

LAMSON & CUTNER, P.C.

9 EAST 40TH ST
NEW YORK, NY 10016
(212) 447-8690

84 CALVERT ST
HARRISON, NY 10528
(914) 732-3636

MEDICAL, FINANCIAL AND LEGAL CHECKLIST

Name:

Date of Birth:

Social Security #:

PART ONE – MEDICAL

Pharmacy name, address, telephone number:

Below: List your Medical Insurance, your regular doctors, your pre-existing conditions and current diagnoses, the medications you are taking, and your specialists and their numbers.

	Medical Insurance Company	Account Number	Customer Svc. Number	Drug Plan	Contact info
1.					
2.					
	Health Maintenance			Doctor	Contact info
1.	Primary Care Physician				
2.					
	Diagnosis	Medication	Expires	Doctor/Specialty	Contact info
1.					
2.					

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PART TWO: FINANCIAL

If you have a Power of Attorney:

Name of Agent: Phone #: Email address
Co-Agent Name: Phone #: Email address

Everyday Banking

Bank Name: Contact Person at Bank: Contact info:

	Type of Account	Account Number	Exact Title of Account	Designated Beneficiaries
1.				
2.				
3.				

Retirement Accounts

Name & Contact Info for Financial Advisor:

IRA/401(k) #1:

Manager/Contact point: Investment Company:
Account Number: Beneficiaries:

IRA/401(k) #2:

Manager/Contact point: Investment Company:
Account Number: Beneficiaries:

Other Investment Accounts

Name of Institution: Contact info:

	Type of Account	Account Number	Exact Title of Account	Designated Beneficiaries
1.				
2.				
3.				
4.				

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PART THREE: LEGAL

Power of Attorney

Where is the original document? *(Your Agent will need it; copies are generally not accepted.)*

Location: _____

I need to create a POA: _____

Up to date contact information for the Agent and Successor Agent

Agent: _____

Contact Info: _____

Co-Agent (If any): _____

Contact Info: _____

Successor Agent: _____

Contact Info: _____

Is the document valid?

Yes _____

Not Sure (Review with Attorney) _____

Is the scope of authority granted to the Agent sufficient? *(This is a key question. Many "standard forms" do not provide adequate authority to the Agent to perform the acts that may be in your best interest.)*

Yes _____

Not Sure (Review with Attorney) _____

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Health Care Proxy

Location of original document: _____ **I need a Health Care Proxy:** _____

Agent: _____ Phone: _____ Email address: _____

Alternate Agent: _____ Phone: _____ Email address: _____

Have you discussed your wishes with your Health Care Agent? *(The Agent’s job is to express your wishes if you are unable to do so yourself because of physical or mental incapacity.)*

Yes _____ **Need to Do This** _____

Is the document valid?

Yes _____ **Not Sure** _____

Is there a HIPAA waiver, so the Health Care Agent can have access to medical information if needed?

Yes _____ **Not Sure** _____

Living Will

Location of original document: _____ Date Signed: _____

Have you read your Living Will, and do you know what it means? *(Living Wills typically contain wishes and instructions that seem good in concept, but may be difficult to apply in practice.)*

Yes _____ **Not Sure** _____

If your stated wishes or instructions require interpretation, is there a likelihood of disagreement or dispute among family members regarding your intentions?

No, instructions are clear _____ **Needs Review** _____

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Planning for Long-Term Care

Long-term care is paid for in one of three ways: Long-term care insurance (which most people do not have), private pay, or Medicaid. *Medical insurance (including Medicare) does not cover home care, adult day care, assisted living, or nursing home care.*

1. Long-Term Care Insurance:

Do you have long-term care insurance?

Insurance Carrier: _____ Agent: _____ Contact Info: _____
Policy OWNER: _____ Policy INSURED: _____
Policy BENEFICIARY: _____ Elimination Period: _____
Daily Benefit (Home Care): _____ Daily Benefit (Nursing Home): _____
Benefit Period: _____ Policy Limit: _____
Inflation Protection: _____ Premium: _____

2. Private Pay:

If you do not have long-term care insurance, do you have a plan to pay for long-term care? If your long-term care insurance is not sufficient, will your personal funds cover the shortfall? (*Long-term care is ruinously expensive. You could use up your entire life’s savings if you private pay with your own funds.*)

I have enough money _____ **I need a plan** _____

3. Medicaid:

Are you aware of the Medicaid program in New York State, and how you can protect your life’s savings and still qualify for benefits? (*Don’t listen to people who are not knowledgeable about the program – in most cases, you can qualify.*)

I know all about it _____ **I need to learn more** _____

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Estate Planning

1. Last Will and Testament:

Location of original document: _____ **I need a Will:** _____

Have you made provisions for your spouse or your children? Yes: _____ **No/Needed:** _____

Are any of your children minors? Names/Dates of Birth: _____

If your adult children were to inherit, are they old enough and mature enough to handle the bequests that they would receive?

Yes _____ **No/Need to address** _____

Are any family members disabled or receiving government benefits? *(If yes, a supplemental needs trust should be considered.)*

Yes _____ **I need to review** _____

2. Trust:

Do you have a trust? _____ **Revocable or Irrevocable?** _____

Trustee/s: _____ **Contact info:** _____

Is it funded? *(Surprisingly, many people have trusts that were never funded. A trust that has not been funded is totally useless.)*

Fully funded: _____ **Need to fund it** _____

Are you aware of the benefits that can be obtained with a trust? *These include:*

- asset protection
- facilitation of eligibility for benefit programs such as Medicaid
- avoidance of probate
- avoidance of capital gains tax upon the death of the creator of the trust
- protections for beneficiaries who are disabled

Aware of the benefits of a trust: _____ **I need to learn more about trusts:** _____

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3. Designated beneficiaries and jointly owned property

If you have designated beneficiaries for your bank or investment accounts, have you considered how these designations will impact your overall estate plan? Are you aware that such accounts are generally not affected by the provisions in your Will?

Yes, my plan is comprehensive _____

I need to review/update: _____

If you own real property with another person, do you know how the title is held and how it will impact your overall estate plan? Do you know whether your title is in joint tenancy, tenancy in common, or tenancy by the entirety?

I know how my property is titled, and what happens when one of the owners passes on _____

I need to review/update _____



If need help with any of these questions or issues, please call us at 212-447-8690 or email us at info@lamson-cutner.com. You can schedule a consultation with a Lamson & Cutner attorney, who will be able to address your specific concerns.