

# Financial/Legal Document Inventory



The legal and financial considerations below are ones that you should review to assure that your legal and financial affairs are in order and that your wishes related to financial and health care matters will be honored should there come a time when you may not be able to make them known. If you are caring for a loved one you should discuss these issues with him or her as well to be certain his or her wishes will be honored.

Are your affairs in order? For instance, have you discussed the distribution of your assets with your family? Have you discussed estate planning with a qualified attorney? Having legal documents in place can relieve much of the burden on family members during a time of crisis when decisions need to be made and can best assure that your wishes will be honored. Have you stored copies of your important legal and financial documents in a safe place? Have you made family members or someone you trust aware of the location of these important documents so that they can be accessed when needed?

## Financial

Make an inventory of possible assets such as:

- Bank accounts, pass books, CDs, and money market accounts
- Stocks, bonds, and other investments
- Valuable jewelry or other collectibles
- Real estate deeds or contracts
- Life insurance policy, annuities, or pension benefits

## Will

Do you have a will?  Yes  No

If yes, where is the signed original? \_\_\_\_\_

Have you appointed an executor and a successor executor?  Yes  No

Is this a current will, updated within the last two to five years?  Yes  No

Does your family know where the original of your will can be found?  Yes  No

Do your family and the executor have copies?  Yes  No

## Power of Attorney (POA) for Finances

Do you have a Power of Attorney for finances?  Yes  No

If yes, is it:

Durable?  Yes  No

General?  Yes  No

Limited?  Yes  No

Where is the signed original document? \_\_\_\_\_

Who has copies of this document? \_\_\_\_\_

Is your agent someone who:

Has agreed to act on your behalf?

You trust completely?

Will make honest, objective, appropriate financial decisions on your behalf?

Has the time and can shoulder the responsibility of being an agent?

Do you have an alternate named in case your first choice is unable to serve?

## Living Will

Do you have specific wishes about interventions you do or do not want concerning your end-of-life treatment?  Yes  No

Are family and caregivers aware of your desires?  Yes  No

Have you created a living will detailing specific end-of-life wishes?  Yes  No

If you have created a living will, do family and personal physicians have copies?  Yes  No

## Durable Power of Attorney for Health Care

Do you have a Durable Power of Attorney for Health Care?

Yes  No

If yes, have you kept a signed original?

Yes  No

Where is it kept? \_\_\_\_\_

Have you given copies to your agent, alternate agent, doctors, and any appropriate family?

Yes  No

Is there a copy in your medical record?

Yes  No

Is your agent:

- Someone who you trust?
- Someone who understands and accepts the responsibility of honoring your wishes?
- Someone who is willing to act on your behalf and be an advocate for you if medical providers are reluctant to follow your documented wishes?

Remember, the health care agent designated by a Durable Medical Power of Attorney for Health Care can act to ensure that the terms of a living will are honored by health care professionals.

*Please use another sheet of paper if you need additional space to include all information.*

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