



William S. Morris, ChFEBC

689 Rivendell Blvd.

Osprey, FL 34229

941.927.1050 Main

941.927.1070 Fax

Bill@SarasotaFinancial.com

www.SarasotaFinancial.com

Investment Advisory Services are offered through Cape Investment Advisory, Inc.

Address: 1600 Pennsylvania Avenue, McDonough, GA 30253 Tel: (678) 583-1120.

Sarasota Financial Group, Inc. and SFG Federal are unaffiliated with Cape Investment Advisory, Inc. and do not provide tax or legal advice

PREFACE

Completing this Emergency Instruction booklet is a way for you to record the important information that will be needed and the instructions you will want those close to you to follow in the event of a short or long-term emergency. Making the time now to complete the guide and to prepare in advance for the unexpected accident, illness or emergency, will make it that much easier for someone to take over your responsibilities and the care of your family. Leaving a clear set of instructions and essential information about you and your family will eliminate confusion and misunderstandings in already difficult times and ensure that your wishes are known and followed.

This booklet is only one part of the emergency preparation process. If you have not already done so, this book will help you begin to prepare by identifying many of the legal, financial and personal matters you may also need to address as part of the process. It will help you to gather important information about you, your family, your home and business into a single document that you can provide to the professionals you engage to help you prepare your legal and financial matters and documents. You may need to take care of these matters before you can fully complete your Emergency Instruction booklet.

Once fully completed, it is a document you can provide, in whole or in part, to the persons you select and entrust with the temporary or permanent care and well being of your family. Provide complete copies to the family member(s) or close friend(s) you have chosen to take over your responsibilities and the care of your family in the case of a catastrophic or fatal accident or illness. Certain parts of this document would be provided to the individual(s) you choose to assist in the event of a short term emergency and could also be made available to babysitters, neighbors, family, friends and other persons involved in your day-to-day life who might need some of this information temporarily.

While much of the information and planning are items you can take care of yourself, certain legal and financial aspects may necessitate or be more easily addressed with professional assistance. An attorney should be retained to ensure that the proper legal documents, such as wills, guardianship appointments, powers of attorney, trusts and living wills, are properly drafted and are legally enforceable. Financial professionals, such as accountants and financial advisors, can assist with evaluating the funds and financial strategies needed now and in the future to achieve your needs and goals.

It will be important to keep all of your information current and complete by updating information as changes occur.

If not every detail of your unique family situation is covered, we hope that the information that is included helps bring to mind additional details and information that you incorporate into your personally customized Emergency Instruction booklet.

TABLE OF CONTENTS

Preface	Page 1
Legal Preparation	Page 3
Short Term Emergency Preparation	Page 4
Emergency Contact Information	Page 5
Emergency Medical Information	Page 6
Children’s Emergency Medical Information	Page 7
School/Day Care Contact Information.....	Page 8
Individual/Family Business.....	Page 9
Employer Emergency Contact Information	Page 9
Relatives that Depend on You.....	Page 10
Caring for Your Pets.....	Page 10
Life/Health Insurance Policy Information.....	Page 11
Personal Residence	Page 12
Home Service Professionals.....	Page 13
Bank Affiliations.....	Page 14
Credit Card Information	Page 15
Income	Page 16
Living Expenses	Page 17
Long Term Emergency Preparation	Page 18
Your Personal & Family Information.....	Page 19
Spouse’s Personal & Family Information	Page 20
Minor Children	Page 21
Special Needs Children/Adults.....	Page 22
Adult Children.....	Page 23
Family and Business Advisors	Page 24
Locations of Important Documents	Page 25
Divorce Information	Page 26
Personal & Business Licenses to Maintain.....	Page 27
Memberships in Clubs/Organizations	Page 27
Final Instructions	Page 28
Helpful Information/Considerations.....	Page 29
Notes	Page 30
Notes	Page 31
Notes	Page 32

Legal Preparation

Some, if not all, of the following legal items should be in place if you are to be properly prepared for an emergency. Only a qualified, licensed attorney can provide you with legal advice regarding these issues and matters, their appropriateness for you, and prepare the respective legal documents. If you do not already have one, retain a qualified attorney of your own who can act solely in your interest in the preparation of wills, trusts, and all other legal matters.

Personal Will	Have	Need
Myself	_____	_____
Spouse	_____	_____

Guardianship Appointment		
Minor Children	_____	_____

Guardianship Appointment		
Special Needs Adult	_____	_____

Living Will		
Myself	_____	_____
Spouse	_____	_____

Medical Power of Attorney		
Myself	_____	_____
Spouse	_____	_____

Durable Power of Attorney		
Myself	_____	_____
Spouse	_____	_____

Trusts

Indicate the type of trust (e.g. Living, Irrevocable, Irrevocable Life Insurance, etc.).

Myself	_____	_____	Type: _____
Spouse	_____	_____	Type: _____
Children			
name: _____	_____	_____	Type: _____
name: _____	_____	_____	Type: _____
name: _____	_____	_____	Type: _____
name: _____	_____	_____	Type: _____

In addition to the above, copies of such additional legal documents as divorce decrees, separation agreements, prenuptial agreements, business related agreements and contracts may also need to be included with your completed guide and provided to your legal and financial advisors.

Short Term Emergency Preparation

A short-term emergency would be one that could encompass a day or perhaps a few weeks. Being prepared for this type of situation might not require the same depth of assistance as a long-term or fatal situation. Depending on your individual circumstances, there may even be different individuals who you might ask to assist you, or may simply be the most likely people to be there at the time of an emergency, such as a friend, neighbor or babysitter, who may need to immediately help until a family member could be contacted and arrive.

Begin by identifying the individuals who you would want to provide short-term assistance and those who would be most likely to be there at the time of an emergency. Once you have identified these individuals, determine what role circumstances could dictate they would be in and what role and responsibilities you would choose for them to perform. You will then need to provide each of them with the information and instructions they need to have to fulfill your needs. *Be sure to complete your **Emergency Contact Information** list to include these individuals and identify the role or responsibilities you and they have agreed they will perform. Some of the most common responsibilities that you will need one or more individuals prepared to provide for you at the time of an emergency and in a short-term situation are:*

- Care of your children at the time of the emergency, and in the days/weeks beyond
- Providing paramedics, doctors, or hospitals with:
 - Emergency medical information about you and other family members involved
 - Health insurance information
- Contacting other designated family members and friends
- Caring for your pet(s)
- Taking care of the day-to-day functioning of your home and family
- Contacting your employer or business partner to advise them of your emergency

They will need to know:

- Doctor's names, phone numbers and locations as well as hospital preference and location information
- Medical emergency information on your children and others in the household under their care
- Who to contact to take over if the situation develops into a life-threatening, long-term, or fatal situation
- Which other family members or friends are available to assist them with short-term responsibilities
- Information concerning your home, such as security system codes and operation, location of key items such as the fuse box, circuit breaker, water heater, etc.
- Your Income and Expense information needed to assist with day-to-day financial responsibilities**
- Bank account and credit card information if these will be needed to take care of your bills and your household**
- Your personal and professional advisors to whom they may need to go for information and assistance, or the family member or other individual they should contact when professional advisor assistance is needed with issues, problems, or questions.

****A Durable Power of Attorney needs to be in place to legally provide access to your accounts. Address this with your attorney.**

Emergency Contact Information

In an emergency, contact these family members / persons immediately. When applicable, the role/responsibilities I/we designate the person to perform in a short or long-term emergency are indicated.

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Name: _____ Home Phone: (____) _____
Relationship: _____ Work Phone: (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Long-term responsibilities: _____
Short-term responsibilities: _____

Make enough blank copies of this page to meet your needs.

Emergency Medical Information

Name: _____

I am **taking** the following medications: _____

I am **allergic** to these medications: _____

Medical conditions to be aware of: _____

My Doctor: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Hospital: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Pharmacist: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

I am **taking** the following medications: _____

I am **allergic** to these medications: _____

Medical conditions to be aware of: _____

My Doctor: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Hospital: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Pharmacist: _____

Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Children's Emergency Medical Information

Child's Name: _____

Is **taking** the following medications: _____

Is **allergic** to these medications: _____

Medical conditions to be aware of: _____

Child's Doctor: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Hospital: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Pharmacist: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Name: _____

Is **taking** the following medications: _____

Is **allergic** to these medications: _____

Medical conditions to be aware of: _____

Child's Doctor: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Hospital: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Pharmacist: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Name: _____

Is **taking** the following medications: _____

Is **allergic** to these medications: _____

Medical conditions to be aware of: _____

Child's Doctor: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Hospital: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Pharmacist: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

School/Day Care Contact Information

Those coming to your aid will need to know where your children are at the time of the emergency, as well as what their schedules are while in their care. Along with complete information for all minor children in day care or school, include special needs adults in your care also. You may also want to make sure that information and schedules for after school activities are readily available in your home.

Child/Adult Name: _____

School/Facility Name: _____

Address: _____

Contact Person: _____ Phone Number: (____) _____

Days/Hours Attending: Monday: _____ - _____ Tuesday: _____ - _____

Wednesday: _____ - _____ Thursday: _____ - _____

Friday: _____ - _____ Saturday: _____ - _____ Sunday: _____ - _____

Child/Adult Name: _____

School/Facility Name: _____

Address: _____

Contact Person: _____ Phone Number: (____) _____

Days/Hours Attending: Monday: _____ - _____ Tuesday: _____ - _____

Wednesday: _____ - _____ Thursday: _____ - _____

Friday: _____ - _____ Saturday: _____ - _____ Sunday: _____ - _____

Child/Adult Name: _____

School/Facility Name: _____

Address: _____

Contact Person: _____ Phone Number: (____) _____

Days/Hours Attending: Monday: _____ - _____ Tuesday: _____ - _____

Wednesday: _____ - _____ Thursday: _____ - _____

Friday: _____ - _____ Saturday: _____ - _____ Sunday: _____ - _____

Child/Adult Name: _____

School/Facility Name: _____

Address: _____

Contact Person: _____ Phone Number: (____) _____

Days/Hours Attending: Monday: _____ - _____ Tuesday: _____ - _____

Wednesday: _____ - _____ Thursday: _____ - _____

Friday: _____ - _____ Saturday: _____ - _____ Sunday: _____ - _____

Individual/Family Business

To make sure your business runs smoothly while you are absent, fill in the names of the individuals that contribute. Complete the **Comments** section to include general instructions as to what you want done should a serious accident or illness cause you to be away for an unexpected period of time. Identify the person you have prepared and designated to run your business in your absence, and who to contact in an emergency.

In case of an accident/emergency, notify: _____ Phone: (____) _____
Designee in Charge: _____ Phone: (____) _____
Personal Secretary/Assistant: _____ Phone: (____) _____
Business Attorney: _____ Phone: (____) _____
Business/Professional Advisors: _____ Phone: (____) _____
Accountant/Bookkeeper, Tax preparer: _____ Phone: (____) _____
Other: _____ Phone: (____) _____

Comments: _____

Employer Emergency Contact Information

Your primary/full-time employer: _____
Individual/Department to advise: _____ Phone: (____) _____
Comments: _____

Your secondary/part-time employer: _____
Individual/Department to advise: _____ Phone: (____) _____
Comments: _____

Spouse's primary/full-time employer: _____
Individual/Department to advise: _____ Phone: (____) _____
Comments: _____

Spouse's secondary/part-time employer: _____
Individual/Department to advise: _____ Phone: (____) _____
Comments: _____

Relatives/People That Depend Upon You

Name: _____ **Relationship:** _____
Address: _____ **Phone Number: (____) _____**
City: _____ **State:** _____ **Zip Code:** _____
Rely upon you for: _____

Name: _____ **Relationship:** _____
Address: _____ **Phone Number: (____) _____**
City: _____ **State:** _____ **Zip Code:** _____
Rely upon you for: _____

Name: _____ **Relationship:** _____
Address: _____ **Phone Number: (____) _____**
City: _____ **State:** _____ **Zip Code:** _____
Rely upon you for: _____

Caring for Your Pets

Pet's Name: _____ **Breed:** _____ **Age:** _____
Feeding Instructions: _____
Boarding Facilities: _____ **Phone: (____) _____**
Veterinarian: _____ **Phone: (____) _____**
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Person to Contact to Care for Pet: _____

Pet's Name: _____ **Breed:** _____ **Age:** _____
Feeding Instructions: _____
Boarding Facilities: _____ **Phone: (____) _____**
Veterinarian: _____ **Phone: (____) _____**
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Person to Contact to Care for Pet: _____

Life/Health Insurance Policy Information

Complete the '**Benefit**' line to indicate the type of insurance or benefit, e.g., Life, Health, Disability, Long-term Care, etc.

Benefit: _____ Insured's Name: _____
Insurance Company/Organization: _____
Contact: _____ Phone: (____) _____
Coverage for: ___ Self ___ Spouse ___ Children
Policy is an: ___ Employee Benefit/Employer Plan ___ Individual Policy ___ Other Group
Beneficiaries: _____
Procedure to File Claim: _____
Special Provisions: _____

Benefit: _____ Insured's Name: _____
Insurance Company/Organization: _____
Contact: _____ Phone: (____) _____
Coverage for: ___ Self ___ Spouse ___ Children
Policy is an: ___ Employee Benefit/Employer Plan ___ Individual Policy ___ Other Group
Beneficiaries: _____
Procedure to File Claim: _____
Special Provisions: _____

Benefit: _____ Insured's Name: _____
Insurance Company/Organization: _____
Contact: _____ Phone: (____) _____
Coverage for: ___ Self ___ Spouse ___ Children
Policy is an: ___ Employee Benefit/Employer Plan ___ Individual Policy ___ Other Group
Beneficiaries: _____
Procedure to File Claim: _____
Special Provisions: _____

Note: Many companies provide detailed benefit booklets.

Locations of booklets: _____

Personal Residence

Primary Residence, Title in the name of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Locations of the following:

Keys: _____

Fuse Box/Circuit Breakers: _____

Electric Meter: _____

Gas Meter: _____

Water Meter: _____

Heating & A/C Controls: _____

Alarm & Code: _____

Smoke Detector & Batteries: _____

Other: _____

Other: _____

Secondary Residence, Title in the name of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Locations of the following:

Keys: _____

Fuse Box/Circuit Breakers: _____

Electric Meter: _____

Gas Meter: _____

Water Meter: _____

Heating & A/C Controls: _____

Alarm & Code: _____

Smoke Detector & Batteries: _____

Other: _____

Other: _____

Home Service Professionals

Enter the names of companies or individuals that may need to be called for service. If you have service contracts or extended warranties make sure that they are available in case service is needed. The name of anyone that provides service should be listed. Refer to the list at the bottom of the page for examples of some of the most commonly used professionals and services.

Company Name: _____ Service Provided: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: (____) _____
Average Cost of Service Call: \$ _____ Service Contract? Yes / No
Additional Information: _____

Company Name: _____ Service Provided: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: (____) _____
Average Cost of Service Call: \$ _____ Service Contract? Yes / No
Additional Information: _____

Company Name: _____ Service Provided: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: (____) _____
Average Cost of Service Call: \$ _____ Service Contract? Yes / No
Additional Information: _____

Company Name: _____ Service Provided: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: (____) _____
Average Cost of Service Call: \$ _____ Service Contract? Yes / No
Additional Information: _____

Company Name: _____ Service Provided: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: (____) _____
Average Cost of Service Call: \$ _____ Service Contract? Yes / No
Additional Information: _____

Professional Services for Homes and Other Properties:

Appliances	Electrician	Heating & Cooling	Maintenance	Roofing/Siding
Automobiles	Exteriors	Interiors	Pest Control	Security Specialists
Carpet & Flooring	General Contractor	Landscaping	Plumber	Snow Removal
Domestic Help	Handyman	Locksmith	Remodeling	Windows/Doors

Bank Affiliations

Banking Affiliations:

Account Holder: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Personal Banker to Contact: _____

Type of Account: Checking# _____ Money Market# _____ Savings # _____

Checking# _____ Money Market# _____ Savings # _____

Safety Deposit Box: _____

Notes/Instructions: _____

Account Holder: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Personal Banker to Contact: _____

Type of Account: Checking# _____ Money Market# _____ Savings # _____

Checking# _____ Money Market# _____ Savings # _____

Safety Deposit Box: _____

Notes/Instructions: _____

Account Holder: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Personal Banker to Contact: _____

Type of Account: Checking# _____ Money Market# _____ Savings # _____

Checking# _____ Money Market# _____ Savings # _____

Safety Deposit Box: _____

Notes/Instructions: _____

Credit Card Information

List all credit and debit cards for you and your spouse.

Type of card: Debit/ATM, Visa, MasterCard, American Express, Discover, gasoline credit card, department store, etc.

Issued by: Name of bank, department store, corporation, etc. (e.g. Bank of America, Sears, Mobil, etc.).

Type of Card: _____ Issued to: _____

Account Number: _____ Password: _____

Authorized User(s): _____

Issued by: _____ Customer Service/800 #: _____

Payment Address: _____

Customer Service Address: _____

Type of Card: _____ Issued to: _____

Account Number: _____ Password: _____

Authorized User(s): _____

Issued by: _____ Customer Service/800 #: _____

Payment Address: _____

Customer Service Address: _____

Type of Card: _____ Issued to: _____

Account Number: _____ Password: _____

Authorized User(s): _____

Issued by: _____ Customer Service/800 #: _____

Payment Address: _____

Customer Service Address: _____

Type of Card: _____ Issued to: _____

Account Number: _____ Password: _____

Authorized User(s): _____

Issued by: _____ Customer Service/800 #: _____

Payment Address: _____

Customer Service Address: _____

Income

List all sources of income received. For each one, identify the **type** of income (salary, commissions, alimony, etc.). Indicate the **frequency** (weekly, bi-monthly, etc.), and the **day** or **date** it is received (every Friday, the 15th and 30th, etc.) and the **company** name or other **source**. Check the appropriate line to identify whether the funds will be received in check form requiring deposit or are automatically made via electronic direct deposit. Also, indicate the identity of the institution (bank, credit union, etc.), and account number for those deposits.

Income Type: _____ Company Name/ Source: _____

Frequency: _____ Received On: _____

____ Received by check to be deposited in Account # _____ at _____

OR

____ Automatically direct deposited in Account # _____ at _____

Income Type: _____ Company Name/ Source: _____

Frequency: _____ Received On: _____

____ Received by check to be deposited in Account # _____ at _____

OR

____ Automatically direct deposited in Account # _____ at _____

Income Type: _____ Company Name/ Source: _____

Frequency: _____ Received On: _____

____ Received by check to be deposited in Account # _____ at _____

OR

____ Automatically direct deposited in Account # _____ at _____

Income Type: _____ Company Name/ Source: _____

Frequency: _____ Received On: _____

____ Received by check to be deposited in Account # _____ at _____

OR

____ Automatically direct deposited in Account # _____ at _____

Income Type: _____ Company Name/ Source: _____

Frequency: _____ Received On: _____

____ Received by check to be deposited in Account # _____ at _____

OR

____ Automatically direct deposited in Account # _____ at _____

Living Expenses

Use the following checklist to identify all of your household bills and expenses that will need to be taken care of by placing a check mark (✓) in front of all applicable items. For each item checked, complete the 'Paid By' column to identify whether payments will need to be made by **check**, or are automatically paid by **electronic funds transfer** or **auto-draft** arrangement. Use the 'From Account' column to identify the name and number of the account from which the funds should or will be drawn.

I/We keep the bills: _____

Monthly Expenses:	Paid By:	From Account (name and number):
____ Mortgage Payment	_____	_____
____ Rent	_____	_____
____ Association	_____	_____
____ Electricity	_____	_____
____ Water/Sewage	_____	_____
____ Oil/Gas	_____	_____
____ Credit Cards	_____	_____
____ Trash	_____	_____
____ Telephone	_____	_____
____ Cell Phone	_____	_____
____ TV/Cable	_____	_____
____ Internet	_____	_____
____ Car Payment(s)	_____	_____
____ Taxes	_____	_____
____ School Loans	_____	_____
____ Tuition	_____	_____
____ Other _____	_____	_____
____ Other _____	_____	_____

Insurances:	Paid By:	From Account (name and number):
____ Auto	_____	_____
____ Homeowner's	_____	_____
____ Life	_____	_____
____ Health	_____	_____
____ Disability	_____	_____
____ Other _____	_____	_____
____ Other _____	_____	_____

Other Expenses: Provide specific instructions/information about these expenses that may be helpful.

____ Groceries _____
____ Allowances _____
____ School Lunches _____
____ Other _____
____ Other _____

Long Term Emergency Preparation

Ensuring that you have all of the appropriate legal and financial matters in order and clear instructions as to your wishes in supplement to those is critical if you are to be prepared for a catastrophic or fatal accident or illness.

Seek the counsel of your attorney for professional advice and preparation of:

- Personal wills and executor/executrix appointment
- Living wills
- Necessary medical and durable powers of attorney
- Guardianship appointment for your children or any special needs adults under your care
- Trusts
- Any other legal issues that may be appropriate and necessary for your particular situation

Only a qualified attorney may give you advice with respect to these issues and items, and their suitability to you. It is only through these documents and qualified legal counsel that these particular issues can be properly addressed. This is the correct way to ensure that your wishes concerning these issues will be legally enforceable.

*Be sure to identify the individual(s) you have selected and their designated long-term emergency roles/responsibilities in the **'Emergency Contact Information'** list.*

Provide a complete copy of this booklet to those individuals you have chosen to take over the long-term or permanent care of your family. This may include your designated Guardian(s), executor, primary professional advisors, close family members – whoever you decide you want to share and entrust with this information or make aware of your instructions.

Your Personal & Family Information

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/er

Title/Occupation: _____

Employer: _____

Business Address: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Previous Spouse: _____ Phone Number: (_____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Personal & Family Information

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widow/er

Title/Occupation: _____

Employer: _____

Business Address: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Social Security #: _____ U.S. Citizen: Yes / No

Marriage Date: _____ Place of Marriage (city/state/country): _____

Previous Spouse: _____ Phone Number: (_____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Minor Children

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Special Needs Children/Adults

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Disability or Special Needs Condition: _____

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Temporary Caregiver, if other than Guardian: _____

Additional Information: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Disability or Special Needs Condition: _____

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Temporary Caregiver, if other than Guardian: _____

Additional Information: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Disability or Special Needs Condition: _____

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Temporary Caregiver, if other than Guardian: _____

Additional Information: _____

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

_____ This Marriage _____ Husband's Prior Marriage _____ Wife's Prior Marriage

Disability or Special Needs Condition: _____

Appointed Contingent
Guardian: _____ Guardian: _____ Trustee: _____

Temporary Caregiver, if other than Guardian: _____

Additional Information: _____

Adult Children

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/er
Home Address: _____ Phone Number: (____) _____
City: _____ State: _____ Zip Code: _____
Title/Occupation: _____ Work Number: (____) _____
Spouse's Name: _____ Date of Birth: _____
Title/Occupation: _____ Work Number: (____) _____
Their Children: _____

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/er
Home Address: _____ Phone Number: (____) _____
City: _____ State: _____ Zip Code: _____
Title/Occupation: _____ Work Number: (____) _____
Spouse's Name: _____ Date of Birth: _____
Title/Occupation: _____ Work Number: (____) _____
Their Children: _____

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/er
Home Address: _____ Phone Number: (____) _____
City: _____ State: _____ Zip Code: _____
Title/Occupation: _____ Work Number: (____) _____
Spouse's Name: _____ Date of Birth: _____
Title/Occupation: _____ Work Number: (____) _____
Their Children: _____

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/er
Home Address: _____ Phone Number: (____) _____
City: _____ State: _____ Zip Code: _____
Title/Occupation: _____ Work Number: (____) _____
Spouse's Name: _____ Date of Birth: _____
Title/Occupation: _____ Work Number: (____) _____
Their Children: _____

Family and Business Advisors

Accountant · Attorney · Banker · Child's Guardian · Executor

Financial · Trustee · Insurance · Minister/Priest/Rabbi

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Title: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Locations of Important Documents And Other Important Information

Identify the places where you keep the documents and items listed below (e.g., at your accountant's or attorney's office, on your computer, in your home or office desk, in the family bible, a file cabinet, lock box, safe, safety deposit box, etc.).

Adoption Papers _____

Appraisals _____

Auto Insurance Policy _____

Bank Statements _____

Birth Certificates _____

Business Insurance _____

Burial Instructions _____

Buy/Sell Agreements _____

Casualty Insurance Policy _____

Cemetery Plots _____

Combinations for Safes _____

Computer Access Code _____

Credit Cards _____

Deeds/Titles/Abstracts _____

Divorce/Separation Decrees _____

Durable Property Power of Atty. _____

Education Records _____

Employment Agreements _____

Health Care Power of Atty. _____

Health Plan Information _____

Home Improvement Records _____

Homeowners Insurance Policy _____

Household Inventory _____

Investment Statements _____

Life Insurance Policy _____

Living Will(s) _____

Jewelry/Collection(s) _____

Marriage Certificate _____

Military Discharge Papers _____

Mortgage Documents _____

Naturalization Papers _____

Notes Payable & Receivable _____

Passport _____

Pension Benefit Information _____

Personal Will(s) _____

Public Storage Information _____

Prenuptial Agreement _____

Safety Deposit Box Key _____

Service Contracts/Warranties _____

Social Security Card _____

Stock & Bond Certificates _____

Stock Redemption Agreements _____

Tax Returns _____

Tenant's Lease(s) _____

Trust Document(s) _____

Vehicle Titles _____

Other _____

Other _____

Other _____

Other _____

Divorce Information

Children's Names: _____

Custodial Parent: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Children's Names: _____

Non-Custodial Parent: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Court of Jurisdiction: _____ Phone: (_____) _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Alimony: \$ _____ Child Support: \$ _____ Due by the _____ of the month.

Payments to the Clerk of the Court (name): _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Special Provisions

Insurance to be maintained: _____

Educational funds to be provided: _____

Other provisions: _____

Concerns: _____

Provisions agreed upon if either parent is unable to physically care for the children: _____

Personal & Business Licenses to Maintain

License For: _____
Contact: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Renews On: ____/____/____ Amount to Pay: _____

License For: _____
Contact: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Renews On: ____/____/____ Amount to Pay: _____

License For: _____
Contact: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Renews On: ____/____/____ Amount to Pay: _____

Memberships in Clubs/Organizations

Organization: _____
Contact: _____ Phone: (____) _____
Regular Agenda: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Dues: \$ _____ Information: _____

Organization: _____
Contact: _____ Phone: (____) _____
Regular Agenda: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Dues: \$ _____ Information: _____

Final Instructions

Medical Care: Describe any specific instructions as to your care in the event that you become permanently incapacitated as a result of terminal illness or an injury with minimum hope of recovery. Consider the following: your choice of hospital, nursing home, home care, transfusions or transplants, organ donation, and your wishes about life support measures such as respirators, medications, or intravenous nutrition. Regarding Living Wills and Health Care Powers of Attorney, an attorney needs to be consulted and proper documents prepared to ensure that your wishes are legally enforceable. Attach copies of the pertinent documents. Include this information for both you and your spouse. _____

Funeral and Burial Instructions: Describe any specific instructions to be followed, for both you and your spouse, such as a preference for burial or cremation, if there is a cemetery plot and the location of it, the type of services preferred and the preferred funeral home. If you have already made pre-paid arrangements with a funeral home and/or cemetery, attach copies of your contracts. _____

Here is a partial checklist of details to cover in the event of your death, or that of a family member:

Contacts:

- | | |
|------------------------------|-----------------------------|
| _____ Funeral Director | _____ Newspaper |
| _____ Clergy/Church | _____ Unions/Fraternal |
| _____ Cemetery/Memorial Park | _____ Florists |
| _____ Organist/Soloist | _____ Caterer/Restaurant |
| _____ Pall Bearers | _____ Relatives and Friends |

Make Arrangements for:

- | | |
|---|--|
| _____ Care for small children | _____ Compiling information for obituary |
| _____ Accommodations for relatives | _____ Contacting insurance companies |
| _____ Someone to stay at home during services | _____ Applying for benefits |
| _____ Contacting your attorney | _____ Preparing/signing necessary papers |
| _____ Obtaining death certificate* | |

**Certified copies are necessary for legal, business and personal matters.*

Helpful Information/Considerations

Social Security Benefits

There are four Social Security Benefit programs: Retirement, Disability, Dependents, and Survivor benefits. The most common documents and information that need to be provided are:

- Social Security Number
- W-2 forms or tax records for the last two years (to bring employment records up-to-date)
- Marriage certificate
- Proof of age (e.g. birth certificate, driver's license, passport, military record, etc.)
- Proof of dependents' ages (birth certificates)
- Proof of military service, if any (may provide extra work credits for active duty)
- Certified copy of death certificate

Other Considerations

If you or your spouse serve in any of the following capacities for others, be sure to include an attachment with your Long Term Emergency Preparation information that identifies this and provides necessary details (e.g. your capacity, the individual for whom you serve, who to contact if you are no longer able to serve, etc.)

- Appointed Guardian or Contingent Guardian
- Trustee
- Executor/Executrix

If you or your spouse serve in the military reserves or National Guard programs that would need to be advised of a short- or long-term emergency situation, include that information in your 'Employer Emergency Contact' list along with information on your schedule for service.

