

NEW YORK STATE BAR ASSOCIATION



# NYSBA

## 2015 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  
2015

# 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.]**