

NEW YORK STATE BAR ASSOCIATION



NYSBA

2014 Mitchell Rabbino National Healthcare Decisions Day



A Public Service Project
sponsored by the

Elder Law and Special Needs Section



NEW YORK STATE BAR ASSOCIATION
ELDER LAW AND SPECIAL NEEDS SECTION

One Elk Street
Albany, NY 12207
Phone 518.463.3200
2014

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.]**