



NYSBA

**2017 Mitchell Rabbino
National Healthcare
Decisions Day**

*It always seems too early,
until it's too late.*

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
2017



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 <u>Social Security No. of my children:</u>	Date & Place of <u>Birth/Death</u>	Names & ages of <u>my child's children</u>

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.]**