

Long Term Care Organizer

For: _____
 (Your name)

LONG TERM CARE INSURANCE	1A. <u>Do you have long term care insurance?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	1B. If so, where do you keep the long term care insurance policy?
	1C. Who sold you the long term care insurance policy?
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> Agent's name/company Agent's phone number	

LIFE INSURANCE	2A. <u>Do you have life insurance?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	2B. If so, where do you keep the life insurance policy (or policies?)
	2C. Who sold you the life insurance policy (or policies?)
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> Agent's name/company Agent's phone no.	

This long term care organizer was provided as a courtesy by:

The Koewler Law Firm

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GENERAL POWER OF ATTORNEY	3A. <u>Do you have a general Power of Attorney?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> (That's a power of attorney regarding your business affairs.)
	3B. If so, where do you keep the general Power of Attorney document?
	3C. Who drafted the general Power of Attorney document?
	<hr/> <div style="display: flex; justify-content: space-between;"> Attorney's name/firm Attorney's phone no. </div>

HEALTH CARE POWER OF ATTORNEY	4A. <u>Do you have a health care Power of Attorney?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> (That's a document designating someone to speak to your doctors on your behalf.)
	4B. If so, where do you keep the health care Power of Attorney document?
	4C. Who drafted the general Power of Attorney document?
	<hr/> <div style="display: flex; justify-content: space-between;"> Attorney's name/firm Attorney's phone no. </div>

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LIVING WILL	5A. <u>Do you have a living will (aka advance health care directive?)</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	5B. If so, where do you keep the living will?
	5C. Who drafted the living will?
	<p>_____</p> <p>Attorney's name/firm Attorney's phone no.</p>

DO NOT RESUSCITATE	6A. <u>Do you have a Do Not Resuscitate order?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	6B. If so, where do you keep your copy of the Do Not Resuscitate order?
	6C. Which doctor signed the Do Not Resuscitate order?
	<p>_____</p> <p>Doctor's name Doctor's phone no.</p>

WILL	7A. <u>Do you have a last will and testament?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	7B. If so, where do you keep the will?
	7C. Who drafted the will?
	<p>_____</p> <p>Attorney's name/firm Attorney's phone no.</p>

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FUNERAL PLAN	8A1. <u>Do you have a written plan for your funeral?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	8A2. If so, where is the written plan?		
	8B. <u>Have you prepaid your funeral?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Prepaid Funeral Home	8B1a. <u>Did you prepay to a funeral home?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
		8B1b. If so, what funeral home did you pay? _____	
		Funeral home's name	Funeral home phone no.
	Funeral Trust	8B2a. Did you set up a Funeral Trust (or other <u>financial product</u>) to pay for your funeral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		8B2b. If so, where do you keep the Funeral Trust document? _____	
		8B2c. Who sold you the Funeral Trust? _____	
		Agent's name	Agent's phone number

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BURIAL PLOT	9A. <u>Have you bought a burial plot?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	9B. If so, in what cemetery?
	9C. Where is the deed for your burial plot?

CARE PROVIDERS	10A. <u>Which nursing home do you prefer?</u>
	10B. <u>Which assisted living facility do you prefer?</u>
	10C. <u>Which medical home-care service do you prefer?</u>
	10D. <u>Which non-medical home-care service do you prefer?</u>
	10E. <u>Which geriatric care manager do you prefer?</u>
NOTE: These choices may not be honored if family doesn't live nearby.	

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VETERANS	11A1. <u>Are you a veteran?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	11A2. If so, where is your discharge certificate?
	11B1. <u>Is your spouse a veteran?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	11B2. If so, where is your spouse's discharge certificate?

TRUST	12A. <u>Do you have a trust?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	12B. If so, where do you keep the trust document?
	12C. Who drafted the trust document? _____
	Attorney's name/firm Attorney's phone no.

REAL ESTATE	13A. <u>Do you or your spouse own real estate?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	13B. If so, where are the deed(s)?
	13C. Where are the mortgage documents?

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VEHICLES	14A. <u>Do you or your spouse own a vehicle?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	14B. If so, where are the title documents?

SAFE DEPOSIT	15A. <u>Do you or your spouse have a safe deposit box?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
	15B. If so, where?

PERSONAL MESSAGE	16. Is there anything you want your family to know (in case you can't say it yourself?)

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