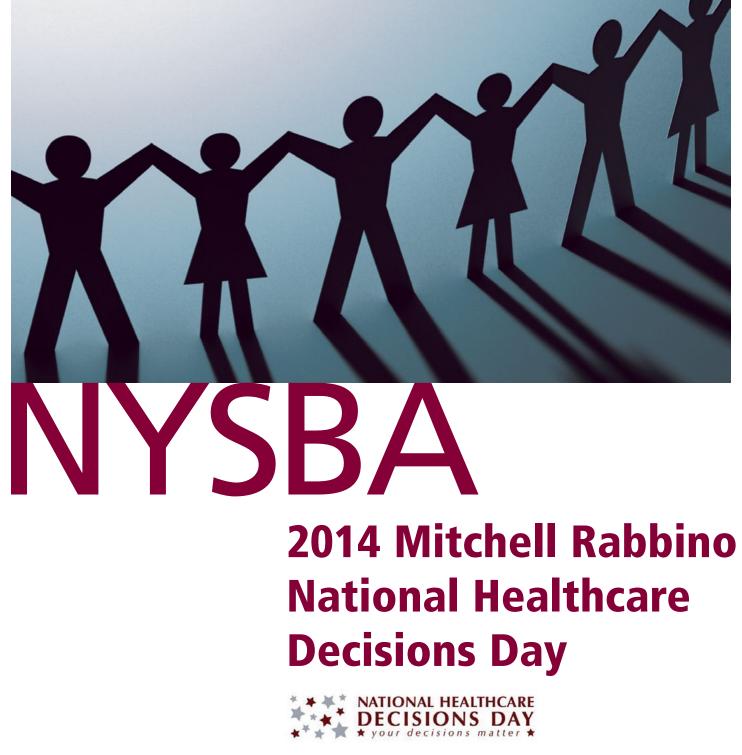
NEW YORK STATE BAR ASSOCIATION





NEW YORK STATE BAR ASSOCIATION **ELDER LAW AND SPECIAL NEEDS SECTION**

> One Elk Street Albany, NY 12207 Phone 518.463.3200 2014

A Public Service Project sponsored by the

Elder Law and Special Needs Section





MY ANNUAL LEGAL CHECKLIST

(This information will be helpful at your death or if you become incapacitated. Use N/A if a question does not a	pply to you.) <u>Type of Asset</u> <u>Financial institution name & address</u>
IMPORTANT INFORMATION ABOUT ME: My full name: Social Security No.:	Checking Accounts:
My father's name, address, date & place of birth/date & place of death:	n name: Savings Accounts: CDs (attach list): Mutual Funds:
My mother's name, address, date & place of birth/date & place of death: Maide	
Names & addresses of my brothers and sisters (dates & places of death, if deceased):	Stocks (attach list): Bonds (attach list): IRAs:
	Retirement plans:
IMPORTANT INFORMATION ABOUT MY SPOUSE AND OUR MARRIAGE My spouse's full name (include maiden name): Social Security No.:	: Insurance policies:
Date and place of our marriage: Location of our marriage certificate:	Other assets - Describe what & where located & how titled:
Duce and place of our marinage.	Real property:
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 numberDate & Place ofNames & ages ofSocial Security No. of my children:Birth/Deathmy child's children	Miscellaneous:
	IMPORTANT MISCELI have a safe deposit box. My box is located: My deputy on my safe deposit box is:My health care insurance provider is:
	□ I have made the following funeral arrangements:
	□ I have a cemetery lot. My cemetery lot is located:
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 am eligible for the following veteran's benefits: I wish to be an organ donor. I have filled out an organ donation card.
 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: 	PEOPLE IMPORTANT Person (& phone no.) to contact in case of emergency: My doctor's name & telephone no.: My lawyer's name & telephone no.:
 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: 	My accountant/tax preparer's name & phone no.: My financial advisor's name & phone no.: Others to be notified:
I signed my trust on: My trust documents are kept: Names of my Trustee/Successor Trustee are: My trust's tax identification number is:	[***Be sure to include other information in this separate sheet listing your liabilities, if any, suc space is not adequate to provide complete infor

IMPORTANT INFORMATION ABOUT MY ASSETS:***		
		How owned: individually, in trust for,
inancial institution name & address:	Account No.	jointly with; beneficiary designation, etc.

ISCELLANEOUS INFORMATION:

Policy no.:

RTANT TO ME TO BE NOTIFIED:

in this folder that may be helpful. For example: Provide a y, such as a home mortgage and credit card debt. Or, if e information to a question, list on a separate sheet.]