



# 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](http://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: \_\_\_\_\_

\_\_\_\_\_

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