

ISENHOUR BLECK, P.L.L.C.

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(206) 340-2200

**CONFIDENTIAL
FINANCIAL INFORMATION**

Personal Information

	MEDICAID / SSI RECIPIENT	Spouse (if any)
Full name:	_____	_____
Birth date:	_____	_____
Citizenship:	_____	_____
Address where you live:	_____ _____	_____ _____
Phone:	_____	_____
Email:	_____	_____
Supplemental Health Insurance	_____	_____
Veteran: (Space Bar will check box.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status:	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
<u>Care Center</u>	<input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Nursing Home	
Name	_____	
Address	_____	
County	_____	
Date of Admission:	_____	

Assets/Resources

Bank and Credit Union Accounts: (checking, savings or money market)

Bank/Credit Union	Owner/Name on Account	Type of Account	Balance

Stocks, Bonds, Mutual Funds, CDs:

Investment	Financial Institution	Owner/ Name on Account	Balance

Life Insurance:

Company	Insured	Owner of Policy	Cash Surrender Value

Annuity:

Company	Acct. No.	Owner	Balance

IRAs/Other Retirement Accounts:

Company	Acct. Type	Owner	Balance

Real Estate:

Location	Owner	Fair Market Value

Vehicles/Boats/RVs:

Type	Year	Model	Value	Owe

Other Assets:

Burial Plots Yes No Prepaid Funeral Plans Yes No

Income

Type	Self	Spouse
Social Security		
Pension		
Other		
Other		
Other		
Other		

Shelter Expenses

Rent/Mortgage: _____
 Space Cost: _____
 Property Assessments: _____
 Property Taxes: _____
 Homeowners Insurance: _____
 Electricity: _____
 Phone: _____
 Water/Garbage/Sewer: _____
 Heat: (gas, electric, oil) _____

Gifts Made in Last Five Years

To Whom	What	Date	Value

Estate Plan

- Last Will and Testament Yes No
Community Property Agreement Yes No
Durable Power of Attorney for Finances Yes No

Please bring your estate plan documents to the appointment