



# ASSET PROTECTION ANALYSIS

(Confidential)

FAX TO 855- 777-0039

## Theus Law Offices

Referred by (name): \_\_\_\_\_ Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

1<sup>st</sup>  2<sup>nd</sup>  other

### Existing Estate Planning:

	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA	
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rev <input type="checkbox"/> Irr	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rev <input type="checkbox"/> Irr	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit: _____
In a Nursing Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Mo. Cost: \$ _____

### Your health plays an important role in designing an estate plan best suited for you and your loved ones.

You - current health:  Good  Concern  Problem (Details) \_\_\_\_\_

Spouse - current health:  Good  Concern  Problem (Details) \_\_\_\_\_

Have you given away any assets since \_\_\_\_\_?  No  Yes Value \$ \_\_\_\_\_

	<b>You</b>	<b>Spouse</b> <input type="checkbox"/> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Please specify:	<input type="checkbox"/> joint <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster	<input type="checkbox"/> joint <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster
Any children disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY INCOME		CLIENT	SPOUSE	TOTAL
Pension				
Social Security				
Other: _____				
<b>Total Monthly Income</b>				
ASSETS (CURRENT VALUE)		IN CLIENT/JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Mgmt Accts.				
Brokerage Accounts				
Qualified Accounts: IRA, 401K, 403B, SEP, etc.				
Life Insurance				
Annuities: (current value)				
Home:	assessed value:			
	Fair Market Value:			
Other Real Estate	assessed value:			
	Fair Market Value:			
<b>Total Assets</b>				
LIABILITIES		CLIENT/JOINT	SPOUSE	TOTAL
Mortgage(s)				
Health Insurance Premium				

Other Info: \_\_\_\_\_

**AUTHORIZATION**  
**FOR RELEASE OF INFORMATION AND RECORDS**

TO: \_\_\_\_\_  
Advisor name or firm

I, \_\_\_\_\_, hereby give my consent to authorize you to release to *Theus Law Offices* whose address is *1902 Jackson Street, P.O. Box 8432, Alexandria, Louisiana 71301*, any and all information regarding both personal and financial matters, including, but not limited to birth certificate, marriage certificate, family information, financial investments, stocks, bonds, certificates of deposits, bank accounts, tax returns, retirement accounts, pension plans, insurance plans, or any other financial documents.

I hereby release you from any liability for providing the above-referenced information to my attorney in reliance of this consent.

A photocopy of this authorization shall retain the same force and effect as the original.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Witness