

Checklist: Managing the Financial Health of a Loved One

Essential documents, accounts, and types of information you should organize and have at the ready to step into a loved one's financial life. All of the information you gather should be saved in a secure location. These pages are a good place to start but consider using an online repository to track information.

Important Contacts

- | | |
|--|------------------|
| <input type="checkbox"/> Emergency | Name/Info: _____ |
| <input type="checkbox"/> Work | Name/Info: _____ |
| <input type="checkbox"/> Doctor/Primary | Name/Info: _____ |
| <input type="checkbox"/> Doctor /Specialist | Name/Info: _____ |
| <input type="checkbox"/> Financial Planner/Advisor | Name/Info: _____ |
| <input type="checkbox"/> Accountant | Name/Info: _____ |
| <input type="checkbox"/> Insurance Agent | Name/Info: _____ |
| <input type="checkbox"/> Lawyer | Name/Info: _____ |
| <input type="checkbox"/> Other | Name/Info: _____ |
| <input type="checkbox"/> Other | Name/Info: _____ |

Identification Information/Key Documents

Ideally you will want to have an electronic copy in a secure place and know where the original is located

- | | |
|---|-----------------|
| <input type="checkbox"/> Birth Certificate | Location: _____ |
| <input type="checkbox"/> Social Security Card | Location: _____ |
| <input type="checkbox"/> Driver's License | Location: _____ |
| <input type="checkbox"/> Passport | Location: _____ |
| <input type="checkbox"/> Marriage Certificate | Location: _____ |
| <input type="checkbox"/> Divorce Certificate | Location: _____ |
| <input type="checkbox"/> Medicare/Medicaid/Insurance Card | Location: _____ |
| <input type="checkbox"/> Military Discharge Papers | Location: _____ |
| <input type="checkbox"/> Property Deeds/Titles | Location: _____ |
| <input type="checkbox"/> Tax Returns (last 6 years) | Location: _____ |

Insurance Policies – Policy Number & Provider

- | | |
|---|------------------------|
| <input type="checkbox"/> Home | Policy/Provider: _____ |
| <input type="checkbox"/> Auto | Policy/Provider: _____ |
| <input type="checkbox"/> Health | Policy/Provider: _____ |
| <input type="checkbox"/> Long Term Care | Policy/Provider: _____ |
| <input type="checkbox"/> Life | Policy/Provider: _____ |

Official Estate Planning Documents

- Advance Health Care Directive(s) Have/Location: _____
- Durable Power of Attorney Have/Location: _____
- Trusts Have/Location: _____
- Insurance Policy Have/Location: _____
- Will Have/Location: _____
- Healthcare Proxy Have/Location: _____
- Other Have/Location: _____

Financial Accounts List

- Bank Accounts (Savings/Checking)
 - Account/Institution/Names on Account: _____
 - Account/Institution/Names on Account: _____
- Investment/Brokerage Accounts
 - Account/Institution/Names on Account: _____
 - Account/Institution/Names on Account: _____
- Credit Cards
 - Account/Institution/Names on Account: _____
 - Account/Institution/Names on Account: _____

Sources of Income

This will help you understand what cash is coming into the account each month to plan for expenses

Income Source	Amount	Account Info/Location
Annuities		
Social Security		
Pensions		
Annual Retirement Accounts Distributions(RMDs)		
VA Benefits		
Disability Payments		

Recurring Bills

This will help you understand what cash is spent monthly

Expense	Amount	Account Info/Location
Mortgage		
Loans		
Monthly Utilities		
- Utilities		
- Telephone		
- Electric		
- Gas		
Car Lease		
Annual Expenses (ie: home alarm)		
Insurance Premiums (annual/monthly/quarterly)		
Deliveries (ie: newspaper, magazines, milk)		