NEW YORK STATE BAR ASSOCIATION
ELDER LAW
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2012

NEW YORK STATE BAR ASSOCIATION

NYSBA

2012 Mitchell Rabbino National Healthcare Decisions Day

NATIONAL HEALTHCARE DECISIONS DAY
your decisions matter

A Public Service Project
sponsored by the

Elder Law Section

NYSBA

MY ANNUAL LEGAL CHECKLIST

As of Date:_____

(This information will be helpful at your death or if you become incapacitated. Use N/A if a question does not apply to you.)

IMPORTANT INFORMATION ABOUT ME:

My full name: Social Security No.:

My father's name, address, date & place of birth/date & place of death:

My mother's name, address, date & place of birth/date & place of death: Maiden name:

Names & addresses of my brothers and sisters (dates & places of death, if deceased):

IMPORTANT INFORMATION ABOUT MY SPOUSE AND OUR MARRIAGE:

My spouse's full name (include maiden name): Social Security No.:

Date and place of our marriage: Location of our marriage certificate:

I was previously married to:

IMPORTANT INFORMATION ABOUT MY CHILDREN: I have _____ children.

(Be sure to list all children, biological or adopted. List on a separate sheet if you need more room.)

Name, address, phone number Social Security No. of my children:	Date & Place of Birth/Death	Names & ages of my child's children

IMPORTANT INFORMATION ABOUT MY LEGAL DOCUMENTS:

- ☐ Health Care Proxy: I signed a Health Care Proxy on:
  My health care agent's name is:
  My substitute health care agent's name is:
- ☐ I have a living will.
- ☐ Durable Power of Attorney: I signed a Durable Power of Attorney on:
  My agent's name is:
  My substitute agent's name is:
- ☐ Last Will & Testament: I signed a Will on:
  The original of my Will is kept:
  The names of my Executor/Successor Executor are:
- ☐ I have a trust. The name of my trust is:
  I signed my trust on: My trust documents are kept:
  Names of my Trustee/Successor Trustee are:
  My trust's tax identification number is:

IMPORTANT INFORMATION ABOUT MY ASSETS:***

Type of Asset	Financial institution name & address:	Account No.	How owned: individually, in trust for, jointly with; beneficiary designation, etc.
Checking Accounts:			
Savings Accounts:			
CDs (attach list):			
Mutual Funds:			
Stocks (attach list):			
Bonds (attach list):			
IRAs:			
Retirement plans:			
Insurance policies:			

Other assets - Describe what & where located & how titled:

Real property:

Automobiles:

Miscellaneous:

IMPORTANT MISCELLANEOUS INFORMATION:

- ☐ I have a safe deposit box. My box is located:
  My deputy on my safe deposit box is:
- ☐ My health care insurance provider is: Policy no.:
- ☐ I have made the following funeral arrangements:
- ☐ I have a cemetery lot. My cemetery lot is located:
- ☐ I am eligible for the following veteran's benefits:
- ☐ I wish to be an organ donor.
- ☐ I have filled out an organ donation card.

PEOPLE IMPORTANT TO ME TO BE NOTIFIED:

Person (& phone no.) to contact in case of emergency:
My doctor's name & telephone no.:
My lawyer's name & telephone no.:
My accountant/tax preparer's name & phone no.:
My financial advisor's name & phone no.:
Others to be notified:

[*Be sure to include other information in this folder that may be helpful. For example: Provide a separate sheet listing your liabilities, if any, such as a home mortgage and credit card debt. Or, if space is not adequate to provide complete information to a question, list on a separate sheet.]**