

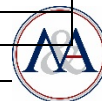
LEGAL DOCUMENTS MASTER IPQ/PREP FORM.2021

PRINCIPAL / GRANTOR (IF DEED) DEMOGRAPHICS	
Full Legal Name:	Initials:
Aliases:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Address:	DOB: US Citizen? Y N
City, St, Zip:	Marital Status: Date of Marriage:
Home Phone:	County:
Mobile Phone:	Email address:

SPOUSE PRINCIPAL / OTHER GRANTOR (IF DEED) DEMOGRAPHICS <input type="checkbox"/> NOT APPLICABLE	
Full Legal Name:	Initials:
Aliases:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Address:	DOB: US Citizen? Y N
City, St, Zip:	Marital Status: Date of Marriage:
Home Phone:	County:
Mobile Phone:	Email address:

CALLER / FAMILY CONTACT DEMOGRAPHICS		
Full Name:	Relationship to Principal:	
Full Address:	Consult date:	Time:
City, St, Zip:	Home Phone:	
Email address:	Mobile Phone:	

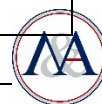
IMPORTANT NOTICE	
<p>Carol Aragon-Montgomery prepares legal documents. CAROL IS NOT AN ATTORNEY AT LAW AND IS NOT EMPLOYED BY ATTORNEYS AT LAW AND CANNOT GIVE LEGAL ADVICE. Your communications with Carol are kept CONFIDENTIAL, but since Carol is not an attorney at law, such communications are NOT PRIVILEGED (i.e., immune from Subpoena).</p> <p>Carol can give you general factual information pertaining to legal rights, procedures, or options available to you in a legal matter when you are not represented by an attorney. Carol cannot give you specific legal advice, opinions, or recommendations about your legal rights, remedies, defenses, options, or strategies. Please note that the ALTCS/Medicaid Planning Services are of a financial planning nature and are not specific "legal" advice.</p> <p>Fees for the legal document preparation are due up front, are deemed earned when paid, and are non-refundable.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any legal issues pending right now? (Guardianships, Conservatorships, etc.)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff employee read Important Notice to Caller? Initial here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Principal have current ID to prove identity for notarization? If not, is credible witness available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Principal of legal age, competent, and free from duress?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the Spouse Principal of legal age, competent, and free from duress?
Referred by:	



LIST THE PRINCIPAL'S CHILDREN NAMES AND DATES OF BIRTH		LIST THE SPOUSE PRINCIPAL'S CHILDREN NAMES AND DATES OF BIRTH	
All children listed below are from this relationship?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Treat all children as if they were children from this marriage?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	

If applicable – List the name(s) of the person(s) you want to raise your children should you pass before they are age 18:			
Guardian 1 Full Name		Guardian 2 Full Name	
Address		Address	
City, St	Zip	City, St	Zip
Phone		Phone	

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are any of these children deceased? Name & DOB:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Survived by issue?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any children with special needs (learning disability, special educational/medical/physical needs)? Name:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any relatives, not children, who depend upon you for their support?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any beneficiaries with special concerns (drugs, alcohol, spouse, money management)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Existing Marital Property Agreement (pre-nup)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Expecting to inherit \$100k+?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Existing Will?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Existing Trust?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ever filed a federal gift tax return?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Should surviving spouse have power to control the distribution of the entire estate after the first death?



LEGAL DOCUMENTS INITIAL CONSULTATION NOTES:

Principal first name:	
Spouse Principal first name:	

List the name(s) of the person(s) who you want to manage your personal finances, assets, and income while you are alive but cannot do it yourself. OR who do you currently have named?

Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No
1		1	
2		2	
3		3	

List the name(s) of the person(s) who you want to manage your medical care, make medical decisions, and look at your medical records while you are alive but cannot do it yourself.

Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No
1		1	
2		2	
3		3	

List the name(s) of the person(s) who you want to manage your mental health care, make mental health care decisions, and look at your mental health records while you are alive but cannot do it yourself.

Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No
1		1	
2		2	
3		3	

Do you already have a Living Will, End-of-Life care document, DNR, or Oral Feeding Instructions?

Principal:	Spouse Principal:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want to be buried or cremated?

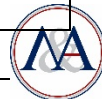
Principal:	Spouse Principal:
<input type="checkbox"/> Buried <input type="checkbox"/> Cremated	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated

List the name(s) of the person(s) who you want to manage your will and distribution of property upon your death (Personal Representative):

Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Principal:	Already have document? <input type="checkbox"/> Yes <input type="checkbox"/> No
1		1	
2		2	
3		3	

How would you want your estate distributed at your death?

Principal:	Spouse Principal:
1	1
2	2
3	3
<input type="checkbox"/> See specific notes on resource page	<input type="checkbox"/> See specific notes on resource page



List the name(s) of the person(s) who you want to manage your trust (Trustee):

Principal:	Already have document?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Principal:	Already have document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1			1		
2			2		
3			3		

Other notes:

Name of Trust:

Limit compensation to hourly wage ☐ Yes ☐ No ☐ N/A

Tell me about the customer's (and spouse's) current health insurance coverage? (Check all that apply)

<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer-Sponsored or Employer Group	<input type="checkbox"/> VA benefits <input type="checkbox"/> Tricare
<input type="checkbox"/> Medicare Advantage (MA)	<input type="checkbox"/> Retiree Sponsored or Retiree Group	<input type="checkbox"/> Indian Health Services
<input type="checkbox"/> Medicare Advantage with prescription (MAPD)	<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare Supplement (MS)	<input type="checkbox"/> Cancer <input type="checkbox"/> Dread <input type="checkbox"/> Stroke	<input type="checkbox"/> Long Term Care Insurance
<input type="checkbox"/> Prescription Drug Plan (PDP)	<input type="checkbox"/> Heart Attack <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Long Term Care Partnership

Health Insurance Company / Plan Names		Claim #	Premium	Freq	Who is covered?
Y N Part A	Y N Part B		\$		
Effective Date:	Effective Date:		\$		
Y N Part A	Y N Part B		\$		
Effective Date:	Effective Date:		\$		
			\$		
			\$		
			\$		
			\$		

INCOME

Does/Do the Customer and/or Spouse receive or expect to receive the following types of income daily, weekly, bi-weekly, monthly, quarterly, semi-annually, or annually? (Circle all that apply)

Social Security Benefits Supplement Security Income Public Assistance (TANF, GA, FS, SPP) BIA/Tribal Assistance Winnings (Lottery, Bingo, Gambling) Unemployment Insurance Disability Insurance Veteran's Benefits Military Allowances Railroad Retirement Other Retirement pensions Disability Pensions	Annuities Child Support Alimony Student Grants/Scholarships/Loans Energy Assistance Vocational Rehabilitation Life Insurance Proceeds Job Training Partnership Act (JTPA) Rental Income Income from Roomers/Boarders Housing Authority Payments Strike Pay	Mortgage/Sales Contract Income Gifts/Loans/Contributions from others Land Lease Interest Dividends Royalties from books/songs/inventions Industrial/Worker's Compensation Indian Claims/Payments Foster Care Payments Earned Income Self-Employment Income Tips/Commissions Other (list): PayPal, Square, eBay, Go Fund Me, Social Media: TikTok YouTube Instagram etc.
---	---	---

Payment for ...	From what source?	Net Amount	Gross Amount	Frequency	
TOTAL INCOME=			\$		



If yes, please provide the following information about each asset or provide a copy of a page of the asset that lists the name, address, phone number, and account/policy number of each asset:

Cash on hand	Stocks Bonds Svgs bonds	Annuities	Loan or property	Life estate
Checking accounts	Your money held by others	Retirement accounts	agreements	Livestock Grazing permits
Savings accounts	On kids' or parents' acct's	Mutual fund shares	Life insurance	Indian claims
Money market accounts	IRA Keough	Investment accounts	Burial insurance	Business(es) and/or
Credit union accounts	401k 403b 457b	Inheritances	Burial fund	Business Property
Patient fund accounts	PayPal GoFundMe	Notes Contracts	Preneed burial plan	REAL PROPERTY &
Time deposits CDs	CashApp Venmo	Promissory notes	Life ins-funded burial plan	VEHICLES BELOW

Who owns?	Type of Asset	Name and Address of Company	Number	Value
	1			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	2			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	3			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	4			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	5			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	6			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	7			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	8			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	9			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	10			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	11			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	12			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	13			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	14			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	15			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				

Total Assets Value =	\$	Total Debt =	\$	Total Counted Assets =	\$
----------------------	----	--------------	----	------------------------	----



House Trailer Mobile home Other house(s) Land Buildings Burial plots Vacation property						
Owners	Type	Location	Parcel #	CMV	1 st Mtg	2 nd Mtg
	1					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						
	2					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						
	3					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						
	4					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						
	5					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						
	6					
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:						

Automobile Truck Van Camper Golf cart Boat Motorcycle Airplane RV Off-Road Vehicle				
Owners	Type	Year/Make/Model	CMV	AMOUNT OWED
	1			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	2			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	3			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	4			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	5			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				
	6			
<input type="checkbox"/> Trust owner <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Other named beneficiary/ies & split:				

DEBTS:				
Owners	Type	Company / To whom indebted	Debt amount	Expected payoff date
	1			
	2			
	3			
	4			
	5			

Total Assets Value =	\$	Total Debt =	\$	Total Counted Assets =	\$
----------------------	----	--------------	----	------------------------	----



(Company use only) Prepare these documents (list quantity next to type):			
<input type="checkbox"/> \$150 GPOA (Financial)	<input type="checkbox"/> \$200 Trust Amendment	<input type="checkbox"/> \$200 Deed – choose type(s)	<input type="checkbox"/> \$ 65 Revoke Ben Deed
<input type="checkbox"/> \$100 Health Care POA	<input type="checkbox"/> \$ 50 Revoke old trust	<input type="checkbox"/> General Warranty	<input type="checkbox"/> \$350 LW&T
<input type="checkbox"/> \$100 Living Will	<input type="checkbox"/> \$100 Trust Certification	<input type="checkbox"/> Special Warranty	<input type="checkbox"/> \$500 LW&T with Trust
<input type="checkbox"/> \$100 Mental HC POA	<input type="checkbox"/> \$100 Trustee Death Affidavit	<input type="checkbox"/> Quit Claim Deed	<input type="checkbox"/> \$200 Codicil to Will
<input type="checkbox"/> \$ 50 Dementia Oral Feeding	<input type="checkbox"/> \$999 Living trust	<input type="checkbox"/> Grant Deed	<input type="checkbox"/> \$100 Small Estate Affidavit
<input type="checkbox"/> \$ 50 HIPAA waiver	<input type="checkbox"/> \$999 Restatement & LW&T	<input type="checkbox"/> Gift Deed	<input type="checkbox"/> \$ 50 Assignment of Int in Estate
<input type="checkbox"/> \$ 5 Do Not Resuscitate	<input type="checkbox"/> \$999 Trust: Realty / IRA	<input type="checkbox"/> Disclaimer	<input type="checkbox"/> \$200 Caregiver Agreement
<input type="checkbox"/> \$ 50 Final disposition	<input type="checkbox"/> \$999 Trust: STT <65	<input type="checkbox"/> Joint tenancy	<input type="checkbox"/> \$ 10 DMV Beneficiary
<input type="checkbox"/> \$1495 EDP EPP	<input type="checkbox"/> \$999 Trust: Irrev / SNT	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> \$ 50 Recording fee per doc

(Company use only) Other fees (list quantity next to type):			
<input type="checkbox"/> \$ 50 Recording fee per doc	<input type="checkbox"/> \$ 10 Notary per signature	<input type="checkbox"/> \$ 50 Affidavit of Value	<input type="checkbox"/> \$

As of 08/2015 (Phx metro area): fees for mileage, notary, witness, & postage all included.		TOTAL FEE QUOTE = \$	
		TOTAL FEE DUE = \$	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card	Date payment due:	Date payment received:	
Name on card:		CC#	
EXP:	CVV:	ZIP:	

(Company use only) Appointment Scheduling:				
Data Collection appointment:	M T W T F	Date:	Time:	Location:
Pending information due date:	M T W T F	Date:	Time:	
Drafts due to customer for review date:	M T W T F	Date:	Time:	
Corrections due back to CLDP date:	M T W T F	Date:	Time:	
Day/Date of Signing:	M T W T F	Date:	Time:	Location:
Address (if not at the office):				
<input type="checkbox"/> Customer bringing unrelated witness Name:		<input type="checkbox"/> Firm providing witness Name:		
Notary assigned:	<input type="checkbox"/> GLM <input type="checkbox"/> TMS <input type="checkbox"/> CEM			

(Company use only) Final Documents:	
Final Documents:	<input type="checkbox"/> Picked up by customer <input type="checkbox"/> Mailed to customer at this address:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Send electronic copy of documents to:
	Email address:

(Company use only):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you put the following information in a file folder on CAM's desk for appointment?
Collect these items & place in file folder: File folder with customer label <input type="checkbox"/> LD Preparation Form <input type="checkbox"/> Firm Fee Agreement <input type="checkbox"/> If HV - 2 copies of the invoice; OV – 1 <input type="checkbox"/> Time Log <input type="checkbox"/> Blue LD folder or binder <input type="checkbox"/>	Attached to appointment confirmation/sent to customer: <input type="checkbox"/> Appointment confirmation sent <input type="checkbox"/> Invoice <input type="checkbox"/> Firm Fee Agreement <input type="checkbox"/> Confirm appointment set in Outlook & invite attendees <input type="checkbox"/> Master LD folder copied into customer system folder

