

CANHR

Long Term Care Justice and Advocacy

What To Bring When You Meet With Your Estate Planning Attorney

Thank you for contacting CANHR's Lawyer Referral Service for an attorney referral. Enclosed you will find information about how to contact the attorney and a client satisfaction form to return to us.

Once you have made an appointment with an attorney, you want to gather as much information about your estate before your visit. It will save you time and money!

You should bring copies of any previously executed estate planning documents, including deeds to property, wills, trusts, durable powers of attorney, health care directives and conservatorship information, if applicable. Also, provide a copy of your latest federal income tax return.

Your attorney will need to know detailed information about your estate and/or your spouse's estate. If you are widowed, it is still important to provide information about your deceased spouse, as you may be eligible for "death benefits," for example, Veteran's Affairs offers a *Death Pension* for spouses of some deceased veterans. If you are divorced, please make a note of the date(s) of your divorce(s). If your spouse is in a long term care facility or planning for placement in a facility – *the long term care spouse* – some additional information may be needed to plan in case he or she may ever needs public benefits, i.e. Medi-Cal.

The information you provide to your attorney is critical in planning the future of your estate. The attorney will need to know about the property (assets) that you and your spouse own *together* and the property that you own *separately*. The attorney will also need to know your monthly income and expenses. *This fact sheet should help you in the process of gathering information; fill it out as thoroughly as possible and bring it to your appointment with your attorney.*

Note: This fact sheet is not all-inclusive; it is a starting point, so keep in mind that the attorney may ask for additional information and/or documents.

Personal Information Your Attorney Will Need to Know:

Information about Client or Medi-Cal Applicant/Beneficiary:

- Name: _____
- **Date of Birth:** _____
 - **Age:** _____
 - **Social Security Number:** _____
 - **Permanent Address:** _____
 - **Current Address** (if different than permanent): _____
 - **Telephone Numbers**
 - **Home:** _____
 - **Cell:** _____
 - **Work:** _____
 - **Email Address:** _____
 - **If in a nursing home, date entered facility:** _____

- Name/City of Facility: _____
- Health Insurance: _____
- Medi-Cal Benefits:
 - Date approved: _____
- Veteran's Benefits:
 - Date approved: _____
- Developmentally Disabled:
 - Regional Center Case Manager:
 - ◆ Name: _____
 - ◆ Address: _____
 - ◆ Phone Number: _____
 - ◆ Email: _____
- Under Conservatorship: _____
 - Name/Relationship of Conservator: _____
 - Contact Information to Conservator: _____
- Physical Problems: _____
- Mental Capacity: _____
- Primary Care Provider
 - Name: _____
 - Address: _____
 - Telephone: _____
 - Fax: _____
 - Email: _____

Information on Well Spouse (spouse *not* going into a facility – if applicable)

Name: _____

- Date of Birth: _____
- Age: _____
- Social Security Number: _____
- Present Location/Address: _____
- Telephone Number: _____

Family Information:

Date Married:

- Children Together (Name, Age, and Contact Information needed for all Children):

- Children NOT of this marriage (Name, Age, and Contact Information needed for all Children):

- Well Spouse: _____
- LTC Spouse: _____

Are there any disabled children, if so, who? _____

Monthly Income

Please include all sources of monthly income:

- **Client or Ill spouse:**

- Source: _____
- Source: _____
- Source: _____

- Amount: _____
- Amount: _____
- Amount: _____

Total: \$ _____

- **Well Spouse** (spouse *not* going into a facility) **or Spouse #2:**

- Source: _____
- Source: _____
- Source: _____

- Amount: _____
- Amount: _____
- Amount: _____

Total Well Spouse: \$ _____

Total Income (Combined): \$ _____

Monthly Expenses

Please estimate what you (and your spouse, if applicable) spend on the following per month:

Mortgage/Rent: _____

Car Repair/Service: _____

Utilities: _____

Gasoline: _____

Groceries: _____

Other Loans: _____

Household Goods: _____

Clothing: _____

Home Repair: _____

Credit Card Payments: _____

Property Tax: _____

Medical Expenses: _____

Car Payment: _____

Subscriptions/Membership: _____

Car Insurance: _____

Other (describe): _____

DMV: _____

Total Monthly Expenses: \$ _____