



Quick Financial Overview Form

Please note: The purpose of this form is to assist a person (or a couple) gather financial and asset information that will make estate planning and asset protection planning easier in the near term future.

Your name: _____

Your email address: _____

Are you completing this form for someone else (other than a spouse)? Yes ___ No ___

This form is for a: Married couple ___ Single person ___

GENERAL/BACKGROUND

Our primary concern is:

Protecting assets in case of future nursing home ___ General planning ___

Protecting assets/Medicaid Application NOW/SOON ___ Special Needs Planning ___

	Single or Spouse 1	Spouse 2
Age		
Physical General Health	Great ___ Good ___ Poor___	Great ___ Good ___ Poor___
Dementia?	Yes ___ No ___	Yes ___ No ___
If dementia, then:	Mild/Early ___ Advanced ___	Mild/Early ___ Advanced ___
Nursing Home Placement	Now ___ Later ___ Who knows? ___	Now ___ Later ___ Who knows? ___
Power of Attorney*	Yes ___ No ___	Yes ___ No ___
<ul style="list-style-type: none"> • If there are POAs, please review for "gifting" provisions (if any) • Go to https://www.masonlawpc.com/power-of-attorney-a-flabby-weakling/ to read about POAs 		
Any person in family disabled and under 65?	Yes ___ No ___ If yes, is person on SSI ___ or SS Disability ___?	
Any other concerns? Notes?		

GROSS INCOME (Before deductions)

	Single or Spouse 1	Spouse 2
Social Security		
Pension		
Pension		
Other		
Other		
Other		
Comments? Other information:		

REAL ESTATE (Please enter approximate tax value)

	Single or Spouse 1 only	Spouse 2 only	Joint w/ Spouse	Joint w/ Others	Life Estate
Residence (incl adjoining land)					
Tract # 2					
Tract # 3					
Tract # 4					
Out of state					
Comments/ Additional information:					

RETIREMENT PLANS/IRAs (Please enter totals — No need to breakout each)

	Single or Spouse 1	Spouse 2
IRA Totals		
401(k)/403(b) Totals		

OTHER ASSETS/INVESTMENTS (Totals for each category)

	Single or Spouse 1	Spouse 2
Cash		
Savings		
Checking		
Money Mkt		
Mutual Fund		
Stocks		
Bonds		
Other		

LIFE INSURANCE (Term insurance has no cash value — other types may have cash value)

Company	Insured	Death Benefit	Cash Surrender Value

ANNUITIES (Some purchased with after tax funds; Some purchased with retirement funds)

Company	Owner	Purchased with retirement funds?	Cash Surrender Value

LONG TERM CARE INSURANCE

Company	Insured	Per Day Benefit	Policy Limit (Might be \$\$; Might be years)

ASSET TRANSFERS WITHIN 5 YEARS (Include sales less than fair market value)

Describe Asset	Asset Value	Transferred to Whom?	Amount Rcvd (If any)	When?

