



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: | | | |



My Checklist *(continued)*

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: <input type="checkbox"/> LIVING TRUST WHERE? _____ | | |

VITAL RECORDS

| ✓ | DOCUMENT | LOCATION |
|---|--|----------|
| | Birth Certificate(s) <input type="checkbox"/> Self <input type="checkbox"/> Significant Other's/Loved One | |
| | Social Security Cards or Copies | |
| | Death Certificate(s) <input type="checkbox"/> Significant Other <input type="checkbox"/> 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 | |



My Checklist *(continued)*

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.)

| ✓ | 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 | |
| ✓ | List of Assets | LOCATION |
| | Savings | |
| | Life Insurance Info/Contacts | |
| | Stocks | |
| | Sources of Income | |
| | Retirement Accounts | |
| | Property Owned/Deeds | |
| | Pension Documents | |
| | Investments/Annuities | |
| | Trusts | |
| | OTHER: | |
| ✓ | List of Debts | LOCATION |
| | LOANS: | |
| | CREDIT CARDS: | |
| | OTHER: | |



My Checklist *(continued)*

ON-LINE ACCOUNT

| ✓ | NAME OF VENDOR | ACCOUNT NO | USER NAME | PASSWORD |
|---|----------------|------------|-----------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

HEALTH RELATED DOCUMENTS

| ✓ | 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: | | |

* To download MD Orders for Life Sustaining Treatment, visit www.marylandmolst.org/docs/Health%20Care%20Decision%20Making%20Worksheet.pdf

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

END OF LIFE CHECKLIST

| ✓ | DOCUMENT | LOCATION |
|---|-----------------------------------|----------|
| | Funeral Pre-arrangements | |
| | Cemetery Deed(s) | |
| | Letter of Instruction | |
| | Anatomy Board Agreement | |
| | CHURCH/CLERGY PERSON CONTACTS: | |
| | MILITARY BURIAL CONTACT: | |