

**Long Term Care Costs**  
Asset Liquidation Plan

Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

*I have chosen not to purchase long term care insurance, or have chosen to purchase an amount less than may be required, to cover the potential cost of my long-term care. The following assets are intended to be liquidated in order to provide the funds that may be needed for this care.*

*I have made these decisions in order to minimize the need for family financial support and to allow for potential qualification for Medicaid should these resources prove insufficient.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Asset #1. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #2. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #3. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #4. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #5. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #6. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #7. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #8. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #9 \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Asset #10. \_\_\_\_\_ Value \_\_\_\_\_ Liquid, Fixed, Excluded

Total amount potentially available for long term care costs \_\_\_\_\_