



**TALIS LAW** PLLC

915 118<sup>th</sup> Avenue SE, Suite 360  
Bellevue, WA 98005  
Phone (425) 943-9968  
Fax (425) 777-2097  
TALISLAWFIRM.COM

## **CLIENT MEDICAID INFORMATION WORKSHEET**

### **A. PERSONAL**

1. Full Name \_\_\_\_\_
2. Addresses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_
3. Email \_\_\_\_\_
4. Birthdate \_\_\_\_\_

### **B. INCOME** (Pension, Social Security, SSI, wages, etc.)

Description	Monthly amount
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_____	_____
_____	_____
_____	_____
_____	_____

### **C. VALUE OF ASSETS**

1. Home
  - a. Market value \_\_\_\_\_
  - b. Mortgage \_\_\_\_\_
  - c. Line of credit \_\_\_\_\_
  - d. Reverse mortgage \_\_\_\_\_

2. Vehicles

Make, model, year	Loan amount	Blue book value
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Life Insurance

Type (whole life, term, etc.)	Face value	Cash value (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Bank Accounts (checking, savings, CD, etc.)

Type of account	Balance	Name of bank
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Retirement Accounts (IRA, Roth IRA, 401(k), etc.)

Type	Name on account	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Prepaid Burial Plan

Funeral home or organization	Value
_____	_____
_____	_____

7. Other Investment Accounts (stock accounts, annuities, money market, etc.)

Type	Company	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Other Real Estate

Description	Market Value	Mortgage, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Assets Relating to Operating a Business (equipment, tools, etc.)

Description	Market Value
_____	_____
_____	_____
_____	_____
_____	_____

10. Other Assets

Description	Market Value
_____	_____
_____	_____
_____	_____

11. Do you own any real or personal property as joint tenants with any third parties?

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**D. TRUSTS**

1. Does any member of your family receive income from any trust? \_\_\_\_\_

If yes, who created the trust? \_\_\_\_\_

2. Have you ever created a trust? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

3. Do you expect to be named a beneficiary of a trust? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

**E. GIFTS AND TRANSFERS**

Have you made any gifts or transferred any assets for less than full market value to someone other than your spouse in the last five years? If yes, please describe the gift or transfer.

If the gift or transfer was to one of the following people, please note that in the description: a disabled or blind child, a child who has lived in your home for two years to care for you, or a child who was under twenty-one at the time of the gift.

Description	Date	Value of gift
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____