Checklist for Long Term Care Planning

I.	Power of Attorney for General and Financial Matters [] I know the location of the original and have access to it. [] It is "durable" (it has language indicating that the power of the agent continues even when the principal is incapacitated) [] It became effective when it was signed (immediately), or [] it will only become effective upon a doctor's written letter and I know the name and address of the doctor [] The attorney-in-fact (the agent) has power to make gifts of the principal's property without limitation or restriction. [] The document allows the agent to revoke any community property agreements and to change beneficiary designations [] The document allows the agent to deal with the attorney who drafted the document [] There is an alternate attorney-in-fact in case the first agent is unable to serve
II.	Power of Attorney for Health Care Matters
	[] I know the location of the original and have access to it. [] It is "durable" (it has language indicating that the power of the agent continues even when the principal is incapacitated) [] It became effective when it was signed (immediately), or
	[] it will only become effective upon a doctor's written letter and I know the name and address of the doctor
	[] The attorney-in-fact (the agent) has power to request medical records
	[] The attorney-in-fact is requested to honor the principal's Health Care Directive (Living Will) [] The document allows the agent to deal with the attorney who drafted the document
	[] There is an alternate attorney-in-fact in case the first agent is unable to serve
	[] The doctor or Health Maintenance Organization has a copy of this document
Ш	Will or Living Trust [] I know the location of the original and have access to it. [] The Will or Trust still accurately reflects my wishes [] The people named as personal representative or trustee and alternate are still appropriate
IV	Community Property Agreement [] I know the location of the original and have access to it
V.	Health Care Directive
	[] I know the location of the original and have access to it
	[] The document still accurately reflects my wishes
	[] The doctor or Health Maintenance Organization has a copy of this document
VI	Assets [] I have an accurate list of the current fair market value of all of my assets & debts [] I have a list of all of my life insurance policies and their cash value and death benefit [] I know which of my assets do and which do not pass as joint tenancy with right of survivorship [] I know the beneficiary and alternate beneficiary of each of my assets which pass directly to a named beneficiary such as life insurance, IRA and some bank or brokerage accounts [] If my estate is over \$1,000,000 (including the death benefit value of life insurance) then I have had my estate reviewed by an estate planning attorney to avoid estate taxes [] I have considered long term care insurance and either do not qualify, do not feel it is appropriate, or I do have a policy and I know the location of the original, the amount of the benefit, and the limits on the policy Prepared by: Kristin Lillquist Reeder Phone: (425) 861-1109
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