

CASE INFORMATION WORKSHEET



Home of the Senior Friendly Estate Plan

THIS ORGANIZER WILL HELP YOU GATHER THE INFORMATION WE NEED TO ASSIST YOU. PLEASE DO YOUR BEST TO FILL IT OUT AS ACCURATELY AND COMPLETELY AS POSSIBLE AND CALL US WITH ANY QUESTIONS YOU MAY HAVE. MISSING INFORMATION CAN RESULT IN SERIOUS CONSEQUENCES.

IF YOU ARE FILLING THIS WORKSHEET OUT FOR MEDICAID ELIGIBILITY, GUARDIANSHIP, CONSERVATORSHIP, TRUST SETTLEMENT, OR PROBATE, PLEASE FILL IT OUT FROM THE PERSPECTIVE OF THE APPLICANT, INCAPACITATED OR DECEASED PERSON.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

The ElderCare Law Firm, Inc. ♦ 47 North Main Street, Kaysville, Utah 84037
4001 South 700 East, SLC, Utah 84107 (no mail please)
Phone: (801) 546-3874 ♦ Fax: (801) 649-0794
Email: Eric@ElderLaw-Info.com

A. PERSONAL DATA

Primary Person

Spouse

Name: _____ Name: _____
(Print all names as you want them to appear on legal documents)

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Person

Spouse (former if deceased)

Birth Date: _____ Birth Date: _____

Social Security No.: _____ Social Security No.: _____

U.S. Citizen? Yes No
Veteran? Yes No

U.S. Citizen? Yes No
Veteran? Yes No

Home Phone: _____

Marriage Date: _____

Mobile Phone: _____

Mobile Phone: _____

E-mail Address: _____

E-mail Address: _____

Date of Death (if deceased): _____

Date of Death (if deceased): _____

Support Person (if applicable): _____ Phone: _____

B. MEDICAL DATA (If applicable)

What is your current health status? Good Concern Problem

Specific Concern/Problem: _____

When was your last physical examination? _____

What is your spouse's health status? Good Concern Problem

Specific Concern/Problem: _____

When was your spouse's last physical examination? _____

What is the risk that one of you will need assisted living facility or nursing home care soon?

Please explain: _____

Do you currently have a Medicaid case ID number? Yes # _____ No

If you needed long-term care services, in which states (besides Utah) might you access them?

C. CHILDREN/BENEFICIARIES

Name of Child/Beneficiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Child of: joint yours spouse adopted Other: _____

Name of Child/Beneficiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Child of: joint yours spouse adopted Other: _____

Name of Child/Beneficiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Child of: joint yours spouse adopted Other: _____

Name of Child/Beneficiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Child of: joint yours spouse adopted Other: _____

Name of Child/Beneficiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Child of: joint yours spouse adopted Other: _____

Are all of these children/beneficiaries in good health? Yes No Who? _____

Are any of these children/beneficiaries blind? Yes No Who? _____

Are any of these children/beneficiaries disabled? Yes No Who? _____

Are any of these children/beneficiaries receiving Medicaid SSI or other form of government assistance? Yes No Who? _____

Do any of these children/beneficiaries or other family members have any problems with:

Their Marriage? Yes No Who? _____

Drugs or Alcohol? Yes No Who? _____

Managing Money? Yes No Who? _____

Creditors? Yes No Who? _____

Is anyone being disinherited? Please provide name(s) & reason: _____

D. EXISTING LEGAL DOCUMENTS

Which of the following documents do you **currently** have?

- | | |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Health Care Directives/Living Will |
| <input type="checkbox"/> Irrevocable Trust | <input type="checkbox"/> HIPAA Release |
| <input type="checkbox"/> Last Will and Testament | <input type="checkbox"/> Physician's Order (POLST) form |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Other: _____ |

E. MISCELLANEOUS

Have you or your spouse ever filed a Federal Gift Tax Return? Yes No

Please list any other issues you think we should be aware of: _____

F. REFERRAL

By Whom Were You Referred To This Office?

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

- Referral is a:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Previous Client of Your Firm | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ |

May we have your permission to send them a thank you card? Yes No

INSTRUCTIONS FOR COMPLETING THE FINANCIAL INFORMATION

GENERAL: This section is designed to help you list all the property that is possibly relevant to your case, how it is titled, and its present value. If there is more property than space allows, you can make a copy of the applicable page before writing on it or contact our office for more pages.

ASSETS: Immediately after the heading for each form of property is a brief explanation of what property you should list under that heading along with abbreviations for different types of assets that fit in that category.

OWNER: How you own your property is extremely important for purposes of properly designing and implementing your plan. For each property category, there is a column titled "Owner." When filling in this column, please use the following abbreviations:

FOR PROPERTY OWNED IN:	DESCRIPTION:	OWNER TITLE:
Your Individual name	If you are unmarried and property is owned just in your name	I
The Husband's Name	If you are married and property is just in Husband's name	H
The Wife's Name	If you are married and property is just in Wife's name	W
Joint Tenancy (includes joint accounts and joint ownership of real estate)	If Joint with spouse or	JTS
	If Joint with someone other than spouse	JTO
Tenancy In Common (common when owning real estate with someone other than spouse or between two trusts)	If owned with your spouse or	TCS
	If owned with someone other than your spouse	TCO
Trust	If unmarried	Trust
	If married & Husband's separate	Trust-H
	If married & Wife's separate	Trust-W
	If married & Joint	Trust-J
	If married and unsure	Trust-?
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS N/A

TYPE: Checking Accounts "CA"; Savings Accounts "SA"; Certificates of Deposit "CD";
Money Market Accounts "MM" & Cash Management Accounts "CM"

OFFICE USE ONLY

Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial

TOTAL: \$ _____

RETIREMENT ACCOUNTS

N/A

(Not for Pension Income such as FERS or CSRS)
 TYPE: Profit Sharing "PS"; IRA; Roth IRA; 401(k); 403(b), etc.

OFFICE USE ONLY

Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial

TOTAL: \$ _____

BROKER-HELD INVESTMENT ACCOUNTS

N/A

(NOT IRA, 401(k)'s, 403(b)'s or other Retirement Accounts)

OFFICE USE ONLY

Brokerage Firm: _____ Owner: _____ Representative/Agent: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Brokerage Firm: _____ Owner: _____ Representative/Agent: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Brokerage Firm: _____ Owner: _____ Representative/Agent: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Brokerage Firm: _____ Owner: _____ Representative/Agent: _____ Phone: _____ Account No.: _____ Account Balance: \$ _____ Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial

TOTAL: \$ _____

STOCKS N/A

Stock certificates (not with brokerage) that you hold and not stocks in private or family business

**OFFICE
USE
ONLY**

Stock Name: _____ No. of Shares: _____ Owner: _____ Fair Market Value: \$ _____ Transfer Company: _____ Address: _____ Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Stock Name: _____ No. of Shares: _____ Owner: _____ Fair Market Value: \$ _____ Transfer Company: _____ Address: _____ Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Stock Name: _____ No. of Shares: _____ Owner: _____ Fair Market Value: \$ _____ Transfer Company: _____ Address: _____ Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Stock Name: _____ No. of Shares: _____ Owner: _____ Fair Market Value: \$ _____ Transfer Company: _____ Address: _____ Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial

TOTAL: \$ _____

BONDS N/A

TYPE: U.S. Savings Bonds, Treasury Bonds, Corporate Bonds, Municipal Bonds, etc.
 IF YOU HAVE A DETAILED LIST OF YOUR BONDS, PLEASE PROVIDE

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USE
ONLY**

Bond Type: _____ Bond No.: _____ Owner: _____ Date Purchased: _____ Maturity Date: _____ Face Value: \$ _____	Rec'd initial
Bond Type: _____ Bond No.: _____ Owner: _____ Date Purchased: _____ Maturity Date: _____ Face Value: \$ _____	Rec'd initial
Bond Type: _____ Bond No.: _____ Owner: _____ Date Purchased: _____ Maturity Date: _____ Face Value: \$ _____	Rec'd initial
Bond Type: _____ Bond No.: _____ Owner: _____ Date Purchased: _____ Maturity Date: _____ Face Value: \$ _____	Rec'd initial
Bond Type: _____ Bond No.: _____ Owner: _____ Date Purchased: _____ Maturity Date: _____ Face Value: \$ _____	Rec'd initial

TOTAL FACE VALUE: \$ _____

LIFE INSURANCE N/A

TYPE: Term, Group Term Life, Whole Life, Universal Life

**OFFICE
USE
ONLY**

Company: _____ Phone: _____ Owner: _____ Representative/Agent: _____ Policy Number: _____ Policy Type: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Paid UP? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial
Company: _____ Phone: _____ Owner: _____ Representative/Agent: _____ Policy Number: _____ Policy Type: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Paid UP? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial
Company: _____ Phone: _____ Owner: _____ Representative/Agent: _____ Policy Number: _____ Policy Type: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Paid UP? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial

TOTAL DEATH BENEFIT: \$ _____

ANNUITIES N/A

TYPE: Fixed, Deferred, Qualified, Non-Qualified

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Company: _____ Phone: _____ Owner: _____ Representative/Agent: _____ Type: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Contract Number: _____ Contract Date: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____	Rec'd initial
Company: _____ Phone: _____ Owner: _____ Representative/Agent: _____ Type: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Contract Number: _____ Contract Date: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____	Rec'd initial

TOTAL CURRENT VALUE: \$ _____

REAL ESTATE N/A

If owned in partnership, corporation, LLC, etc., include in value of entity and do not list here

OFFICE USE ONLY

Property Address: _____ Owner: _____ County: _____ Year Purchased: _____ Price: \$ _____ Value: \$ _____ Type: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Cabin <input type="checkbox"/> Rental Property <input type="checkbox"/> Business <input type="checkbox"/> Land Lender, if any: _____ Amount Owed: \$ _____ Insurance Carrier: _____ Representative: _____ Phone: _____ Policy No.: _____ PLEASE PROVIDE DEED	Rec'd initial
Property Address: _____ Owner: _____ County: _____ Year Purchased: _____ Price: \$ _____ Value: \$ _____ Type: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Cabin <input type="checkbox"/> Rental Property <input type="checkbox"/> Business <input type="checkbox"/> Land Lender, if any: _____ Amount Owed: \$ _____ Insurance Carrier: _____ Representative: _____ Phone: _____ Policy No.: _____ PLEASE PROVIDE DEED	Rec'd initial
Property Address: _____ Owner: _____ County: _____ Year Purchased: _____ Price: \$ _____ Value: \$ _____ Type: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Cabin <input type="checkbox"/> Rental Property <input type="checkbox"/> Business <input type="checkbox"/> Land Lender, if any: _____ Amount Owed: \$ _____ Insurance Carrier: _____ Representative: _____ Phone: _____ Policy No.: _____ PLEASE PROVIDE DEED	Rec'd initial

TOTAL: \$

MOTOR VEHICLES N/A

Anything with a title, i.e. automobiles; motorcycles; motor homes; boats; snowmobiles; etc.

OFFICE USE ONLY

Type: _____ Year, Make, Model: _____ Owner: _____ Primary Driver: _____ Lender, if any: _____ Lien Amount: \$ _____ Value: \$ _____ <input type="checkbox"/> Estimated Value <input type="checkbox"/> Book Value	Rec'd initial
Type: _____ Year, Make, Model: _____ Owner: _____ Primary Driver: _____ Lender, if any: _____ Lien Amount: \$ _____ Value: \$ _____ <input type="checkbox"/> Estimated Value <input type="checkbox"/> Book Value	Rec'd initial
Type: _____ Year, Make, Model: _____ Owner: _____ Primary Driver: _____ Lender, if any: _____ Lien Amount: \$ _____ Value: \$ _____ <input type="checkbox"/> Estimated Value <input type="checkbox"/> Book Value	Rec'd initial

TOTAL: \$

SOLE PROPRIETORSHIPS N/A

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Name of Business: _____ Owner: _____

Business Description: _____

Is this a Professional Business? Yes No Does Business Own Real Estate? Yes No

Business Insurance Agent: _____ Phone: _____

Business Value: \$ _____ Does this include Real Estate Value? Yes No

Rec'd initial

CORPORATE BUSINESS INTERESTS N/A

Privately-owned stock (non-publicly traded)

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ONLY

Company Name: _____ Owner: _____

Description: _____

Number of Shares: _____ Ownership %: _____ Total Value: \$ _____

Buy/Sell Agreement? Yes No Is this an S Corporation? Yes No

Is this a Medical, Legal or other Professional Corporation? Yes No

Rec'd initial

PARTNERSHIP & LLC INTERESTS N/A

General and limited partnerships.

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ONLY

Name of Partnership: _____ Owner: _____

Percentages: _____ Is this a Professional Partnership? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Buy/Sell Agreement? Yes No Who holds Partnership Papers? _____

Address: _____ Phone: _____

Name of General or Managing Partner: _____ Partnership Value: \$ _____

Rec'd initial

MORTGAGES, NOTES & OTHER RECEIVABLES N/A

Money owed to you.

OFFICE
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ONLY

Name of Debtor: _____ Owner: _____

Original Amount: \$ _____ Current Amount: \$ _____

Collateral Note? Yes No Reason for Debt: _____

Rec'd initial

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

N/A

Gifts or inheritances you expect to receive in the future; money you anticipate receiving through a judgment or settlement of a lawsuit.

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ONLY**

Type: _____ From Who: _____ Anticipated Value: \$ _____ Owner: _____	Rec'd initial
Description: _____	
Attorney & Address: _____	

PERSONAL PROPERTY N/A

Jewelry, art work, collections, furs, antiques, tools, etc., with a minimum value of \$1,000 or substantial sentimental value or a bequest you intend to make

**OFFICE
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ONLY**

Type: _____ Value: \$ _____ Owner: _____	Rec'd initial
Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Who? _____	
Type: _____ Value: \$ _____ Owner: _____	
Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Who? _____	
Type: _____ Value: \$ _____ Owner: _____	Rec'd initial
Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Who? _____	

TOTAL: \$

OTHER ASSETS N/A

Other property that does not fit into any other category listed in this information packet.

**OFFICE
USE
ONLY**

Type: _____ Value: \$ _____ Owner: _____	Rec'd initial
Type: _____ Value: \$ _____ Owner: _____	
Type: _____ Value: \$ _____ Owner: _____	

TOTAL: \$

In filling out this worksheet, I understand that The ElderCare Law Firm will rely on the information contained herein and that it is my responsibility to provide accurate and complete information. To the extent that information is missing or inaccurate, I hold the law firm harmless for the resulting consequences.

DATED this _____ day of _____, 20_____.

Signature

Signature

Printed Name

Printed Name

LONG-TERM CARE ADDENDUM

N/A

Please complete this section only if you are intending to access long-term care services in the near future.

A. MONTHLY INCOME: Do not include interest and dividend income here. Generally, please list **gross amounts** before any withdrawals for federal income taxes, health insurance, or any other reason.

	Primary Person's Monthly Income	Spouse's Monthly Income
Social Security Benefits (before Medicare Part B Deduction, if applicable):	\$ _____	\$ _____
Retirement Pension:	\$ _____	\$ _____
VA Disability:	\$ _____	\$ _____
Annuity Income:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____

B. MONTHLY SHELTER EXPENSES: Please divide annual expenses by 12 and quarterly expenses by 3.

Rent/Mortgage:	\$ _____
Real Estate Taxes:	\$ _____
Water:	\$ _____
Sewer:	\$ _____
Utilities (Heat, Electric & Telephone) (1/12th of last 12 months):	\$ _____
Homeowner's insurance premium:	\$ _____
Condominium fees:	\$ _____
Total Monthly Shelter Expenses:	\$ _____

C. MONTHLY NON-SHELTER LIVING EXPENSES

Food: \$ _____
Medical (not items listed in D): \$ _____
Clothing: \$ _____
Transportation (including auto insurance): \$ _____
Home Maintenance: \$ _____
Life Insurance Premiums: \$ _____
Medicare Premium \$ _____
Other Health Insurance Premiums: \$ _____
Television: \$ _____
Federal and State Income Taxes: \$ _____
Other: \$ _____
Total Monthly Non-Shelter Living Expenses: \$ _____

D. MONTHLY COST OF NURSING HOME / ALF (if applicable)

Monthly Nursing Home / ALF Cost: \$ _____
Monthly Prescription Cost: \$ _____
Monthly Incontinent Cost: \$ _____
Monthly Other Cost: \$ _____
Total Monthly Cost: \$ _____

The facility is paid through _____ (date) and holds a deposit of \$_____.

Do you anticipate any changes to the above figures in the future? If so, please describe:

E. GIFTS: Please list any gifts beyond modest Christmas, birthday, etc. you have made in the last five years

Recipient: _____ Date: _____ Amount \$ _____
Recipient: _____ Date: _____ Amount \$ _____
Recipient: _____ Date: _____ Amount \$ _____
Recipient: _____ Date: _____ Amount \$ _____
Recipient: _____ Date: _____ Amount \$ _____



HOME OF THE SENIOR FRIENDLY ESTATE PLAN

Providing Services

In

**ESTATE PLANNING, MEDICAID PLANNING,
VETERAN'S BENEFITS, PROBATE & TRUST ADMINISTRATION,
GUARDIANSHIPS & CONSERVATORSHIPS**

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