

**EXHIBIT "A": GUARDIAN ADVOCATE PROCEEDING**

**PLEASE BRING THE FOLLOWING DOCUMENTS CONCERNING THE DISABLED INDIVIDUAL WITH YOU AND WE WILL COPY THEM HERE DURING YOUR APPOINTMENT:**

- 1. LAST WILL & TESTAMENT; CODICIL TO THE WILL.**
- 2. TRUST AGREEMENT; TRUST AMENDMENTS.**
- 3. DEED, CURRENT TAX BILL AND HOMEOWNER'S INSURANCE BILL FOR HOME AND ANY OTHER REAL ESTATE YOU OWN.**
- 4. CAR TITLE/VEHICLE REGISTRATION, INSURANCE POLICY AND BILL FOR ALL AUTOMOBILES IN WHICH YOU HAVE AN INTEREST.**
- 5. STOCK CERTIFICATES OR RECENT STOCK STATEMENTS FOR STOCKS IN WHICH YOU HAVE AN INTEREST.**
- 6. MORTGAGE PAPERS.**
- 7. RECENT BANK STATEMENTS FOR ALL BANK ACCOUNTS, IRA'S AND CERTIFICATES OF DEPOSIT IN WHICH YOU HAVE AN INTEREST.**
- 8. LIFE INSURANCE POLICIES IN WHICH YOU ARE THE OWNER OR NAMED INSURED.**
- 9. ANNUITY CONTRACTS, RETIREMENT AND PENSION PLANS.**
- 10. DOCUMENTS EVIDENCING OTHER TYPES OF INVESTMENTS.**
- 11. DURABLE POWER OF ATTORNEY.**
- 12. LIVING WILL OR MEDICAL ADVANCE DIRECTIVE.**
- 13. DESIGNATION OF HEALTH CARE SURROGATE.**
- 14. PROOF OF EMPLOYMENT INCOME (i.e. pay stub).**
- 15. COPIES OF HEALTH INSURANCE INFORMATION INCLUDING THE COST.**
- 16. DOCUMENTATION ON MONTHLY EXPENSES.**
- 17. STATEMENT FROM SOCIAL SECURITY IDENTIFYING THE TYPE OF BENEFITS (RETIREMENT; SURVIVORS; SSI; SSDI) AND AMOUNT.**
- 18. STATEMENT FROM DEPARTMENT OF CHILDREN & FAMILIES IDENTIFYING THE TYPE OF MEDICAID BENEFITS AND AMOUNT**
- 19. COPY OF A MEDICAL REPORT IDENTIFYING THE DISABILITY.**
- 20. ESE PLAN FROM SCHOOL.**
- 21. WRITTEN REPORT FROM THE SUPPORT COORDINATOR OR LIFE COACH.**