

If Yes (*to the above burial plot purchase*) please provide a copy of contract.

Have You Made Any Gifts in the Past FIVE Years?

yes

no

If Yes, to whom was the gift made and what was the gift? Please provide proof of all gifts made. (I.e., copies of bank statements, checks and deposits).

MOTOR VEHICLES

Provide Make, Model and Year of Auto

Copy of auto registrations and title

Whose name is the title under?

Fair Market Value of Auto (Kelly Blue Book Online)

Amount owed on the auto, if any

MARRIED INDIVIDUALS

Provide copies of all monthly utility expenses: including mortgage, phone, homeowners insurance, electric, gas, water, cable, etc.

NURSING HOME INFORMATION

Provide Name and Address of Facility

Provide date of admittance

Provide date paid through at the nursing home

Amount in the resident patients account at the nursing home

The daily and monthly amount paid to the nursing home; provide copy of statement from nursing home

RESIDENCE

Provide name and address of residence and or hospital prior to admittance into facility going back to home ownership or apartment rental. Please include dates of residence or hospital stays.

FINANCIAL ACCOUNTS

Please provide the value of ALL financial accounts/assets as of the date entering the nursing home or hospital, whichever is earlier. Please provide proof of value.

Provide ALL of the following in the name of the Applicant and/or spouse; held individually or jointly:

Savings, Checking, NOW, Money Market, Personal Needs Account, CD=s.
Please provide 12 months of statements from the date of admittance including the most current.

IRAs, Keoghs, SEPs and Annuities

If Applicant or spouse has closed an account within the past 36 months, please provide statements with account numbers and statements showing the zero balance. *Please provide statement showing where funds were deposited.*

Provide IRS tax returns for the past three years.

SOCIAL SECURITY

Copy of Statement showing amount received of Applicant (also for spouse, if applicable);(not necessary if direct deposit).

PENSIONS

Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

ANNUITIES

Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

Please provide name of company, Purchase amount, Purchase date and monthly income amount, the annuitant and beneficiary names.

Please provide a copy of the annuity contract

ANY OTHER SOURCE OF INCOME

Copy showing amount received by Applicant (also for spouse, if applicable). Provide how often paid and to whom it is paid. (*Rental income*)

LIFE INSURANCE POLICIES

Please provide life insurance policies in the name of Applicant and/or spouse if Applicable

Please provide name of company, face amount, cash value and policy number

Please provide the owner of the policy, beneficiary and copy of the first page of policy, if applicable

STOCKS & BONDS

Please provide list of stocks, bonds, savings bonds, T-Bills, coins, stamps, safety deposit box contents of the Applicant and/or spouse, if applicable. Please provide value as of date of admittance into nursing home or hospital whichever is earlier.

REAL ESTATE

Does the Applicant or spouse own any real estate?

yes

no

Please provide a copy of the Deed

Please provide a copy of the latest tax bill

If not homestead property, please provide fair market value of real estate.

Has the Applicant or spouse sold any real estate in the last 5 years?

yes

no

IF YES:

Please provide a copy of the Settlement Statement from the sale

Please provide a copy of the deposit of the proceeds from the sale

Has a Trust been created?

yes

no

IF YES:

Has the property been transferred into the Trust?

Is there a life estate in the property?

yes

no

Provide copy of the Deed

If renting property, please provide copy of rental contract or lease