

# PROPERTY PROTECTION CHECKLIST



Free Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For

**MAIL TO or DROP OFF: 103 N. First Street, Pulaski, TN 38478**

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**How did you hear about us** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Spouse (if applicable)** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_

**Veteran**  No  Yes **Who**  You  Spouse **Dates of Service:** \_\_\_\_\_ **Dishonorable Discharge**  Yes  No

**Current Information** **Trust** **You**  Yes  No **Spouse**  NA  Yes  No  Rev  Irr **Date:** \_\_\_\_\_  
**Planning**  Yes  No  Yes  No **Daily Benefit:** \$ \_\_\_\_\_ **Term:** \_\_\_\_\_ (yrs)  
**Long-Term Care Insurance In**  Yes  No  Yes  No **Mo. Cost:** \$ \_\_\_\_\_ **Unpaid Balance:** \_\_\_\_\_  
**a Nursing Home?**  Yes  No  Yes  No

**Your Health**

**You - Current Health**  Good  Concern  Problem (Details) \_\_\_\_\_  
**Spouse - Current Health**  Good  Concern  Problem (Details) \_\_\_\_\_

**Have You Given Away Any Assets in The Last 60 Months?**  No  Yes **Total \$** \_\_\_\_\_ **Date** \_\_\_\_\_

**Do You Have Children:** **You**  Yes  No **How Many?** \_\_\_\_\_  Yes  No **Spouse**  NA  Same  
**Do Any Live With You:**  Yes  No **How Many?** \_\_\_\_\_  Yes  No  Yes  No  
**Any Children Disabled:**  Yes  No  Yes  No

MONTHLY INCOME – (Pension, Soc. Sec, Etc.)	YOU \$ _____	SPOUSE \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)	YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.	\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.	\$ _____	\$ _____	\$ _____
“Qualified” (IRA, 401K, etc.) Accounts	\$ _____	\$ _____	\$ _____
Life Insurance	Cash Surrender Value	\$ _____	\$ _____
	Death Benefit	\$ _____	\$ _____
Annuities (Current Value)	\$ _____	\$ _____	\$ _____
Home (Fair Market Value)	\$ _____	\$ _____	\$ _____
Other Assets _____	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____
LIABILITIES/DEBTS	YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities	\$ _____	\$ _____	\$ _____
MONTHLY LIVING EXPENSES	YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live	\$ _____	\$ _____	\$ _____
How much you spend each month on medical needs	\$ _____	\$ _____	\$ _____

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