

GILBERT B. FLEMING
 Elder Law Attorney and Estate Planning
Accredited by the Veteran's Administration

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Claimant(s) Name: _____

Contact Name and Phone No. _____

Type of VA Benefit Married Couple Single Veteran Widow

Service Dates Entered: _____ Discharged: _____
World War II *12/07/1941 – 12/31/1946*
Korea *06/25/1950 – 01/31/1955*
Vietnam *08/05/1964 – 05/07/1975*

Care Provider Charges (please circle below)
 In-home Service, Assisted Living, Skilled Nursing \$ _____ Per Month

Whom/Where (Business Name) _____

Do you own a home? Yes No

Income Source Social Security: H / W \$ _____ Received Monthly
 Social Security: H / W \$ _____ Received Monthly
 Pension: _____ \$ _____ Received Monthly
 Other: _____ \$ _____ Received Monthly

Checking _____ Company \$ _____ Current Balance
 Checking _____ Company \$ _____ Current Balance
 Savings _____ Company \$ _____ Current Balance
 Savings _____ Company \$ _____ Current Balance

Stocks \$ _____ Total Value Bonds \$ _____ Total Value
 CD'S \$ _____ Total Value Annuities \$ _____ Total Value
 Other Liquid Assets \$ _____ Total Value

Do you have any of the following documents? Yes No

(please circle below)

Living Trusts Wills Powers of Attorney Advanced Health Care Directive