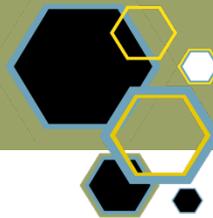


# ESTATE PLANNING CHECK-UP

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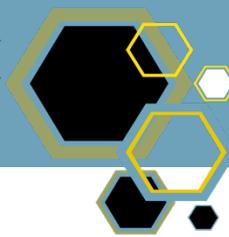
## **Asset Protection:**

*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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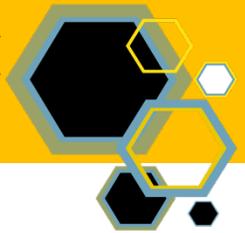
## **Asset Distribution:**

*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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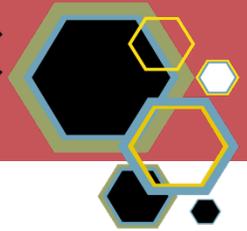
## **Asset Management:**

*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"/> |