



Long-Term Care Planning Addendum

To be completed in conjunction with:
“Client Information Organizer”

ESTATE PLANNING and ADMINISTRATION

Eight 3rd Street North, Suite 507

D.A. Davidson Building

Post Office Box 1484

Great Falls, Montana 59403

(406) 727-2200 or (406) 727-2227 Facsimile

www.MontanaEstateLawyer.com

CLIENT ONE

ADDITIONAL INFORMATION

Do you have a Financial Power of Attorney? ☐ Yes ☐ No

Are you Subject to a Guardianship or Conservatorship? ☐ Yes ☐ No

Name of Guardian or Conservator: _____

Do you currently reside in a Healthcare Facility? ☐ Yes ☐ No

If yes, what type of facility? _____

Facility Name

Facility Address

Facility Telephone

Date of Admission: _____ Level of Care: _____

If you transferred to this facility from another, what was the date you entered the previous facility? _____

What income sources are you using to pay for this facility? _____

Generally, how is your health?

Mental Health Status: _____

Physical Health Status: _____

CLIENT TWO

ADDITIONAL INFORMATION

Do you have a Financial Power of Attorney? ☐ Yes ☐ No

Are you Subject to a Guardianship or Conservatorship? ☐ Yes ☐ No

Name of Guardian or Conservator: _____

Do you currently reside in a Healthcare Facility? ☐ Yes ☐ No

If yes, what type of facility? _____

Facility Name

Facility Address

Facility Telephone

Date of Admission: _____ Level of Care: _____

If you transferred to this facility from another, what was the date you entered the previous facility? _____

What income source are you using to pay for this facility? _____

Generally, how is your health?

Mental Health Status: _____

Physical Health Status: _____



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To be completed in conjunction with:
“Asset Organizer”

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CLIENT ONE

INCOME INFORMATION

Please complete this section for CLIENT ONE. There is a separate section for Client Two.

Do you receive any of the following? Please check and complete all that apply:

_____ Social Security?	If yes, how much: \$ _____	How often: _____
_____ SSI?	If yes, how much: \$ _____	How often: _____
_____ SSDI?	If yes, how much: \$ _____	How often: _____
_____ Veteran's Benefits?	If yes, how much: \$ _____	How often: _____
_____ Gross Employment Earnings?	If yes, how much: \$ _____	How often: _____
_____ Self-Employment Earnings?	If yes, how much: \$ _____	How often: _____
_____ Lease Income?	If yes, how much: \$ _____	How often: _____
_____ Rental Income?	If yes, how much: \$ _____	How often: _____
_____ Mineral/Timber Interests?	If yes, how much: \$ _____	How often: _____
_____ Contract for Deed Payments?	If yes, how much: \$ _____	How often: _____
_____ Income from Life Estate?	If yes, how much: \$ _____	How often: _____
_____ Railroad Retirement?	If yes, how much: \$ _____	How often: _____
_____ Civil Service Annuity?	If yes, how much: \$ _____	How often: _____
_____ Other Pensions?	If yes, how much: \$ _____	How often: _____
_____ Annuities?	If yes, how much: \$ _____	How often: _____
_____ Trust Income?	If yes, how much: \$ _____	How often: _____
_____ Insurance Payments?	If yes, how much: \$ _____	How often: _____
_____ IRA/KEOGH?	If yes, how much: \$ _____	How often: _____
_____ Contributions from Others?	If yes, how much: \$ _____	How often: _____
_____ Alimony Payments?	If yes, how much: \$ _____	How often: _____
_____ Other Income?	If yes, how much: \$ _____	How often: _____
_____ Other Government Programs?*	If yes, how much: \$ _____	How often: _____

*Please itemize each program on the back of this page. (Consider housing and food assistance programs.)

CLIENT TWO

INCOME INFORMATION

Please complete this section for CLIENT TWO. There is a separate section for Client One

Do you receive any of the following? Please check and complete all that apply:

<input type="checkbox"/> Social Security?	If yes, how much: \$	How often:
<input type="checkbox"/> SSI?	If yes, how much: \$	How often:
<input type="checkbox"/> SSDI?	If yes, how much: \$	How often:
<input type="checkbox"/> Veteran's Benefits?	If yes, how much: \$	How often:
<input type="checkbox"/> Gross Employment Earnings?	If yes, how much: \$	How often:
<input type="checkbox"/> Self-Employment Earnings?	If yes, how much: \$	How often:
<input type="checkbox"/> Lease Income?	If yes, how much: \$	How often:
<input type="checkbox"/> Rental Income?	If yes, how much: \$	How often:
<input type="checkbox"/> Mineral/Timber Interests?	If yes, how much: \$	How often:
<input type="checkbox"/> Contract for Deed Payments?	If yes, how much: \$	How often:
<input type="checkbox"/> Income from Life Estate?	If yes, how much: \$	How often:
<input type="checkbox"/> Railroad Retirement?	If yes, how much: \$	How often:
<input type="checkbox"/> Civil Service Annuity?	If yes, how much: \$	How often:
<input type="checkbox"/> Other Pensions?	If yes, how much: \$	How often:
<input type="checkbox"/> Annuities?	If yes, how much: \$	How often:
<input type="checkbox"/> Trust Income?	If yes, how much: \$	How often:
<input type="checkbox"/> Insurance Payments?	If yes, how much: \$	How often:
<input type="checkbox"/> IRA/KEOGH?	If yes, how much: \$	How often:
<input type="checkbox"/> Contributions from Others?	If yes, how much: \$	How often:
<input type="checkbox"/> Alimony Payments?	If yes, how much: \$	How often:
<input type="checkbox"/> Other Income?	If yes, how much: \$	How often:
<input type="checkbox"/> Other Government Programs?*	If yes, how much: \$	How often:

*Please itemize each program on the back of this page. (Consider housing and food assistance programs.)

LIVING EXPENSES

LIVING EXPENSES FOR CLIENT ONE & CLIENT TWO

Does at least one of you reside at home (not in a facility)? ☐ Yes ☐ No

If yes, please complete the following:

How much do you pay each month for:

Rent: _____

Mortgage: _____

Property Tax: _____

Homeowner's/Renter's Insurance: _____

Condo Fees: _____

Required Maintenance Charges: _____

Heat: _____

Electricity: _____

Natural Gas: _____

Telephone: _____

ASSET INFORMATION

YOUR RESIDENCE

Please answer all of the following:

Where do you reside?

Address City State Zip County

Do you own or rent this property? ☐ Own ☐ Rent ☐ Other: _____

Did you transfer or gift your residence in the last five years? ☐ Yes ☐ No

If yes, did you retain a life estate? ☐ Yes ☐ No

Has one of your children resided in the residence for at least two years? ☐ Yes ☐ No

If yes, has this child provided personal care to you that may have kept you out of a long-term care facility? ☐ Yes ☐ No

If this property is owned, partially or completely, by your sibling, has your sibling resided in the residence for at least one year? ☐ Yes ☐ No

Does this sibling have an equity interest (meaning they paid for their interest) in the residence? ☐ Yes ☐ No

ASSET INFORMATION

ACCOUNTS CLOSED IN THE LAST FIVE YEARS

Please list any accounts that have been closed in the last FIVE YEARS.

Financial Institution: _____ Which of you owned the Account? _____

Account No.: _____ Account Value at Closing: _____

Where did the funds go? _____

Financial Institution: _____ Which of you owned the Account? _____

Account No.: _____ Account Value at Closing: _____

Where did the funds go? _____

Financial Institution: _____ Which of you owned the Account? _____

Account No.: _____ Account Value at Closing: _____

Where did the funds go? _____

Financial Institution: _____ Which of you owned the Account? _____

Account No.: _____ Account Value at Closing: _____

Where did the funds go? _____

ASSETS SOLD, TRANSFERRED OR GIVEN AWAY IN THE LAST FIVE YEARS

Please list any assets that you have transferred, loaned, sold, traded or given away in the last FIVE YEARS.

Item: _____ Date you relinquished ownership: _____

Which of one you relinquished ownership: _____

Who received the item: _____ Relationship: _____

Item: _____ Date you relinquished ownership: _____

Which one of you relinquished ownership: _____

Who received the item: _____ Relationship: _____

Item: _____ Date you relinquished ownership: _____

Which one of you relinquished ownership: _____

Who received the item: _____ Relationship: _____

Item: _____ Date you relinquished ownership: _____

Which one of you relinquished ownership: _____

Who received the item: _____ Relationship: _____

ASSET INFORMATION

ASSETS PLACED IN TRUST IN THE LAST FIVE YEARS

Please list funds or property that you have placed in trust for yourself or anyone else in the last FIVE YEARS.

Name of Trust: _____

Date of Trust: _____ Current Trustee: _____

Trustee's Address: _____ Telephone: _____

Assets transferred to trust: _____

Name of Trust: _____

Date of Trust: _____ Current Trustee: _____

Trustee's Address: _____ Telephone: _____

Assets transferred to trust: _____

ASSET INFORMATION

OTHER ASSET QUESTIONS

Is any of your property or income subject to a legal proceeding or ownership dispute; under a lien or a court order; or otherwise inaccessible or non-marketable? ☐ Yes ☐ No

If yes, please explain: _____

