



HERITAGE AMERICA
Membership Service Request
Asset Protection Limited Liability Company

Member Name _____ Age _____ Date of Birth ____ - ____ -19____

SS # ____ - ____ - ____ Address _____

City _____ State _____ Zip _____ Ph (____) ____ - ____

Spouse _____ SS # ____ - ____ - ____ Age _____ County _____

Date of Birth ____ - ____ -19____ Representative: _____ Rep. Phone (____) ____ - ____

Amount Paid with Data Form \$ _____ Check # _____ Date _____

Name of LLC: _____ (Client Name(s)) Enterprises, LLC

STATE OF FORMATION _____

TYPE OF BUSINESS (PURPOSE) _____

ACTUAL STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE _____ FAX _____

MAILING ADDRESS _____

NAME OF REGISTERED AGENT _____

ADDRESS OF REGISTERED AGENT _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

MEMBER #1 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

#1's PERCENT INTEREST IN LLC ____% DOLLAR VALUE OF CONTRIBUTION \$ _____

MEMBER #2 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

#2's PERCENT INTEREST IN LLC ____% DOLLAR VALUE OF CONTRIBUTION \$ _____

MEMBER #3 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

#3's PERCENT INTEREST IN LLC ____% DOLLAR VALUE OF CONTRIBUTION \$ _____

MANAGER #1 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

MANAGER #2 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

MANAGER #3 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

LIVING TRUST APPLICATION FORM

11022 Southwest Highway
Palos Hills, IL 60465
(708) 974-3232 or 974-3294 FAX

Why a Living Trust is a Critical Component to Medicaid Protection Planning

The "Estate Recovery Rules"

The Federal Medicaid Rules State:

3810. MEDICAID ESTATE RECOVERIES

In the case of permanently institutionalized individuals who the State determines cannot reasonably be expected to be discharged and return home, including individuals who qualify as both permanently institutionalized individuals and who are at least 55 years old, [the State] must seek adjustment or recovery from the individual's estate or upon sale of the property subject to a lien, at a minimum, of amounts spent by Medicaid on the person's behalf for services provided in a nursing facility, ... or other medical institution. ...

B. Definition of Estate--

1. Probate Definition--At a minimum, [the definition of estate] must include all real and personal property and other assets included within the individual's estate as provided in your State probate law.

Assets Held By A Living Trust Escape Probate

[] **If Members Already Have a Living Trust, Check Here and Skip the Rest of this Application.**

Name of Trust _____

Marital Status: Married, Single, Divorced, Widow(er), Separated

Are both Trustees a citizen of the United States (Y/N)? If not, please note.

Is anyone in the family disabled?" (Yes/No) If yes, who _____

Members request: "A-B" Trust for a married couple

"A-A" Trust for a married couple with few joint assets
and different beneficiaries (fill out two data forms, no extra cost)

(Affidavit Required) Discretionary A-B Trust (Surviving spouse chooses whether or
not to divide trust and also retains the right to disinherit any or
all beneficiaries)

"A" Trust for a single person

TRUST INFORMATION:

Successor Trustee (after death of Trustors)

First Choice: _____

Second Choice: _____

DISTRIBUTION OF ASSETS TO THE HEIRS (Beneficiaries):

	Name of Heir	Relationship	Amount
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____
#6	_____	_____	_____

Executor of the Heirs: _____

Age for Heirs to receive inheritance: _____ (minimum is age 18)

Pour Over Will: 1st. Trustor

1st. Executor - Spouse [] or _____

Alternate Executor _____

List of legal children _____

Pour Over Will: 2nd. Trustor

List of legal children _____

GUARDIAN OF MINOR OR HANDICAPPED CHILDREN:

1st. Choice for Guardian _____

Address _____

2nd. Choice for Guardian _____

Address _____

INSTRUCTIONS:

Trustees: Normally the clients are the Trustees while alive and competent. Successor Trustees are named to take over after the death of the clients.

Heirs or Beneficiaries

All distribution at death will be done through the Trust. After both Trustors pass away, the Successor Trustee will make the distributions as defined in this section.

Executor of Trust is a person who speaks on behalf of minor beneficiaries.

Pour-Over Will:

If a married couple, check "Spouse", then fill in only the "Alternate Executor". If single, name a 1st Executor and an Alternate. Give us the list of All legal children for both people. It is not always the SAME!

Guardians:

If clients have minor or handicapped children, they should name one or two guardians.

Durable Power of Attorney and Nomination of Conservator:

1st. Power of Attorney: Spouse [] or _____

Address _____

City _____ State _____ Zip _____

2nd. Power of Attorney: _____

Address _____

City _____ State _____ Zip _____

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Power of Attorney for Health Care :

1st. Power of Attorney: Spouse [] or _____

Address _____

City _____ State _____ Zip _____

2nd. Power of Attorney: _____

Address _____

City _____ State _____ Zip _____

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Special

Notes:

INSTRUCTIONS:

Durable Power of Attorney:

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

Durable Power of Attorney for Health Care:

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

Special Notes:

List here any special instructions. Also place here any questions that the Attorney should discuss when they call.

Heritage America

11022 Southwest Hwy.

Palos Hills, IL 60465

FRIENDS OR RELATIVES

Please give us the names, addresses, and phone numbers of three couples or individuals whom we can contact if you should move, become disabled or die and we do not have your new address. It is imperative that we maintain a record of your address, and therefore this information is helpful. You can be assured that your personal estate plan will always be confidential and that the details of your plan will not be disclosed to these individuals.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number_(_____)_____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number_(_____)_____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number_(_____)_____

Heritage America

Estate Evaluation

#1- To determine the value to the client.

#2- For attorney review in preparation of the documents.

APPRECIATING ASSETS:

Real Estate:	Cost Basis:	Present Value:	Gain:
Home _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Home Furnishings	_____	_____	_____
 Jewelry & Silverware			
_____	_____	_____	_____
_____	_____	_____	_____
 Antiques & Collections			
_____	_____	_____	_____
_____	_____	_____	_____
 Stocks			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
 Bonds			
_____	_____	_____	_____
_____	_____	_____	_____
Totals: (Carry over to next page)		_____	_____

Calculate Capital Gain tax by adding all GAIN, divide by 1/2, and figure your current taxable payment to IRS. (Joint tenancy allows only 1/2 step up)

Total \$ _____ x .5 = \$ _____ x .20 or _____ = \$ _____ tax due _____

CASH ASSETS:

Type of Account:	Approx. Balance:	Earning:
Add Value from Page 1	\$ _____	
Checking	\$ _____	_____ %
Regular Savings	\$ _____	_____ %
Certificates of Deposit	\$ _____	_____ %
Money Market	\$ _____	_____ %
Mutual Funds	\$ _____	_____ %
Treasury Securities	\$ _____	_____ %
Limited Partnerships	\$ _____	_____ %
Other Investments	\$ _____	_____ %
Business Interests	\$ _____	_____ %
 Total Probable Estate	 \$ _____	

RETIREMENT PLANS & INSURANCE:

Qualified Plans (IRA, etc.)	\$ _____	_____ %
Pensions	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Annuities	\$ _____	_____ %
Total Death Benefit	\$ _____	
(Not probatable, but counted for Federal Estate taxes)		

CALCULATION OF "COST OF DYING"

Estimated Probate Cost: \$ _____ (Probate Estate) x _____ % = \$ _____

Estimated Federal Estate Tax:

\$ _____ (Probate Estate)	
+ \$ _____ (Total Death Benefits)	
= \$ _____ (Total Federal Estate)	
- \$ _____ Current Exemption Amount (\$675K to \$1M)	
= \$ _____ (Amount Subject to FET)	
x 37% (55% over \$3M) = Amount Of Federal Estate Tax	\$ _____
 Capital Gain Tax	 \$ _____
 Total Erosion Of Your Estate	 \$ _____

<p>Also Consider: What price can be put on the "Emotional Distress" to your family if they are forced through a Probate of your estate?</p>
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