

WELCOME TO THE LAW OFFICE OF JOHN L. ROBERTS



We designed this Elder Care Planner to help you gather your thoughts, and make the planning process more relaxed. Gather as much information as you can. Don't worry if some information isn't available to you right now. Like a blueprint, this Planner begins the process that will protect you and your family. Call us when you are ready for an appointment.

(413) 567-5600

Name of Contact Person:

Home Phone and Cell Phone:

Email:

Postal Mailing Address:

BASIC INFORMATION	NAME:
Your Date of Birth	
Previous Occupation	
Do you drive?	
Are you a Veteran? List the years in service.	
Health Issues?	
Diagnosis / Prognosis	
Primary Care Doctor	
Other Medical Care Providers	
Is Long Term Care Needed Now?	
Do you have Long Term Care Insurance?	
Do you have a Will? If Yes, when signed?	
Do you have a Trust? If Yes, when created? Who is the Trustee?	
Do you have Durable Power of Attorney? If Yes, when signed? Who is your Agent?	
Do you have a Health Care Proxy? If Yes, when was it signed? Who is your Agent?	

YOUR PROFESSIONAL ADVISORS
List Name, Address, Phone
Do you have a financial planner?
Stock broker?
Life Insurance Agent?
Annuity Agent?

The following sections help us to determine your eligibility for Medicaid and other care programs, and to provide guidance to you on all your options.	
MONTHLY INCOME	
Social Security (include Medicare Part B Premium)	
Retirement, Pension List gross amount & source	
Retirement, Pension List gross amount & source	
VA Disability Benefit	
Annuity Income List amount & source	
Rental Income: Amount, property address	
Other Income:	
TOTAL MONTHLY INCOME	\$

EXPENSES	Description, Account Balance, Monthly Payment
Mortgage/Rent	
Property Taxes	
Heat	
Other Utilities	
Home Maintenance	
Elder Care	
Loans Payments	
Auto loans	
Credit Card	
Other	
Business Debt	
YOUR ASSETS	\$ VALUE, and NAME(s) OF ANY JOINT OWNERS
Current value of your Home	
Other Real Estate	
Automobiles	
Checking Accounts Name of Bank, Balance	
Savings Accounts Name of Bank, Balance	
CDs Name of Bank, Balance	
IRA, 401k, Pension, Profit Sharing Plans Custodian, Balance	
Annuities Provider, Surrender Value	
Life Insurance Company, Cash Value	
Boats, Planes, RVs	
Other items, antiques	
TOTAL ASSETS	

ASSET TRANSFERS	\$ AMOUNT, and NAME(s) OF PERSON TO WHOM ASSET WAS TRANSFERRED. If none, state "no transfers."
Have you transferred any assets within the past 5 years?	
THE FACTORS MOST IMPORTANT TO YOU	1 = Not important Very important = 5
Avoid need for a nursing home admission	1 2 3 4 5
Protect an inheritance for children	1 2 3 4 5
Plan for transfer of home	1 2 3 4 5
Plan for continuation of business	1 2 3 4 5
Plan for payment of nursing home costs, if needed	1 2 3 4 5
Protect assets from lawsuits and creditors	1 2 3 4 5
Prevent Federal / Massachusetts Estate Tax liability	1 2 3 4 5
Prevent Guardianship (Probate during your life)	1 2 3 4 5
Avoid Probate upon your death	1 2 3 4 5
Protect children's inheritance from possibility of divorce	1 2 3 4 5
Provide for a child or grandchild with special needs or disabilities. List Name & date of birth of disabled child, grandchild:	1 2 3 4 5
Avoid will contests and disputes upon death.	1 2 3 4 5
Providing advance directives for family members and health care providers	1 2 3 4 5

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MassHealthHELP.com EstatePlansPLUS.com