

Estate Planning Questionnaire: Public Benefits

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Date completed: _____

Husband's Name: _____

Social Security # _____ Date of Birth: _____

Wife's Name: _____

Social Security # _____ Date of Birth: _____

Marital Home Address: _____

Telephone: H: _____ Work: _____ Pager: _____

E-mail: _____

Date of marriage: _____

If either spouse is in a nursing home or was admitted to a nursing home after September 29, 1989:

Nursing Home: _____

Date admitted: _____

Dates/ Places of each Medicaid application to date: _____

Medicaid Applicant Is (Circle One): Husband Wife

(✓) (✓) (✓)

Asset Description	Husband's	Wife's	Joint	Value ¹
1. Home Property (Address)				
2. Other Real Estate (Address)				
3. Other Real Estate (Address)				
Motor Vehicles and Boats				
4. Most valuable motor vehicle ² Make: Model: Year:				
5. Motor vehicle Make: Model: Year:				
6. Motor vehicle Make: Model: Year:				
7. Motor Vehicle Make: Model: Year:				
Checking Accounts				
8. Bank & A/C # (1 st day of month value: \$) ²				
9. Bank & A/C # (1 st day of month value: \$) ²				
Savings Accounts				
10. Bank & A/C # (1 st day of month value: \$) ²				

¹ Use value as of date on which this questionnaire is completed in this column. Resource eligibility exists for the entire calendar month if countable resources are at or below the resource standard for any part of the month, Virginia Medicaid Manual §1110.600 A, except for spousal cases in which one spouse is institutionalized and the other is not. (Unless otherwise noted, all references to "\$" are to the Virginia Medicaid Manual current transmittal numbers as of the date of this form.) In these cases, Virginia Medicaid values the resources "**as of the first moment of the first day of a calendar month.**" (**Emphasis** in original). §M1480.000 A. Use tax assessment value for real estate. §§ M1110.400 A 1 a, M1140.100 D 1. Use Blue Book average trade-in value for motor vehicles or tax assessment when Blue Book not available. § M 1110.400 A 1 a, 1130.300 B 2.

² Medicaid excludes the most valuable motor vehicle from countable resources of the Medicaid applicant, see policy at §M1130.200.

11. Bank & A/C # (1 st day of month value: \$) ²				
12. Bank & A/C # (1 st day of month value: \$) ²				
Certificates of Deposit				
13. Bank & A/C # (1 st day of month value: \$) ²				
14. Bank & A/C # (1 st day of month value: \$) ²				
15. Bank & A/C # (1 st day of month value: \$) ²				
Mutual Funds				
16. Fund & A/C # (1 st day of month value: \$) ²				
17. Fund & A/C # (1 st day of month value: \$) ²				
18. Fund & A/C # (1 st day of month value: \$) ²				
Stocks				
19. Company: (1 st day of month value: \$) ²				
20. Company: (1 st day of month value: \$) ²				
21. Company: (1 st day of month value: \$) ²				
22. Company: (1 st day of month value: \$) ²				
23. Company: (1 st day of month value: \$) ²				
24. Company: (1 st day of month value: \$) ²				
25. Company: (1 st day of month value: \$) ²				
Corporate Bonds				
26. Issuer: (1 st day of month value: \$) ²				

27. Issuer: (1 st day of month value: \$) ²				
28. Issuer: (1 st day of month value: \$) ²				
29. Issuer: (1 st day of month value: \$) ²				
30. Issuer: (1 st day of month value: \$) ²				
United States Savings Bonds				
31. (1 st day of month value: \$) ²				
32. (1 st day of month value: \$) ²				
33. (1 st day of month value: \$) ²				
Life Insurance				
<i>Important:</i> insert <u>only</u> the cash value of life insurance in the value (5 th) column				
34. Company: _____ Policy Number: Type: Whole Life / Term Insured: Husband or Wife Owner: Husband or Wife Beneficiary: Husband or Wife (other) Death Benefit: \$ _____ Cash / Surrender Value (in 5 th column) →				
35. Company: _____ Policy Number: Type: Whole Life / Term Insured: Husband or Wife Owner: Husband or Wife Beneficiary: Husband or Wife (other) Death Benefit: \$ _____ Cash / Surrender Value (in 5 th column) →				
36. Company: _____ Policy Number: Type: Whole Life / Term Insured: Husband or Wife Owner: Husband or Wife Beneficiary: Husband or Wife (other) Death Benefit: \$ _____ Cash / Surrender Value (in 5 th column) →				

37. Company: _____ Policy Number: Type: Whole Life / Term Insured: Husband or Wife Owner: Husband or Wife Beneficiary: Husband or Wife (other) Death Benefit: \$ _____ Cash / Surrender Value (in 5 th column) →				
38. Company: _____ Policy Number: Type: Whole Life / Term Insured: Husband or Wife Owner: Husband or Wife Beneficiary: Husband or Wife (other) Death Benefit: \$ _____ Cash / Surrender Value (in 5 th column) →				
Business Interests				
Include here all proprietorship, partnership, and other business assets which are owned by the spouses. Assets which are used in a trade or business are sometimes exempt. ³				
39. Business name: _____ Business entity / type (partnership, sole proprietorship, family limited partnership, etc.): _____ What is the business (farm, manufacturing, service, etc.)? _____ Year started: _____ Employees: _____ Resources (i.e., land, motor vehicles, etc.) used in business: _____ Total value of resources used in business: →				
Retirement Plans⁴				
40. Type of plan (IRA, Keogh, Profit Sharing, 401K, SEP, etc.): Value of total plan available to owner →			N/A	

³ §1130.500 *et seq.*

⁴ Do not include company pension plans which pay a monthly pension benefit to the applicant or the spouse of the applicant, unless the applicant or the applicant's spouse has the right to liquidate the account.

41. Type of plan (IRA, Keogh, Profit Sharing, 401K, SEP, etc.):			N/A	
Value of total plan available to owner →				
42. Type of plan (IRA, Keogh, Profit Sharing, 401K, SEP, etc.):			N/A	
Value of total plan available to owner →				
43. Type of plan (IRA, Keogh, Profit Sharing, 401K, SEP, etc.):			N/A	
Value of total plan available to owner →				
Liabilities⁵				
44. Primary (First) Residence Mortgage Lender: _____ Monthly payment: _____ Include taxes and insurance payment? _____ Total principal balance due: →				
45. Secondary (Second) Residence Mortgage Lender: _____ Monthly payment: _____ Include taxes and insurance payment? _____ Total principal balance due: →				
46. Personal Loan Lender: _____ Is this loan secured by any property? ____ Is there any written proof of this debt? ____ Monthly payment: _____ Total principal balance due: →				
47. Personal Loan Lender: _____ Is this loan secured by any property? ____ Is there any written proof of this debt? ____ Monthly payment: _____ Total principal balance due: →				

⁵ Generally, Medicaid is not concerned with the debts of the applicant / recipient (other than certain medical debts). However, especially in spousal institutionalization cases, debt of the applicant / recipient or the spouse of the applicant / recipient is an important consideration; it can be discharged (thus increasing net worth) without incurring any transfer penalty under 42 U.S.C. § 1396p or 12 VAC 30-40-300.

48. Credit Card Balance Card: _____ Monthly payment: _____ Total principal balance due: →				
49. Credit Card Balance Card: _____ Monthly payment: _____ Total principal balance due: →				
50. Credit Card Balance Card: _____ Monthly payment: _____ Total principal balance due: →				
51. Income Taxes Due: Federal Total taxes due: →				
52. Income Taxes Due: State Total taxes due: →				
53. Real Estate Taxes Due City/County: _____ Total real estate taxes due: →				
Gifts Made Within Five Years of Medicaid Application⁶				
54. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
55. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				

⁶ Federal law (42 U.S.C. § 1320a-7b, as amended) may prohibit paid counsel or assistance in transferring resources to become eligible for Medicaid when the counsel or assistance results in the imposition of a period of ineligibility, while permitting such transfers to be made by the applicant or, in certain circumstances, the recipient. Our office cannot provide counsel or assistance in making transfers which result in the imposition of a period of ineligibility, but can and does provide assistance in transfers which do *not* result in such imposition. An explanation of transfers which cause a period of ineligibility is found at sections I. H and I. I. in Mr. Majette's article, "*Virginia Medicaid Implications of Trusts For Disabled Persons*," published February, 2000, and available at no expense at the following web address on the Internet: mysite.verizon.net/vze3mmd7/medtrust.pdf

56. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
57. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
58. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
59. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
60. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
61. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
62. Date of Gift: _____ Recipient: _____ How is Recipient Related: _____ Is Recipient disabled? Yes No Is Recipient under age of 65? Yes No Amount of Gift: →				
Income				
63. Social Security For Husband Is this SSI? Y N		N/A	N/A	

64. Social Security For Wife Is this SSI? Y N	N/A		N/A	
65. Pension / Annuity for Husband Payor:		N/A	N/A	
66. Pension / Annuity for Husband Payor:		N/A	N/A	
67. Pension / Annuity for Wife Payor:	N/A		N/A	
68. Pension / Annuity for Wife Payor:	N/A		N/A	
Estate Planning Documents				
69. Power of attorney from husband: Date: _____ Agent: _____ Phone: _____ Alternate Agent: _____ Phone: _____	70. Power of attorney from wife: Date: _____ Agent: _____ Phone: _____ Alternate Agent: _____ Phone: _____			
71. Husband's Present Will: Date: _____ All to spouse? Trust for spouse?	72. Husband's Present Will: Date: _____ All to spouse? Trust for spouse?			

Analysis (Attorney Use Only)

A.	Total Countable Resources	
B.	Protected Resource Amount / CSRA For Community Spouse	
C.	Income Allowance For Husband If Wife Institutionalized	
D.	Income Allowance For Wife If Husband Institutionalized.	
E.	Transfer ineligibility based upon 12 VAC 30-40-300 except in Arlington, Fairfax, Loudoun, Prince William, Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park ⁷	
F.	Transfer ineligibility based upon 12 VAC 30-40-300 in Arlington, Fairfax, Loudoun, Prince William, Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park	

⁷ §M1450.702 C.

Legal Services Desired	
• Power Of Attorney: Alternate Agent / Gifting / Domicile / Funeral / Taxes	Promise Date: _____ Attorney: _____ Paralegal: _____
• Will: ILY / 66:34 IT / 100:0 Disinheritance	Promise Date: _____ Attorney: _____ Paralegal: _____
• Postnuptial Marital Agreement	Promise Date: _____ Attorney: _____ Paralegal: _____
• Special Needs Trust For Disabled Child / <65	Promise Date: _____ Attorney: _____ Paralegal: _____
• Conservatorship / Guardianship & 137.5 Proceeding	Promise Date: _____ Attorney: _____ Paralegal: _____
• Adoption Of Special Needs Grandchild Or Other	Promise Date: _____ Attorney: _____ Paralegal: _____
• Transfer Of Home To Adult Child: 2 Year Rule	Promise Date: _____ Attorney: _____ Paralegal: _____
• Contract For Personal Services	Promise Date: _____ Attorney: _____ Paralegal: _____
• Life Estate Purchase / Transfer of Remainder Interest In Home	Promise Date: _____ Attorney: _____ Paralegal: _____
• Pre-Snapshot Mortgage / Reverse Mortgage	Promise Date: _____ Attorney: _____ Paralegal: _____
• CSRA Enhancement (Va. Code Ann. § 20-88.02:1)	Promise Date: _____ Attorney: _____ Paralegal: _____
• Divorce	Promise Date: _____ Attorney: _____ Paralegal: _____

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