



CHAPTER 3

LEGAL & FINANCIAL CONCERNS

Harford County Department
of Community Services
Office on Aging

My Checklist

Many of us don't like to think about gathering all of our important documents in one place. It is easy to put it off until tomorrow or to assume that our loved ones will know "where everything is" should the time come. No one can predict when an emergency situation might occur, and if unprepared, a person or family may face a much greater burden and expense in resolving legal affairs. This checklist includes a comprehensive list of important documents and information related to every aspect of your life. Completing this will help you to ensure that you have planned effectively to keep track of your legal affairs, preserve your wishes, and allow you to plan ahead for life's unforeseen events. Being prepared is a gift of peace of mind for yourself and for those who care about you!

MY INFORMATION

FULL NAME		SOCIAL SECURITY #
DATE OF BIRTH	PLACE OF BIRTH	ORGAN DONOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER'S NAME & PLACE OF BIRTH		MOTHER'S MAIDEN NAME & PLACE OF BIRTH

MY SPOUSE'S/PARTNER'S INFORMATION

FULL NAME		SOCIAL SECURITY #
DATE OF BIRTH	PLACE OF BIRTH	ORGAN DONOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER'S NAME & PLACE OF BIRTH		MOTHER'S MAIDEN NAME & PLACE OF BIRTH

MY EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT	NAME	PHONE #
POWER OF ATTORNEY	NAME	PHONE #

CRITICAL CONTACTS

	NAME	ADDRESS	PHONE #
Physician			
Physician			
Physician			
Pharmacy			
Pharmacy			
Clergy			
Dentist			
Veterinarian			
OTHER:			

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LIFE INSURANCE POLICIES

YOUR LIFE INSURANCE COMPANIES	POLICY NUMBER(S)	NAME OF AGENT(S)	PHONE # OF AGENT(S)	LOCATION
SPOUSE'S LIFE INSURANCE COMPANIES	POLICY NUMBER(S)	NAME OF AGENT(S)	PHONE # OF AGENT(S)	LOCATION

LEGAL DOCUMENTS AND RECORDS

✓	DOCUMENT	LOCATION	DATE COMPLETED
	Will – Self WHERE REGISTERED? _____ EXECUTOR: _____		
	Will – Significant Other WHERE REGISTERED? _____ EXECUTOR: _____		
	Trust Documents: □ LIVING TRUST WHERE? _____		

VITAL RECORDS

✓	DOCUMENT	LOCATION
	Birth Certificate(s) □ Self □ Significant Other/Loved One	
	Social Security Cards or Copies	
	Death Certificate(s) □ Significant Other □ Children	
	Marriage License(s)	
	Divorce Decree(s)	
	Separation Agreement(s)	
	Military Records/DD214	
	Custody/Guardianship Paperwork	
	Citizenship Papers (if appropriate)	
	Adoption Papers (if any)	
	Copy of Driver's License or Maryland ID	
	Medicare Cards or copies	
	Insurance Cards or copies	



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FINANCIAL DOCUMENTS (to apply for long-term care medical assistance, you will need 5 years of bank statements at a minimum along with the other documents listed below.)

<input checked="" type="checkbox"/>	DOCUMENT	LOCATION
	Financial Power of Attorney	
	BANK ACCOUNT NUMBER:	
	BANK ACCOUNT NUMBER:	
	BANK ACCOUNT NUMBER:	
	Bank Statements	
	Mortgage Documents	
	Vehicle /Mobile Home Titles	
	Safe Deposit Box- Bank & Key Location	
	Most Recent Tax Return	
<input checked="" type="checkbox"/>	List of Assets	LOCATION
	Savings	
	Life Insurance Info/Contacts	
	Stocks	
	Sources of Income	
	Retirement Accounts	
	Property Owned/Deeds	
	Pension Documents	
	Investments/Annuities	
	Trusts	
	OTHER:	
<input checked="" type="checkbox"/>	List of Debts	LOCATION
	LOANS:	
	CREDIT CARDS:	
	OTHER:	

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My Checklist *(continued)*

ON-LINE ACCOUNT

<input checked="" type="checkbox"/>	NAME OF VENDOR	ACCOUNT NO	USER NAME	PASSWORD

HEALTH RELATED DOCUMENTS

<input checked="" type="checkbox"/>	DOCUMENT	LOCATION	DATE COMPLETED
	Durable Healthcare Power of Attorney		
	Advance Directives* (Maryland Orders for Life Sustaining Treatment**)		
	Living Will		
	Do Not Resuscitate Order if desired		
	CURRENT LIST OF ALL MEDICATIONS:		

* www.marylandadvancedirectives.com

* To download MD Orders for Life Sustaining Treatment, visit www.marylandmolst.org/pages/molst_form.htm

OTHER IMPORTANT INFORMATION

 (may include names and info for family members, pets, etc.)

END OF LIFE CHECKLIST

<input checked="" type="checkbox"/>	DOCUMENT	LOCATION
	Funeral Pre-arrangements	
	Cemetery Deed(s)	
	Letter of Instruction	
	Anatomy Board Agreement	
	CHURCH/CLERGY PERSON CONTACTS:	
	MILITARY BURIAL CONTACT:	