

TURNING POINT LEGAL, PC

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ASSET PROTECTION QUESTIONNAIRE

Date _____

1. PERSONAL INFORMATION

A. CONTACT PERSON

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Relationship to Applicant _____

Contact Person's Relationship to applicant:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Agent under a Power of Attorney | <input type="checkbox"/> Conservator |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other _____ |

B. APPLICANT

Name _____

Date of Birth _____ Social Security No. _____

Place of Birth _____

Veteran Status _____

Marital Status _____ Maiden Name _____

Spouse's Name _____

Spouse's Date of Birth _____ Spouse's Social Security No. _____

Spouse's Veteran Status _____

Date and Place of Marriage _____ Date and Place of Divorce _____

Date and Place of Death _____

Helping Clients with these *Turning Points* in Life:

| Elder Law | Asset Protection | Medicaid & Nursing Home Placement | Medicaid Application | Estate Planning | Wills & Trusts |
| Estate & Trust Administration | Guardianship & Conservatorship | Family Law | Probate | Real Estate | Deeds & Closings | Business Law |

4. INCOME

Please be sure to include all sources of income, including Social Security (SSA, SSI or SSDI), Veteran's or Military Retirement Benefits, Pensions, Annuity Payments, RMDs from IRAs or 401Ks, etc.

SOURCE	RECEIVED BY	GROSS AMOUNT	NET AMOUNT	FREQUENCY

5. ASSET TRANSFERS

Has the applicant sold, given away, or transferred any assets or closed any accounts in the last 5 years? If so, please list. *This includes but is not limited to any cash gifts (over \$200), vehicle transfers, life estates, property sales or transfers, and personal property valued at over \$200.*

DESCRIPTION	PERSON TO WHOM IT WAS SOLD OR GIVEN	DATE	AMOUNT RECEIVED OR GIVEN

6. MEDICAL INSURANCE

COMPANY	POLICY TYPE	INSURED	PAYMENT AND FREQUENCY OF PMT

8. LIFE INSURANCE

COMPANY NAME (include address and policy #)	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

(Include the cash value of the life insurance)

It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

9. ADDITIONAL INFORMATION

10. REFERRAL

By Whom Were You Referred To This Office?

Name

11. CERTIFICATION

The undersigned hereby represents to Turning Point Legal, P.C., and/or its employees that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date

Signature

Date

Signature