

Probate Code Section 3100 Petition

Information Required From Client

Immediately provide the name, address and telephone number of the doctor who will certify to the incapacitated spouse's mental incapacity.

As soon as possible, please provide the following:

1. Date of birth for incapacitated spouse
2. Date of birth for at-home spouse
3. Date they were married
4. State where they were married
5. Name and address of institution (if any) occupied by incapacitated spouse
6. Date the incapacitated spouse entered this institution
7. Actual cost or anticipated cost of monthly care for incapacitated spouse in a skilled nursing facility;
8. Are the assets community property?
 - a. Were the clients living in California when they got married?
 - b. If "a" is no, in what year did they move to California?
 - c. If "a" is no, did they ever contractually convert the assets to community property?
 - d. If "a" is no, did the couple have substantial assets at the time they moved to California, and if so, what and what was the value?
9. If the incapacitated spouse has them, provide a copy of the signed:
 - a. Trust;
 - b. Durable Power of Attorney for Health Care;
 - c. Durable Power of Attorney for Property Management/Financial Affairs; and
 - d. Will.
10. Only as to the incapacitated spouse, the names, addresses and relationships of all living:
 - a. Children;
 - b. Grandchildren;
 - c. Parents;
 - d. Grandparents;
 - e. Brothers and sisters
11. Detailed summary of the costs incurred and bills paid by the at home on a monthly basis. This includes everything being paid. See a sample list attached in Excel format.
12. Detailed listing of all:
 - a. Hard assets including vehicles. Estimate values.
 - b. Real property. Estimate values. Advise of the NET income associated with each item. Provide copies of recent property tax bills for each item.
 - c. Savings, checking, bank, brokerage Investments and retirement accounts and values for each. Advise of the NET income associated with each item. Attach monthly statements in support.
 - d. Monthly debt service. Attach monthly statements in support. See a sample list attached in Excel format.
 - e. Monthly Income from all other sources not already listed including but not limited to Social Security benefits, pensions, retirement accounts (IRA, etc.) Attach monthly statements in support.

SCHEDULE A

Provide the following information for each of the following:
Your primary residence - its address and estimated value
Your most valuable automobile, its estimated value, make, model, year

| | Estimated |
|-------------|-------------------|
| Description | Fair Market Value |
| Home | |
| Automobile | |
| | |

Retirement Accounts - Annual income

List all qualified retirement accounts including IRA, 401K, 403b, 457, etc

For each, provide the name of the custodian (bank, etc.) and account number

For each, list the estimated current (Fair market) value or value from most current statement

The incapacitated spouse is the spouse going into a skilled nursing home

In the column for the incapacitated spouse list the ANNUAL required minimum distribution (RMD) for each account

The at home spouse is the spouse not going into a skilled nursing home

In the column for the at home spouse list the ANNUAL required minimum distribution (RMD) for each account

| | Estimated | Annual Required Minimum Distribution | |
|-------------|-------------------|--------------------------------------|---------|
| | | Incapacitated | At Home |
| Description | Fair Market Value | Spouse | Spouse |
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| Totals | | | |

Schedule D- Expenses (monthly)

LIST ALL EXPENSES

List the monthly (not annual) amount

| <u>Expenses of At Home Spouse</u> | | <u>Amount</u> |
|---|----------------------------------|---------------|
| FOOD | | |
| CLOTHING | | |
| LAUNDRY/CLEANING | | |
| PETS | | |
| LOAN REPAYMENTS | | |
| EDUCATION (Self, children, grandchildren, etc.) | | |
| ENTERTAINMENT | | |
| Travel | | |
| CHARITABLE CONTRIBUTIONS | | |
| UTILITIES | | |
| | electricity | |
| | gas | |
| | water | |
| | garbage | |
| | pool/spa | |
| | landscaper | |
| | cable TV | |
| | internet | |
| | telephone (including cell phone) | |
| | etc. | |
| HOUSEHOLD EXPENSES | | |
| | rent/mortgage | |
| | repairs | |
| | property taxes | |
| | Home owner insurance | |
| | Flood Insurance | |
| | Earthquake insurance | |
| | health club | |
| | | |
| | | |
| AUTO EXPENSES | | |
| | car payment | |
| | gas | |
| | registration | |
| | insurance premiums | |
| | wash | |
| | maintenance | |
| | DMV registration | |
| | smog | |
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