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# 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.

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# 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.

<b>Personal Will</b>	<b>Have</b>	<b>Need</b>
Myself	_____	_____
Spouse	_____	_____

<b>Guardianship Appointment</b>		
Minor Children	_____	_____

<b>Guardianship Appointment</b>		
Special Needs Adult	_____	_____

<b>Living Will</b>		
Myself	_____	_____
Spouse	_____	_____

<b>Medical Power of Attorney</b>		
Myself	_____	_____
Spouse	_____	_____

<b>Durable Power of Attorney</b>		
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 15<sup>th</sup> and 30<sup>th</sup>, 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. \_\_\_\_\_

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**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. \_\_\_\_\_

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**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.







