

Medicaid Estate Recovery ASSET FORM for NON-PROBATED ESTATES

DECEDENT'S INFORMATION			
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> LAST Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> FIRST Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> MIDDLE Name/MI	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> MAIDEN Name <i>(if applicable)</i>
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date of BIRTH	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Social Security Number	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date of DEATH	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> County of Legal RESIDENCE
Marital Status (at Death)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Never Wed	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name of Spouse <i>(if Married or Widowed)</i>
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date of Birth <i>(if applicable)</i>		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Social Security Number <i>(if known)</i>	

INDIVIDUAL COMPLETING ASSET FORM			
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Company/Firm <i>(if applicable)</i>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Relationship to Decedent <i>(if any)</i>	
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street Address		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> P.O. Box	
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Zip Code	
() - - Primary Phone	() - - Alternate Phone	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> e-mail address	
Role of individual completing Asset Form:			<input type="checkbox"/> Attorney
			<input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100px; display: inline-block;"></div> <i>(Please Describe Role)</i>

PENDING ACTION or LITIGATION			
1. Are any third party lawsuits or settlements on behalf of the estate pending or anticipated?			<input type="checkbox"/> Yes No <input type="checkbox"/>
If YES:	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Court w/ Jurisdiction <i>(if applicable)</i>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Type	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Year
		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> ID Nbr	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date Filed or Opened
2. Has a petition for probate of the Estate been filed in a Court?			<input type="checkbox"/> Yes No <input type="checkbox"/>
If YES:	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> County Court w/ Jurisdiction	PR	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Year
		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> ID Nbr	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date Filed or Opened

FAMILY/HEIRS	
3. Is the decedent survived by a child (biological or legally adopted) under the age of 21?	<input type="checkbox"/> Yes No <input type="checkbox"/>
4. Is the decedent survived by a child who is blind as defined by Supplemental Security Income criteria?	<input type="checkbox"/> Yes No <input type="checkbox"/>
5. Is the decedent survived by a child who is disabled as defined by Supplemental Security Income criteria?	<input type="checkbox"/> Yes No <input type="checkbox"/>
6. Is decedent survived by a legal spouse?	<input type="checkbox"/> Yes No <input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name of Spouse <i>(if applicable)</i>	

IF you answered **YES** to at least one (1) of questions 2 - 6, there is **no need** to complete **page 2**. Please **sign/date** below and **return** this page along **with** any **documentation** requested *(per enclosed Instructions)* to:

DHHS - Medicaid Estate Recovery
 P.O. Box 95026
 Lincoln, NE 68509-9966

IF you answered **NO** to **ALL** questions 2 - 6 above, **HOWEVER,** continue to page 2 and **complete, sign/date and certify** at the bottom of page 2. ▶

I certify that to the best of my knowledge, information stated herein is accurate and complete.

Signature

Printed Name

Date Submitted

Medicaid Estate Recovery
ASSET FORM for NON-PROBATED ESTATES
(continued)

ASSETS		\$\$ VALUE \$\$
A1a. Bank Account - Checking <i>(Balance on date of death)</i> : _____	Attach Bank Statement(s) per "A1a & A1b Instructions"	A1a _____
A1b. Bank Account - Savings <i>(Balance on date of death)</i> : _____		A1b _____
A1c. Cash: _____		A1c _____
A1d. Nursing Home/Resident Trust Account <i>(indicate Facility/City)</i> : _____		A1d _____
A1e. Other Funds <i>(include refunds/other funds received after death)</i> : _____		A1e _____
A2. CD's/Stocks/Bonds: _____		A2 _____
A3. Receivables <i>(Land contract/Loans/Promisory Notes)</i> : _____		A3 _____
A4. Licensed Vehicles/Trailers: _____		A4 _____
A5. Jointly-owned property <i>(Give decedent's percentage share)</i> : _____ %		A5 _____
A6. Home/Real Estate: _____		A3 _____
A7a. Life Insurance <i>(Give beneficiary name(s) or relationship to decedent)</i> : _____		A7a _____
A7b. Life Estates <i>(Give beneficiary name(s) or relationship & effective date)</i> : _____		A7b _____
A7c. Annuities <i>(Give beneficiary name(s) or relationship to decedent)</i> : _____		A7c _____
A8. Significant Collectables/Antiques: _____		A8 _____
A9. Prepaid Funeral/Burial <i>(Total \$\$Value\$\$ credited to Mortuary/Funeral Home)</i> : _____		A9 _____
<i>Refund from prepaid funeral/burial (if any)</i> : _____		
A10. Trusts <i>(include all trust(s) created for the benefit of the decedent)</i> : _____		A10 _____
A11. Other Assets: _____		A11 _____
TOTAL ASSETS		

LIABILITIES		\$\$ VALUE \$\$
L1. Costs and Expenses of Settling the Estate: _____	Attach Funeral Statement per "L2 Instructions"	L1 _____
L2. Reasonable Funeral/Burial Related Expenses: _____		L2 _____
L3. Debts and Taxes w/ Preference under Federal Law: _____		L3 _____
L4. Medical and Hospital Expenses related to last illness: _____		L4 _____
TOTAL LIABILITIES		

TOTAL ASSETS minus TOTAL LIABILITIES:
(Amount that should be available for Medicaid Estate Recovery)

Certification: *I certify that to the best of my knowledge, information stated herein is accurate and complete.*

Signature	Printed Name	Date Submitted