

ESTATE PLANNING CHECK-UP

TOMAC
& TOMAC
The Elder Law & Estate Planning Firm



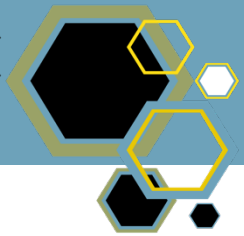
Asset Protection:

What if you or your spouse have to go to the Nursing Home?

	Yes	No
If you or your spouse end up in the nursing home, will you have to spend all of your assets to pay your nursing home bills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have long-term care insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken any actions that will make it difficult for you to qualify for nursing home Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
Have you permitted a family member to add you to their bank account?	<input type="checkbox"/>	<input type="checkbox"/>
Have you added a child's name to your house or bank account?	<input type="checkbox"/>	<input type="checkbox"/>
Have you gifted any money to children/grandchildren in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

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Asset Distribution:

After Death

	Yes	No
Do you understand which assets will go through probate when you die and which won't?	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident that your family won't have to go through probate when you die?	<input type="checkbox"/>	<input type="checkbox"/>
Have you created a plan where your children's inheritance is protected from divorce, lawsuit, bankruptcy, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a beneficiary with special needs or who struggles with addiction?	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident that the beneficiary designation on your life insurance/ investment accts "work with" your overall Estate Plan?	<input type="checkbox"/>	<input type="checkbox"/>

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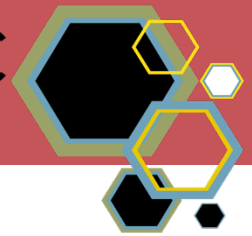
Asset Management:

When you are Incapacitated

	Yes	No
Do you have a financial POA?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know where it is?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sign it less than 2 years ago?	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident that your POA gives your agent the right powers, not too many, and not too few?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person you named as your Agent alive and well?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person you named as your Agent still who you want to manage your assets when you are incapacitated?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a backup Agent named?	<input type="checkbox"/>	<input type="checkbox"/>

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Healthcare Management:

When you are Incapacitated

	Yes	No
Do you have a healthcare POA?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know where it is?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sign it less than 2 years ago?	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident that your POA gives your agent the right powers, not too many, and not too few?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person you named as your Agent alive and well?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person you named as your Agent still who you want to make healthcare decisions for you when you are incapacitated?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a backup Agent named?	<input type="checkbox"/>	<input type="checkbox"/>