

My Cores

Surviving Child Information	
Is the decedent survived by a child(ren) under the age of 21? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the decedent survived by a child of any age who is blind or permanently disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide: Name: _____ Child's Date of Birth: _____ Child's Social Security Number: _____ A copy of the Child(ren)'s Birth Certificate(s).	If Yes, provide: Name: _____ Child's Social Security Number: _____ A copy of the Child's Birth Certificate(s) and Social Security Administration determination of disability.

Other Exemption Information
Is the decedent survived by a sibling with an equity interest in the home that was living in the home for at least one (1) year before the decedent's death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, provide proof of relationship and residence such as birth certificate, tax forms, bank statements, copy of driver's license, etc.

Asset Information	
Did the decedent own a home or other real property at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, complete Homestead and/or Other Real Property	
Homestead	
Address: _____	Approximate FMV: _____
List any mortgages or liens against the property: _____	County where recorded: _____
Type of ownership (i.e., tenants in common, life estate, joint tenants, etc.) _____	
Other Real Property	
Address: _____	Approximate FMV: _____
List any mortgages or liens against the property: _____	County where recorded: _____
Type of ownership (i.e., tenants in common, life estate, joint tenants, etc.) _____	

Does the estate contain any personal property? (Bank accounts, vehicles, jewelry, furniture, or other personal items of value.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, complete the information below:		
Bank Name: _____		
Is this a joint account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Account Number: _____	Account Balance: _____	
List any additional personal property (vehicles, jewelry, furniture, or other personal items, etc.):		
<u>No Probate, No Assets. The \$800.00 in her bank account was put toward paying for her cremation, leaving her family to finish paying off the balance. No Valuable Assets.</u>		

I certify, under penalty of perjury, that the information contained in this form is true and complete. I understand that the Michigan Department of Community Health is relying on this information when determining the value of Medicaid's claim and/or granting an exemption from Estate Recovery.

Signature of Person completing this form

March 08, 13
Date