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

_____

_____

ACTEC
THE AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL
Estate Planning Essentials

Checklist for Individuals Living Alone

ESTATE QUESTIONS	Yes	No	To-Do
• Do you have a healthcare agent/power of attorney (POA)?	☐	☐	☐
• Does your healthcare POA have a copy of your legal documents?	☐	☐	☐
• Do you have a living will?	☐	☐	☐
• Do you have a will?	☐	☐	☐
• Do you have a revocable trust?	☐	☐	☐

CHECK-IN BUDDY			
• Do you have a "Check-in Buddy?"	☐	☐	☐
• Do they live in your town? (If not, identify an alternate.)	☐	☐	☐
• Do they know how to get into your house?	☐	☐	☐
• Do you have a pet? If so, do you have a backup care plan?	☐	☐	☐
• Have you shared the filled-out information form with them?	☐	☐	☐

HEALTHCARE AGENTS			
• Does your healthcare agent have a copy of your healthcare power of attorney?	☐	☐	☐
• Do you have a living will? and have you shared it?	☐	☐	☐
• Have you shared the filled-out information form with them?	☐	☐	☐

FINANCIAL AGENTS			
• Does your financial agent have a copy of your financial power of attorney?	☐	☐	☐
• Do they know how to access your bank information?	☐	☐	☐
• Have you discussed how to pay monthly bills?	☐	☐	☐
• If you have an accountant, have you shared that information?	☐	☐	☐
• Have you shared the filled-out information form with them?	☐	☐	☐