

FINANCIAL INFORMATION FOR VETERAN'S BENEFITS QUALIFICATION

The requested information is necessary for us to evaluate and to use in making recommendations regarding Veteran's Benefits qualification.

Please make sure that the information is complete and accurate.

It is helpful if we can have this information prior to our office conference so we will have an opportunity to review this information in advance. Please deliver, fax, or mail this information to us when it is completed.

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PART II - QUESTIONS

1. Describe the physical/mental problems of the potential VA Benefits recipient: _____

2. What were the active dates of service for the potential VA Benefits recipient? _____ to _____

3. Was the potential VA Benefits recipient discharged from or released from active service under conditions other than dishonorable? Yes/No (circle)

4. Is the potential VA Benefits recipient competent to sign legal documents in your opinion? Yes/No (circle)

5. Does the potential VA Benefits recipient have a safety deposit box? Yes/No (circle)

6. Does the potential VA Benefits recipient have a Last Will and Testament or a trust? Yes/No (circle)

7. Has the potential VA Benefits recipient signed a Power of Attorney? Yes/No (circle)

8. Does the potential VA Benefits recipient have any dependent children? Yes/No (circle)

PART III - INCOME

Social Security for _____ : \$ _____ /month

Social Security for _____ : \$ _____ /month

Pension Income for _____ : \$ _____ /month

Pension Income for _____ : \$ _____ /month

Other Income for _____ : \$ _____ /month

Other Income for _____ : \$ _____ /month

Other Income for _____ : \$ _____ /month

PART IV - PROPERTY AND OWNERSHIP

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET ACCOUNTS**

Description	Current Amount	Ownership (circle)
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT

Total Amount: \$ _____

BUSINESS INTERESTS

Include all interests in any sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
Total Value: \$ _____		

LIFE INSURANCE

<u>Insurance Company</u>	<u>Insured</u>	<u>Death Proceeds</u>	<u>Current Cash Surrender Value</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
Total Cash Surrender Value: \$ _____					

ANNUITIES

<u>Annuity Company</u>	<u>Current Cash Surrender Value, or Payment Amount If Annuitized</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Total Value: \$ _____			

DEBTS OWED TO YOU

<u>Name of Debtor</u>	<u>Date of Debt</u>	<u>Due Date</u>	<u>Current Balance</u>	<u>Owed To Whom?</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
Total:			\$ _____	

OTHER PERSONAL PROPERTY

	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
<u>Furniture and Household Goods:</u>	\$ _____	\$ _____	H W JOINT
<u>Motor Vehicle:</u>	\$ _____	\$ _____	H W JOINT
<u>Motor Vehicle:</u>	\$ _____	\$ _____	H W JOINT
<u>Recreational Vehicle:</u>	\$ _____	\$ _____	H W JOINT
<u>Boat(s):</u>	\$ _____	\$ _____	H W JOINT
<u>Jewelry:</u>	\$ _____	\$ _____	H W JOINT
<u>Collections: (Art, Coins, Stamps, Guns, etc.)</u>	\$ _____	\$ _____	H W JOINT
<u>Other:</u>	\$ _____	\$ _____	H W JOINT
Total:	\$ _____	\$ _____	

ALL OTHER PROPERTY NOT PREVIOUSLY DESCRIBED

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
Total:	\$ _____	\$ _____	

DEBTS

<u>Creditor</u>	<u>Pay-off Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

PART V - MEDICAL EXPENSES

NURSING HOME, ASSISTED LIVING, AND RESIDENTIAL FACILITIES

<u>Provider</u>	<u>Current Expense</u>	<u>Dates Paid</u>	<u>Care for:</u>
_____	\$ _____		H W Child
_____	\$ _____		H W Child
_____	\$ _____		H W Child

HOME CARE

<u>Description</u>	<u>Current Expense</u>	<u>Dates Paid</u>	<u>Care for:</u>
_____	\$ _____		H W Child
_____	\$ _____		H W Child
_____	\$ _____		H W Child

MEDICAL INSURANCE

(Medicare Premiums, Private Medical Insurance Premiums)

<u>Description</u>	<u>Current Expense</u>	<u>Dates Paid</u>	<u>Care for:</u>
_____	\$ _____		H W Child
_____	\$ _____		H W Child
_____	\$ _____		H W Child
_____	\$ _____		H W Child

**HOSPITAL, DOCTOR, AND PRESCRIPTION EXPENSES UNREIMBURSED
BY MEDICARE OR PRIVATE MEDICAL INSURANCE**

Description	Expense	Date of Expense	Paid for:
	\$		H W Child
	\$		H W Child
	\$		H W Child
	\$		H W Child
	\$		H W Child

**ALL OTHER UNREIMBURSED MEDICAL EXPENSES
NOT PREVIOUSLY DESCRIBED**

Description	Expense	Date of Expense	Paid for:
	\$		H W Child
	\$		H W Child
	\$		H W Child
	\$		H W Child
	\$		H W Child

Who referred you to our office: _____

Date: _____ Prepared by: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO OUR OFFICE:

1. Last Will and Testament;
2. Power of Attorney; and
3. Deeds and any lease concerning any real estate.
4. Copies of most recent income tax returns.

Please provide this information to our office prior to our initial conference, if possible.

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