



## Your "Legacy" Worksheet

Power Of Attorney Yes No

Financial \_\_\_\_\_ Medical \_\_\_\_\_

Location of POA \_\_\_\_\_ Attorney of Record \_\_\_\_\_

### Financial Assets

Home \_\_\_\_\_ (Own or Rent)

Plan to Sell? Reverse Mortgage? Rent to cover care costs?

Financial Institution \_\_\_\_\_

Name of Financial Planner \_\_\_\_\_

### Sources of Monthly Income

Social Security \_\_\_\_\_ Pension \_\_\_\_\_

IRA/Annuity \_\_\_\_\_ Real Estate Income \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_ Other \_\_\_\_\_

### Insurance Coverage

Medicare? Yes No HMO/PPO Yes No

Secondary Insurance \_\_\_\_\_

Understanding of benefits in the event of a hospital stay and/or skilled nursing?

Primary Care Physician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

### Receiving Care

#### In Home Care

Top 2 Choices \_\_\_\_\_

#### Assisted Living/Memory Care

Top 2 Choices \_\_\_\_\_

POLST (Physician Orders for Life-Sustaining Treatment) Form Completed Yes No

\*\*If you answered "no" to any questions or would like further information, please contact us at:

Info@legacyconciergeservices.com or visit our website at:

[www.legacyconciergeservices.com](http://www.legacyconciergeservices.com)