



Elder Law Check List

The following checklist includes important items to keep on record.

We suggest you print this page and fill it out completely. Keep it in a safe place to refer to in the future. You might also want to forward copies to family members or selected individuals.

Your Name: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Durable Power of Attorney

Date of durable power of attorney: _____
My agent is: _____
Telephone: _____

Health Care Proxy

Date of health care proxy: _____
My agent is: _____
Telephone: _____

Living Will

Date of Will: _____

Will

Date of Will: _____
My executor is: _____
Telephone: _____

Trust

Type of Trust: _____

Director
Jerie Charnow MSW
Ins. Lic# LA 713196

**Long Term
Care Insurance**
Eldercare Consultations
Annuities
Medicaid Applications
Medicare Supplements
Life Insurance

CORPORATE OFFICE:
Long Island, NY

SATELLITE OFFICES:
New York City | South Flori

Life Insurance Policies

Policy 1: _____

Policy 2: _____

Policy 3: _____

Policy 4: _____

Safe Deposit Box

Location: _____

Medicare Parts A&B

ID#: _____

Medicare Supplement Policy

Carrier: _____

Medicare HMO

Carrier: _____

Primary Physician

Name: _____

Telephone: _____

Attorney

Name: _____

Telephone: _____

Person to Contact in Care of Emergency

Name: _____

Telephone: _____

Other Info

