# **MEDI-CAL PLANNING WORKSHEET**



# USING THIS ORGANIZER WILL ASSIST US WITH YOUR MEDI-CAL PLANNING.

# ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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# **PERSONAL INFORMATION**

| Husband's Legal Name |  |                          |              |                 |
|----------------------|--|--------------------------|--------------|-----------------|
|                      | (name most often used to title propert | y and accounts)          |              |                 |
| Also Known As        |  |                          |              |                 |
|                      | (other names used to title property    | and accounts)            |              |                 |
| Prefer to be called  | Birth date                             | SS#                      | U            | JS Citizen?     |
| Home Address         | City                                   | State                    |              | Zip             |
| Home Telephone       | County of Residence                    | Business T               | elephone     |                 |
| Employer             |  | _ Position               |              |                 |
| Business Address     | City                                   |                          | State        | Zip             |
| E-mail Address       | It is                                  | s okay to communicate wi | th me via my | E-mail address. |
| Date of Marriage     |  |                          |              |                 |
| Wife's Legal Name    |  |                          |              |                 |
|                      | (name most often used to title propert | y and accounts)          |              |                 |
| Also Known As        |  |                          |              |                 |
|                      | (other names used to title property    | ,                        |              |                 |
| Prefer to be called  | Birth date                             | SS#                      | U            | JS Citizen?     |
| Home Address         | City                                   | State                    |              | Zip             |
| Home Telephone       | County of Residence                    | Business T               | elephone     |                 |
| Employer             |  | _ Position               |              |                 |
| Business Address     | City                                   |                          | State        | Zip             |
| E-mail Address       | It is                                  | s okay to communicate wi | th me via my | E-mail address. |

# **CHILDREN AND/OR OTHER FAMILY MEMBERS**

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

| Name      | Birth date | Parent or Relationship |
|-----------|------------|------------------------|
| Comments: |            |                        |

# **PROPERTY INFORMATION**

# INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

| General Headings           | This <i>Property Information</i> checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use <b>extra sheets</b> of paper to list your additional property. |
|----------------------------|---|
| <b>"Owner" of Property</b> | How you own your property is <b>extremely important</b> for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:  |

| Owner of Property  | Use |
|--|-----|
| If married, Husband's name alone, with no other person                     | Н   |
| If married, Wife's name alone, with no other person                        | W   |
| If married, Joint Tenancy with spouse                                      | JTS |
| Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc. | JTO |
| If you cannot determine how the property is owned                          | ?   |

# **CHECKING ACCOUNTS:**

#### <u>Please provide the Local address information for each institution</u>.

| NAME AND LOCAL ADDRESS OF INSTITUTION | ACCOUNT NUMBER | BALANCE | <b>OWNER(S)</b> | OFFICE USE |
|---------------------------------------|----------------|---------|-----------------|------------|
|                                       |                | <u></u> |                 |            |
|                                       |                |         |                 |            |
|                                       |                | \$      |                 |            |
|                                       |                |         |                 |            |
|                                       |                | Φ       |                 |            |
|                                       |                | _ \$    |                 |            |
|                                       |                |         |                 |            |
|                                       |                | \$      | <u> </u>        |            |
|                                       |                |         |                 |            |

#### **SAVINGS ACCOUNTS:**

Please provide the Local address information for each institution.

| NAME AND LOCAL ADDRESS OF INSTITUTION | ACCOUNT NUMBER | BALANCE | <b>OWNER(S)</b> | OFFICE USE |
|---------------------------------------|----------------|---------|-----------------|------------|
|                                       |                | <u></u> |                 |            |
|                                       |                |         |                 |            |
|                                       |                | \$      |                 |            |
|                                       |                |         |                 |            |
|                                       |                | \$      |                 |            |
|                                       |                | Φ       | _               |            |

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# MONEY MARKET ACCOUNTS:

\_\_\_\_\_

| NAME AND LOCAL ADDRESS OF INSTITUTION | ACCOUNT NUMBER |            | BALANCE | Owner(s) | OFFICE USE |
|---------------------------------------|----------------|------------|---------|----------|------------|
|                                       |                | \$         |         |          |            |
|                                       |                |            |         |          |            |
|                                       |                | \$         |         |          |            |
|                                       |                |            |         |          |            |
|                                       |                | \$         |         |          |            |
|                                       |                |            |         |          |            |
|                                       |                |            |         |          |            |
| <b>CERTIFICATES OF DEPOSIT:</b>       |                |            |         |          |            |
| NAME AND LOCAL ADDRESS OF INSTITUTION | ACCOUNT NUMBER |            | BALANCE | Owner(s) | OFFICE USE |
|                                       |                | <u></u> \$ |         |          |            |
|                                       |                |            |         |          |            |

\$\_

\$\_\_\_\_

\$\_

#### SAFE DEPOSIT BOXES:

| NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION | BOX NUMBER | OWNER(S) | OFFICE USE |
|--|------------|----------|------------|
|  |            |          |            |
|  |            |          |            |
|  |            |          |            |
|  |            |          |            |
|  |            |          |            |
|  |            |          |            |
|  |            |          |            |

#### TAXABLE BROKERAGE ACCOUNTS:

# DO NOT LIST RETIREMENT ACCOUNTS HERE – PLEASE LIST THEM IN THE RETIREMENT PLAN SECTION

Please list taxable accounts with brokerage firms that hold stock certificates, bonds, mutual funds, money market accounts and CDs for you. Please provide complete address information for the brokerage firm.

| NAME AND ADDRESS OF BROKERAGE | ACCOUNT NUMBER | BALANCE | <b>OWNER(S)</b> | OFFICE USE |
|-------------------------------|----------------|---------|-----------------|------------|
|                               |                | \$      |                 |            |
|                               | _              |         |                 |            |
|                               | _              | \$      |                 |            |
|                               | _              | _ Ψ     |                 |            |
|                               | _              |         |                 |            |
|                               |                | \$      |                 |            |
|                               | _              |         |                 |            |

### STOCKS - INDIVIDUAL SHARE CERTIFICATES: DO NOT LIST STOCKS THAT ARE IN A BROKERAGE OR RETIREMENT ACCCOUNT

Please list all stock in publicly-traded corporations in which you hold the actual stock certificates (*this includes stock traded on an exchange or over the counter*).

NOTE: Stock owned in family or non-publicly-traded companies should be listed under the Business Interests section.

| NAME OF STOCK AND ADDRESS FOR NOTICE |                | FAIR MARKET VALUE | . , |  |
|--------------------------------------|----------------|-------------------|-----|--|
|                                      | TYPE OF STOCK: |                   |     |  |
|                                      |                | \$                |     |  |
|                                      | TYPE OF STOCK: | NUMBER OF SHARES: |     |  |
|                                      | -              | <u>\$</u>         |     |  |
|                                      | TYPE OF STOCK: | NUMBER OF SHARES: |     |  |

## DIVIDEND REINVESTMENT: DO NOT LIST ACCOUNTS THAT ARE IN A BROKERAGE OR RETIREMENT ACCOUNT

| COMPANY NAME AND ADDRESS | ACCOUNT NUMBER | FAIR MARKET VALUE | <b>OWNER</b> (S) | OFFICE USE |
|--------------------------|----------------|-------------------|------------------|------------|
|                          |                | \$                |                  |            |
|                          |                |                   |                  |            |
|                          |                | \$                |                  |            |
|                          |                | Ψ                 |                  |            |
|                          |                |                   |                  |            |
|                          |                | \$                |                  |            |
|                          |                |                   |                  |            |

### MUTUAL FUNDS HELD SEPARATELY:

#### DO NOT LIST MUTUAL FUNDS THAT ARE IN BROKERAGE OR RETIREMENT ACCOUNTS

| NAME OF FUND AND ADDRESS FOR NOTICE | Acco       | UNT NUMBER    | FAIR MARKET VALUE | <b>OWNER(S)</b>  | OFFICE USE |
|-------------------------------------|------------|---------------|-------------------|------------------|------------|
|                                     |            |               | \$                |                  |            |
|                                     | -          |               | \$                |                  |            |
|                                     | _          |               |                   |                  |            |
| BONDS (CORPORATE AND MUNICIPAL)     | :          |               |                   |                  |            |
| NAME OF BOND AND ADDRESS FOR NOTICE | Acco       | UNT NUMBER    | FACE VALUE        | <b>OWNER</b> (S) | OFFICE USE |
|                                     |            |               | \$                |                  |            |
|                                     | _          |               |                   |                  |            |
|                                     |            |               | \$                |                  |            |
|                                     | _          |               |                   |                  |            |
|                                     | _          |               |                   |                  |            |
| U.S. SAVINGS BONDS:                 |            |               |                   |                  |            |
| TYPE OF BOND                        | ISSUE DATE | SERIAL NUMBER | R FACE VALUE      | <b>OWNER(S)</b>  | OFFICE USE |

| TYPE OF BOND | ISSUE DATE | SERIAL NUMBER | FACE VALUE | OWNER(S) | OFFICE USE |
|--------------|------------|---------------|------------|----------|------------|
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |
|              |            |               | \$         |          |            |

# U.S. TREASURY DIRECT:

| ACCOUNT NAME | ACCOUNT NUMBER | FACE VALUE | <b>OWNER(S)</b> | OFFICE USE |
|--------------|----------------|------------|-----------------|------------|
|              |                | \$         |                 |            |
|              |                | \$         |                 |            |
|              |                | \$         |                 |            |

### **LIMITED PARTNERSHIPS:**

| PARTNERSHIP NAME AND ADDRESS                          | GENERAL PARTNER | LIMITED PARTNEI | R VALUE | <b>OWNER(S)</b> | OFFICE USE |
|---|-----------------|-----------------|---------|-----------------|------------|
|   | %               | <u> </u>        | \$      |                 |            |
|   | %               | <u> </u>        | \$      |                 |            |
| GENERAL PARTNERSHIPS:<br>Partnership Name and Address | General 1       | Partner \$\$    | VALUE   |                 | Office Use |
|   |                 | \$              |         |                 |            |

### LIMITED LIABILITY COMPANIES:

| LLC NAME AND ADDRESS                 | Ov                  | VNERSHIP INTEREST          | V           | ALUE     | <b>OWNER</b> (S) | OFFICE USE |
|--------------------------------------|---------------------|----------------------------|-------------|----------|------------------|------------|
|                                      |                     |                            | \$          |          |                  |            |
|                                      |                     |                            |             |          |                  |            |
|                                      |                     |                            | \$ <u> </u> |          |                  |            |
|                                      |                     |                            |             |          |                  |            |
| <b>CORPORATE BUSINESS INTERESTS:</b> |                     |                            |             |          |                  |            |
| COMPANY NAME AND ADDRESS             | NUMBER<br>Of Shares | PERCENTAGE BU<br>Ownership | JY/SELL     | VALUE    | Owner(s)         | OFFICE USE |
|                                      |                     | <u> </u>                   | \$          |          |                  |            |
|                                      |                     | <u>%</u>                   | \$          | <u>.</u> |                  |            |
| Sole Proprietorships:                |                     |                            |             |          |                  |            |
| NAME OF BUSINESS                     | DESC                | CRIPTION OF BUSINESS       | v           | ALUE     | OWNER(S)         | OFFICE USE |
|                                      |                     |                            | \$          |          |                  |            |
|                                      |                     |                            | <u></u>     |          |                  |            |

#### **REAL PROPERTY INTERESTS:**

| Address and/or General I |                 | LOANS<br>\$  | FAIR MARKET<br>VALUE<br>\$ | Owner(s) | OFFICE USE | E          |
|--------------------------|-----------------|--------------|----------------------------|----------|------------|------------|
|                          |                 |              |                            |          |            |            |
|                          |                 | \$           | \$                         |          |            |            |
|                          |                 | \$           | <u> </u>                   |          |            |            |
|                          |                 | \$           | <u></u>                    |          |            |            |
| PLEASE PROVIDE THE FOLLO | WING INFORMATIO | N FOR EACH F | REAL PROPERTY:             |          |            |            |
|                          | POLICY NUMBER   | COMPANY N    | AME AND ADDRESS            | AGE      | NT NAME    | OFFICE USE |
| TITLE INSURANCE          |                 |              |                            | ·        |            |            |
| HOMEOWNER'S INSURANCE    |                 |              |                            |          |            |            |
| MORTGAGE COMPANY         |                 |              |                            |          |            |            |

# OIL AND GAS INTERESTS:

| DESCRIPTION, AND OIL/GAS LESSEE NAME  | ESTIMATED VALUE     |               | OFFICE USE              |          |            |
|---------------------------------------|---------------------|---------------|-------------------------|----------|------------|
|                                       |                     |               | \$                      |          |            |
|                                       |                     |               | \$                      | ·        |            |
|                                       |                     |               | \$                      |          |            |
| MORTGAGES AND DEEDS OF TRUST:         |                     |               |                         |          |            |
| DO NOT LIST MORTGAGES THAT ARE LIABIL | LITIES; ONLY LIST N | IORTGAGES THA | T ARE ASSETS            |          |            |
| NAME AND ADDRESS OF DEBTOR            |                     | DATE OF NOTE  | CURRENT BALANCE<br>Owed | Owed To  | OFFICE USE |
|                                       |                     |               |                         |          |            |
|                                       |                     |               | \$<br>\$                |          |            |
| LEASES:                               |                     |               |                         |          |            |
| ADDRESS OR DESCRIPTION OF PROPERTY    | NAME AND ADDR       | ESS OF LESSEE | ANNUAL RENTS            | OWNER(S) | OFFICE USE |
|                                       |                     |               | \$                      |          |            |
|                                       |                     |               | ¢                       |          |            |
|                                       |                     |               | Φ                       |          |            |
|                                       |                     |               |                         |          |            |

### TIME SHARES/CO-OPS:

| PROPERTY NAME AND ADDRESS  | DEVELOPMENT OWNER(S) | VALUE       | <b>OWNER(S)</b> | OFFICE USE |
|----------------------------|----------------------|-------------|-----------------|------------|
|                            | ·                    | \$          |                 |            |
|                            | -                    |             |                 |            |
|                            |                      | \$          |                 |            |
|                            | -                    |             |                 |            |
| No                         | -                    |             |                 |            |
| NOTES RECEIVABLE:          |                      |             |                 |            |
| NAME AND ADDRESS OF DEBTOR | DATE OF NOTE         | NOTE AMOUNT | OWNER(S)        | OFFICE USE |
|                            |                      | \$          |                 |            |
|                            |                      |             |                 |            |

LIFE INSURANCE:

# PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

| COMPANY NAME AND ADDRESS | Түре | FACE<br>Amount | Cash<br>Value | BENEFICIARIES   | INSURED | OWNER OFFICE USE |
|--------------------------|------|----------------|---------------|-----------------|---------|------------------|
|                          |      | \$             | \$            | 1 <sup>ry</sup> |         |                  |
|                          |      |                |               | 2 <sup>ry</sup> | -       |                  |
|                          |      | POLI           | CY NUMBER:    |                 | -       |                  |
|                          |      | \$ <u> </u>    | \$            | 1 <sup>ry</sup> |         |                  |
|                          |      |                |               | 2 <sup>ry</sup> | -       |                  |
|                          |      | POLI           | CY NUMBER:    |                 | -       |                  |
|                          |      | \$ <u> </u>    | \$            | 1 <sup>ry</sup> |         |                  |
|                          |      |                |               | 2 <sup>ry</sup> | -       |                  |
|                          |      | Poli           | CY NUMBER:    |                 | -       |                  |

#### **ANNUITIES:**

# PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

| COMPANY NAME AND ADDRESS | Түре | Annuity<br>Amount | BENEFICIARIES | Owner/<br>Annuitant | OFFICE USE |
|--------------------------|------|-------------------|---------------|---------------------|------------|
|                          |      | \$                | LIFETIME:     |                     |            |
|                          |      |                   | DEATH:        |                     |            |
|                          |      | CONTRACT NU       | MBER:         |                     |            |
|                          |      | \$                | LIFETIME:     |                     |            |
|                          |      |                   | DEATH:        |                     |            |
|                          |      | CONTRACT NU       | MBER:         |                     |            |

#### **INVESTMENT RETIREMENT ACCOUNTS (IRAS):**

# PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

| COMPANY NAME AND ADDRESS FOR NOTICE | ACCOUNT NUMBER & DEATH BENEFICIARY | VALUE | OWNER(S) | OFFICE USE |
|-------------------------------------|------------------------------------|-------|----------|------------|
|                                     |                                    | \$    |          |            |
|                                     |                                    |       |          |            |
|                                     |                                    | ¢     |          |            |
|                                     |                                    | Þ     |          |            |
|                                     |                                    |       |          |            |

#### **QUALIFIED PLANS (PENSION PLANS):**

# PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

| COMPANY NAME AND ADDRESS | Түре | % VESTED | DEATH BENEFICIARY | VALUE      | <b>OWNER(S)</b> | OFFICE USE |
|--------------------------|------|----------|-------------------|------------|-----------------|------------|
|                          |      | %        |                   | \$         |                 |            |
|                          |      |          |                   | Account #: |                 |            |
|                          |      |          |                   | -          |                 |            |
|                          |      | %        |                   | \$         |                 |            |
|                          |      |          |                   | Account #: |                 |            |
|                          |      |          |                   |            |                 |            |

#### **INTELLECTUAL PROPERTY INTERESTS:**

Please list all REGISTERED copyright, trademark, patent and royalty interests. If you have not registered any of these interests, please see the "Informational Items" section at the end of this booklet.

**NOTE**: If you have licensed or assigned any rights to your registered intellectual properties, please discuss these items with the attorney before transferring them into your trust. Provide copies of any license or assignment agreements you have signed.

| BRIEF DESCRIPTION | Түре | Certificate<br>Number | CERTIFICATE<br>DATE | OWNER(S) | OFFICE USE |
|-------------------|------|-----------------------|---------------------|----------|------------|
|                   |      |                       |                     |          |            |
|                   |      |                       |                     |          |            |

#### **LAWSUIT JUDGMENTS:**

Please list all judgments where you have been awarded money damages in a court proceeding. Enter the name and address of the judgment debtor.

| CASE NUMBER     | COURT | Judgment<br>\$ | JUDGMENT DEBTOR | OWNER(S) | OFFICE USE |
|-----------------|-------|----------------|-----------------|----------|------------|
| STATE & COUNTY: |       |                |                 | _        |            |
|                 |       | \$             |                 |          |            |
| STATE & COUNTY: |       |                |                 |          |            |

#### AUTOMOBILES, MOTORCYCLES, BOATS, RV'S, AIRPLANES, AND OTHER VEHICLES:

# DESCRIPTION (YEAR, MAKE AND MODEL) TYPE REGISTRATION NUMBER NET MARKET VALUE OWNER(S) OFFICE USE

| <br> | <br>\$ | <br> |
|------|--------|------|
| <br> | <br>\$ | <br> |
| <br> | <br>\$ | <br> |
|      | <br>\$ | <br> |
| <br> | <br>\$ | <br> |

#### **PERSONAL PROPERTY:**

Please list the approximate value of all valuable art, jewelry, furniture, collections or other personal items with an individual value exceeding \$20,000 or for which you have an appraisal.

| PROPERTY DESCRIPTION                        | VALUE | OFFICE USE |
|---|-------|------------|
| Husband's Personal Property                 | \$    |            |
| Wife's Personal Property                    | \$    |            |
| Both Husband's and Wife's Personal Property | \$    |            |

#### **BURIAL PLOTS:**

| NAME AND ADDRESS OF BURIAL PLOT LOCATION | Туре | VALUE | <b>OWNER(S)</b> OFFICE USE |
|--|------|-------|----------------------------|
|  |      | \$    |                            |
|  |      | \$    |                            |
|  |      | φ     |                            |

#### **MEMBERSHIPS:**

Please list all memberships that have monetary value and permit your interest to be transferred.

| DESCRIPTION AND ADDRESS |      | VALUE | <b>OWNER(S)</b> | OFFICE USE |
|-------------------------|------|-------|-----------------|------------|
|                         | \$\$ |       |                 |            |
|                         | ¢    |       |                 |            |
|                         | φφ   |       |                 |            |

#### **OTHER ASSETS:**

| DESCRIPTION | VALUE | <b>OWNER</b> (S) | OFFICE USE |
|-------------|-------|------------------|------------|
|             | \$    |                  |            |
|             | \$    |                  |            |
|             | \$    |                  |            |
|             | \$    |                  |            |
|             | \$    |                  |            |

#### **INSURANCE:**

Please answer the following questions, which will allow us to provide specific information about your estate plan to insurance companies that are currently protecting the assets you are transferring into your trust.

|                     | POLICY NUMBER | COMPANY NAME AND ADDRESS | AGENT NAME | OFFICE USE |
|---------------------|---------------|--------------------------|------------|------------|
| AUTO INSURANCE      |               |                          |            |            |
|                     |               |                          |            |            |
| LIABILITY INSURANCE |               |                          |            |            |
|                     |               |                          |            |            |
|                     |               |                          |            |            |
|                     |               |                          |            |            |

**Total Estimated Value of Estate:** 

\$\_\_\_\_\_

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# **Acknowledgement by Clients**

I/We hereby agree that I/we have completely and accurately filled out the above Asset Information Booklet, including all assets owned by the applicant.

I/We hereby acknowledge that my/our failure to list all assets on this questionnaire may cause consequences such as Ineligibility for Medi-Cal and other public benefits for which KRASA LAW will not be responsible.

| Dated: | Signature:    |
|--------|---------------|
|        | Printed Name: |
|        |               |
|        |               |
| Dated: | Signature:    |
|        | Printed Name: |