

Checklist for Individuals Living Alone

ESTATE QUESTIONS

- | | Yes | No | To-Do |
|---|--------------------------|--------------------------|--------------------------|
| • Do you have a healthcare agent/power of attorney (POA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your healthcare POA have a copy of your legal documents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a living will? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a will? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a revocable trust? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-IN BUDDY

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Do you have a "Check-in Buddy?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do they live in your town? (If not, identify an alternate.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do they know how to get into your house? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a pet? If so, do you have a backup care plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you shared the filled-out information form with them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

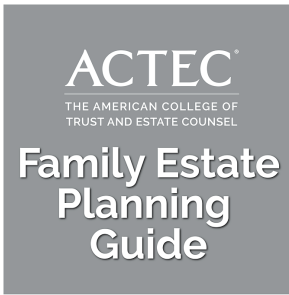
HEALTHCARE AGENTS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Does your healthcare agent have a copy of your healthcare power of attorney? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a living will? and have you shared it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you shared the filled-out information form with them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FINANCIAL AGENTS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Does your financial agent have a copy of your financial power of attorney? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do they know how to access your bank information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you discussed how to pay monthly bills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you have an accountant, have you shared that information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you shared the filled-out information form with them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Visit actec.org/estate-planning for resources and answers to your estate planning questions..



Information to Share with Your Check-in Buddy

My Name & Information

Name _____

Phone _____

Address _____

Health Care Agent and Alternate's Contact Information

Primary _____

Alternative _____

Financial Agent and Alternate's Contact Information

Primary _____

Alternative _____

Primary Care Physician's Contact Information

Name _____

Phone _____

Preferred Hospital

Additional Information



Information to Share with Your Healthcare Agent

My Name & Information

Name _____

Phone _____

Address _____

Check-in Buddy and Alternate's Contact Information

Primary _____

Alternative _____

Financial Agent and Alternate's Contact Information

Primary _____

Alternative _____

Primary Care Physician's Contact Information

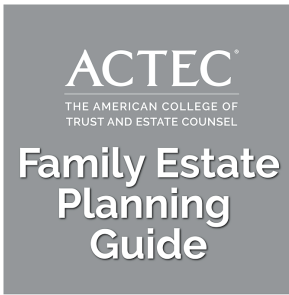
Name _____

Phone _____

Preferred Hospital

Additional Information

Location of critical documents: _____



Information to Share with Your Financial Agent

My Name & Information

Name _____

Phone _____

Address _____

Check-in Buddy and Alternate's Contact Information

Primary _____

Alternative _____

Financial Agent and Alternate's Contact Information

Primary _____

Alternative _____

Primary Care Physician's Contact Information

Name _____

Phone _____

Preferred Hospital

Additional Information

Location of critical documents and banking information: _____
