

Name: _____

Address: _____

Family Financial Records Information

Legal Records Checklist— Below are the legal considerations you and your loved ones should review to ensure that your legal affairs are in order and that your wishes relating to financial and health care matters will be honored at such a time when you may not be able to make them known.

Are your affairs in order? For instance, have you discussed the distributions of your assets with your family? Have you discussed estate planning with a qualified attorney? Having legal documents in place can relieve much of the burden on family members should a time of crisis occur and decisions need to be made.

Financial

Make an inventory of possible assets such as:

- Bank accounts, savings accounts, CDs, and money market accounts
- Stocks, bonds, and other investments
- Valuable jewelry, or other collectibles
- Real Estate deeds or contracts
- Life insurance policies, annuities, or pension benefits

Will

Do you have a will? ☐ Yes ☐ No

If yes, where is the original signed document? _____

Have you appointed an executor and a successor executor? ☐ Yes ☐ No

Is this will currently updated within the last two to five years? ☐ Yes ☐ No

Does your family know where the original signed will can be found? ☐ Yes ☐ No

Does your family and executor have copies of your will? ☐ Yes ☐ No

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Power of Attorney for Finances

Do you have a Power of Attorney for Finances? ☐ Yes ☐ No

If yes, is it:

- Durable? _____ ☐ Yes ☐ No
- General? _____ ☐ Yes ☐ No
- Limited? _____ ☐ Yes ☐ No
- Where is the original signed document? _____
- Who has copies of this document _____

- Is your agent some who:
 - Has agreed to act on your behalf?
 - Who you trust completely?
 - Will make honest, objective, appropriate financial decisions on your behalf?
 - Has the time and can manage the responsibility of being your agent?
 - Do you have an alternate named in case your first choice is unable to serve?

Living Will

Do you have specific wishes about interventions you do/do not want concerning your end of life treatment?

☐ Yes ☐ No

Is your family and caregiver aware of your desires? ☐ Yes ☐ No

Have you created a living will detailing your specific end-of-life wishes? ☐ Yes ☐ No

If you have created a living will, do family and personal physicians have copies? ☐ Yes ☐ No

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Durable Power of Attorney for Health Care

Do you have a Durable Power of Attorney for Health Care? ☐ Yes ☐ No

If yes,

Have you kept a signed original? Where is it kept? _____

Have you given copies to your agent, alternate agent, doctors, and appropriate family members? ☐ Yes ☐ NoIs there a copy in your medical records? ☐ Yes ☐ No

Is your agent:

- Someone you trust?
- Someone who understands and accepts responsibility of honoring your wishes?
- Someone who is willing to act on your behalf and be an advocate for you if medical providers are reluctant to follow your documented wishes?

Remember, the health care agent designated by a ***Durable Medical Power of Attorney for Health*** can act to ensure the terms of your ***living will*** are honored by health care professionals.

Insurance Information

Who is your insurance agent? Company: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

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Health Insurance/Medicare Supplement Information

Medicare Supplement Plan Provider: _____

Medicare Advantage Plan Provider: _____

Medicare Supplement/Advantage number: _____

Long Term Care Insurance Carrier: _____

Monthly Dollar Benefit Amount: _____ Number of benefit years: _____

Life Insurance Policies

Insured	Carrier	Type	Face Value	Cash Value	Premium

What are your plans for your life insurance? _____

Name: _____

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Financial Records

Type	Value	Balance Owed	Years Remaining	Company
Home				
Other Real Estate				
Other Real Estate				
Personal Savings				
Personal Savings				
Personal Checking				
CD's				
IRA				
IRA				
401K				
401K				
Annuity				
Annuity				
Annuity				
Annuity				
Stocks				

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Type	Value	Balance Owed	Years Remaining	Company
Stocks				
Stocks				
Stocks				
Stocks				
Mutual Funds				
Mutual Funds				
Mutual Funds				
Mutual Funds				
Bonds				
Bonds				
Bonds				
Other				
Other				
Other				
Other				
Other				

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Additional Living Estate Considerations

What funeral home do you want to use? _____

Have you purchased a funeral Plot? ☐ Yes ☐ No Is it completely paid for? ☐ Yes ☐ No

Where is your plot located? _____

Do you want a visitation or a wake? _____

Do you want a Funeral and/or Memorial? _____

Do you want a private/family ceremony for interment? ☐ Yes ☐ No

Do you want a reception? ☐ Yes ☐ No

Do you want out-of-state family to travel to your funeral? ☐ Yes ☐ No

If so, who will pay for it? _____

If you want donations to be made to a charity(s) what is the name of the charity(s)?

What is your favorite color? _____

What songs would you like played at your memorial? _____

Who would you like as attendants or pallbearers? _____

If you want someone to speak, who would it be? _____

Are you going to have a an obituary printed, if so in what paper(s)? _____

Will you have a minister conduct a funeral service? ☐ Yes ☐ No Who? _____