

MARRIED LTC ASSET ANALYSIS

Name:				As of:	
VALUE OF ASSETS OWNED, AND HOW TITLED					
Name of Financial Institutions	Husband	Wife	Joint Spouse with Survivorship	Other	Notes
Checking Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Savings Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Money Market Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Cert's of Deposit					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
U.S. Savings Bonds (Total)					
	\$	\$	\$	\$	

Sign to Verify: _____

Plan is only as accurate as the information provided. Please be thorough.

Firm is not retained to verify accuracy of information on the form.

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	Husband	Wife	Joint Spouse with Survivorship	Other	Notes
Stocks & Bonds, Brokerage Acc'ts/Mutual Funds					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Notes Receivable					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Non-tax Deferred Annuities					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Business Interests					
	\$	\$	\$	\$	
	\$	\$	\$	\$	

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	Husband	Wife	Joint Spouse with Survivorship	Other	Notes
Vehicle 1-	\$	\$	\$	\$	
Vehicle 2-	\$	\$	\$	\$	
Burial Arrangements	\$	\$	\$	\$	
Plots	\$	\$	\$	\$	
	\$	\$	\$	\$	
Internment Services	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Burial Services	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Cash Value of Life Insurance					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

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	Husband	Wife			
Gross Income per Month					
Social Security	\$	\$			
Social Security Disability	\$	\$			
Supplemental Security Income	\$	\$			
Military Retirement	\$	\$			
Civil Service Pension	\$	\$			
Other Pensions	\$	\$			
	\$	\$			
	\$	\$			
VA Disability	\$	\$			
Rental Income	\$	\$			
Alimony	\$	\$			
Annuity Income	\$	\$			
	\$	\$			
Other	\$	\$			
	\$	\$			
	\$	\$			
Snapshot Date Determination				Yes	No
Has either of you been in a hospital or nursing home for 30 consecutive days?					
If yes, what is the date of the first 30 day period?					

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Gifts given over last five years	Approximate date	Approximate value			Notes
Family Gifts	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Tithing/Charities	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Debts Owed	Total Owed	Monthly Payment			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Estimated Monthly Medical Expenses					
	Husband	Wife			
Medicare	\$	\$			
Medicare Premium	\$	\$			
Medicare Part D	\$	\$			
Prescriptions	\$	\$			
Home Health Care	\$	\$			
Adult day Care	\$	\$			
Assisted Living	\$	\$			
Nursing Home	\$	\$			
Incontinence Supplies	\$	\$			
Other -	\$	\$			
Other -	\$	\$			

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