may be a possibility that such a trust may benefit you.

1. Trustee(s) ó If an Irrevocable Trust will be established, the Trustee manages the assets in the Trust. The homeowner/transferor should not be the Trustee, but he or she may name his or her children, friends, etc. **Please list your choice for your Trustees, in order of preference:**

#1 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

#2 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

#3 Choice: Name _____ Relationship: _____

Address _____

Telephone Number _____

Do you have complete confidence in those you have appointed as your trustees? ___ Yes ___ No

2. Agents ó If we are drafting documents in addition to an Irrevocable Trust, for example, a revocable trust, powers of attorney or Advance Health Care Directives, you will need to name the persons who you wish to act as your agents (or trustees) under these documents. **Please list your choice for your Agents, in order of preference:**

#1 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

#2 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

#3 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

3. **Trust Advisor:** Although the Irrevocable Grantor Trust is not revocable or amendable by the Grantor (the person who transfers the home into the trust) or the beneficiaries, under some limited circumstances, it may be altered by a Trust Advisor. The Trust Protector cannot be anyone you named as your Trustee(s) above; nor can it be anyone related to the Grantor (e.g. the Grantor's parents, children, brothers or sisters, spouse, etc.); nor can it be any of the beneficiaries of the trust. The Trust Protector can be a friend, your CPA or your attorney. If you have any questions regarding your choice for Trust Protectors, please call our office. **Please list your choice for Trust Protectors, in order of preference:**

#1 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

#2 Choice: Name _____ Relationship: _____

Address _____ Phone # _____

Beneficiaries of The Trust

If you will be updating or establishing your estate plan, or if an irrevocable trust may be indicated in your plan, we need to know who you would like to name as beneficiaries of your plan. Please fill out who you would like to name as beneficiaries of your estate.

| Name and relationship or address of person/organization | Amount/Percentage |
|---|-------------------|
| [Example: John Doe -- our son | 100%] |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Predeceased Beneficiary: If a beneficiary listed above should predecease you, how would you like their share distributed:

- To their children, if they have any; or
- Distributed among the remaining beneficiaries listed above; or
- Other: _____

Minor Beneficiary: At what age should minor beneficiaries receive your bequest? Age 18 Age 21
 Age 25 Other: _____

Persons to be excluded and disinherited from the trust: _____

To your knowledge, are there any persons who may wish to contest your decision as to who should receive your assets upon death? If so, please list the persons and explain: _____

SPECIFIC TRANSFEREE INFORMATION

If you may be transferring assets to your children or other beneficiaries as a part of your plan, please provide information regarding these beneficiaries below:

1. **First beneficiary's name:** _____ Birthdate: _____
Address: _____ Phone # _____
If married, full name of spouse: _____
Does he/she plan on residing in the transferred property? Yes No
Your relationship to the beneficiary (e.g. father, mother, etc.): _____
If this is one of your children who was adopted, what was his or her age at time of adoption: _____
Is a step-parent/step-child relationship involved? Yes No
 If so, is the parent still married to the step-parent? Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving step-parent remarried? Yes No
Is an in-law relationship involved? Yes No
 If so, is the son-in-law or daughter-in-law still married to the daughter or son of the transferor?
 Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving son-in-law or daughter-in-law remarried?
 Yes No

2. **Second beneficiary's name (if any):** _____ Birthdate: _____
Address: _____ Phone # _____
If married, full name of spouse: _____
Does he/she plan on residing in the transferred property? Yes No
Your relationship to the beneficiary (e.g. father, mother, etc.): _____
If this is one of your children who was adopted, what was his or her age at time of adoption: _____
Is a step-parent/step-child relationship involved? Yes No
 If so, is the parent still married to the step-parent? Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving step-parent remarried? Yes No
Is an in-law relationship involved? Yes No
 If so, is the son-in-law or daughter-in-law still married to the daughter or son of the transferor?
 Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving son-in-law or daughter-in-law remarried?
 Yes No

3. **Third beneficiary's name (if any):** _____ Birthdate: _____
 Address: _____ Phone # _____
 If married, full name of spouse: _____
 Does he/she plan on residing in the transferred property? Yes No
 Your relationship to the beneficiary (e.g. father, mother, etc.): _____
 If this is one of your children who was adopted, what was his or her age at time of adoption: _____
 Is a step-parent/step-child relationship involved? Yes No
 If so, is the parent still married to the step-parent? Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving step-parent remarried? Yes No
 Is an in-law relationship involved? Yes No
 If so, is the son-in-law or daughter-in-law still married to the daughter or son of the transferor?
 Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving son-in-law or daughter-in-law remarried?
 Yes No

4. **Fourth beneficiary's name (if any):** _____ Birthdate: _____
 Address: _____ Phone # _____
 If married, full name of spouse: _____
 Does he/she plan on residing in the transferred property? Yes No
 Your relationship to the beneficiary (e.g. father, mother, etc.): _____
 If this is one of your children who was adopted, what was his or her age at time of adoption: _____
 Is a step-parent/step-child relationship involved? Yes No
 If so, is the parent still married to the step-parent? Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving step-parent remarried? Yes No
 Is an in-law relationship involved? Yes No
 If so, is the son-in-law or daughter-in-law still married to the daughter or son of the transferor?
 Yes No
 If no, was the marriage terminated by: Death or Divorce
 If terminated by death, has the surviving son-in-law or daughter-in-law remarried?
 Yes No

ADDITIONAL QUESTIONS REGARDING GIFTING, AND MEDI-CAL PLANNING

At times, it can be advantageous to allow your agent under your power of attorney to make gifts of your property on your behalf to your spouse, if you are married, or to your children. This might be appropriate if, for example, you have lost the capacity to make such gifts yourself, and your estate might be subject to estate tax upon your death. In that event, gifting a portion of your assets while you are alive could enable you to decrease your estate tax liability.

Another example of where gifting powers could be beneficial is in the area of Medi-Cal planning. Often, when someone requires long-term care in their lifetime, assets must be spent down in order to qualify for Medi-Cal benefits for nursing home care. Under current law, a portion or all of certain assets can be preserved if they are gifted to a well spouse, if any, or to your children. Allowing your trustee under your trust, and your agent under your durable power of attorney to make such gifts would be beneficial in the event that you could not make them yourself, due to injury or illness. Please note, however, that in the event of your incapacity, the person or persons holding these powers would have almost unlimited power over your assets. Therefore, Medi-Cal planning powers **should not** be contained in your trust and your power(s) of attorney unless you have **complete confidence** in the person(s) you have named as your successor trustees and your agents.

If you may be updating your estate plan, or establishing a new estate plan, please answer below:

Understanding the above, do you wish to have gifting powers in your trust and your durable power of attorney for property management? (you) ___ Yes ___ No (spouse) ___ Yes ___ No

Understanding the above, do you wish to have Medi-Cal planning powers in your trust and your durable power of attorney for property management? (you) ___ Yes ___ No (spouse) ___ Yes ___ No

MISCELLANEOUS QUESTIONS:

Do you have long term care insurance?

Veteran: Yes No Spouse: Yes No

If so, please fill out the following:

Insurance Carrier: _____ Date of Policy: _____

Maximum Coverage (years) : _____ Maximum Daily Benefit Level (for example, \$100 per day): \$ _____

Is Nursing Home care, Home Health Care, or Both covered under this policy? _____

What is the percentage of home care coverage (if any)? ___ None ___ 50% ___ 100% ___ Other

Annual Premium \$ _____ Elimination Period (deductible period in days): _____

Inflation Protection: ___ Yes ___ No If so, what type? ___ 5% simple ___ 5% compound ___ Other

Do you have an estate plan?

Veteran

Spouse

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Do you have a will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have a trust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a power of attorney for finances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What is the name, address and phone number of your agent under your durable power of attorney?

Agent for veteran: _____

Agent for spouse: _____

4. Do you have an advance health care directive? Yes No Yes No

5. Do you have a living will (life support declaration)? Yes No Yes No

Do you have a plan for the possibility of a disabling Yes No Yes No

illness or injury which may necessitate long-term care?

Veteran's CA Driver's Lic. or Senior Citizen ID number: _____ Date of expiration: _____

Spouse's CA Driver's Lic. or Senior Citizen ID number: _____ Date of expiration: _____

Would you like to information about asset protection strategies to protect your assets from governmental claims for the amount of any public benefits you may receive? Yes No

Please estimate the total value of your estate (i.e. everything you own): \$ _____

PROFESSIONAL ADVISORS:

| | Name | Address | Telephone | Your Relationship |
|------------------|-------|---------|-----------|---|
| Other Attorney: | _____ | _____ | _____ | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not much contact |
| CPA/Accountant: | _____ | _____ | _____ | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not much contact |
| Insurance Agent: | _____ | _____ | _____ | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not much contact |

Questions You Would Like Answered

IF YOU HAVE MADE, OR WILL MAKE AN APPOINTMENT: Please forward a copy of this questionnaire to our office prior to the appointment. The questionnaire can be mailed to 2631 Copa De Oro Drive, Los Alamitos, CA 90720; or, it can be faxed to (562) 394-9512; or it can be e-mailed to theplanner15@yahoo.com

Also, please bring the original questionnaire with you to your appointment, together with **copies** of relevant deeds, property tax statements on any of your real estate, statements on any of your bank or investment accounts, and any estate planning documents you may already have (e.g. trusts, wills, powers of attorney, etc.).

CERTIFICATION AND SIGNATURES: The undersigned hereby represents to the Law Offices of Thomas L. McKenzie 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. The undersigned hereby further understands that if information is omitted from this intake form, whether intentionally or unintentionally, the omitted information may have a direct, and negative impact on program eligibility. **Finally, the undersigned understands that filling out this questionnaire does not establish an attorney/client relationship**, and that an attorney/client relationship with the firm may only be established upon the execution of an Agreement for legal services. Please sign below to verify the accuracy of the above information.

Signature _____ Print Name _____ Date _____

Signature of Spouse _____ Print Name _____ Date _____

Signature of Representative _____ Print Name _____ Date _____

FOR AN APPOINTMENT: Appointments can be made by telephoning the office at (562) 594-4200.