

**ARE YOU PREPARED?
IS YOUR FAMILY PROTECTED?**

Take This 60 Second Test!
(Check Yes or No)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. I have a current Living Will. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have a HIPAA Waiver to correct the problem created by the Federal HIPAA law. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have a Health Care Power of Attorney to permit my spouse or children to make health care decisions for me in the event I am unable to make my own health care decisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am confident that my current estate plan protects me from unnecessary placement in a nursing home and provides clear instructions for care in my own home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have a Living Trust in place as part of my estate plan, so my family can avoid the delays and expenses of probate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am comfortable that my estate plan will allow my family to avoid costly guardianship court proceedings | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am certain that my current estate plan will avoid all federal estate taxes at my death. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have taken steps to protect my children's inheritance in the event my surviving spouse chooses to remarry after my death. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am certain that my current estate plan contains the documents necessary for my family to do Medicaid planning in the future, to help prevent the impoverishment of me or my spouse from the devastating effects of a long-term catastrophic illness and nursing home costs. | <input type="checkbox"/> | <input type="checkbox"/> |

