

CALDWELL LAW

- Taking Good Care of Tomorrow -

Helpers' "Cheat Sheet"

Name: _____ Date of Birth: _____

1. Health Care

Doctor Name: _____ Phone: _____
Address: _____
Email: _____

Specialist(s) Name: _____ Phone: _____
Address: _____
Email: _____
Name: _____ Phone: _____
Address: _____
Email: _____

Geriatric Care Manager

Name: _____ Phone: _____
Address: _____
Email: _____

Hospital Name: _____ Phone: _____
Address: _____

Docubank/Vermont Registry

Account #: _____ Website: _____

2. Home Care

Caretaker 1 Name: _____ Phone: _____
Address/Agency: _____
Email: _____

Caretaker 2 Name: _____ Phone: _____
Address/Agency: _____
Email: _____

Comments: _____





3. **Health Insurance**

Insurance Company: _____ Phone: _____
Address: _____
Type of Policy: _____ Policy #: _____
Email: _____
Coverage/Limits: _____

Insurance Company: _____ Phone: _____
Address: _____
Type of Policy: _____ Policy #: _____
Coverage/Limits: _____
Email: _____

4. **Long Term Care Insurance**

Insurance Company: _____ Phone: _____
Address: _____
Type of Policy: _____ Policy #: _____
Coverage/Limits: _____
Email: _____

5. **Estate Plan**

Advance Directive & HIPAA (medical release)
Do Agents and Doctors have copies? Yes _____ No _____

Health Care Agents
Agent: _____ Phone: _____
Email: _____

Alt. Agent: _____ Phone: _____
Email: _____



Durable Power of Attorney

Do Agents/financial institutions have copies? Yes _____ No _____
Will financial institutions honor agent's authority? Yes _____ No _____

Agent: _____ Phone: _____
Email: _____
Alt. Agent: _____ Phone: _____
Email: _____

Trust/Will/Other

Locations of original & copies: _____
Copy of Certificate of Trust: _____
Copy of Affidavit: _____
Copy of Other: _____
Copy of Other: _____

Executor/Trustee

Executor: _____ Phone: _____
Email: _____

Alt. Executor: _____ Phone: _____
Email: _____

Trustee: _____ Phone: _____
Email: _____

Alt. Trustee: _____ Phone: _____
Email: _____

6. Important Advisors

Religious Advisor

Name: _____ Phone: _____
Address: _____
Email: _____

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Accountant Name: _____ Phone: _____
Address: _____
Email: _____

Banker Name: _____ Phone: _____
Address: _____
Email: _____

Investments Name: _____ Phone: _____
Address: _____
Email: _____

Lawyer Name: _____ Phone: _____
Address: _____
Email: _____

7. **Other**

Veterinarian: _____ Phone: _____
Address: _____
Email: _____

8. **Notes and Other Information:**

9. See **Personal Information Form** in *Estate Planning Portfolio* or *The Helper's Toolkit* for additional information about Bank Accounts, Investments, Real Estate, Life Insurance, Casualty Insurance (Homeowner's, Auto, etc.), Vehicles, Income Tax Records, Credit Cards, Loans, Social Security #, etc.