

# \_\_\_\_\_ 's Emergency Information Kit

## Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

## My Primary Care Doctor:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact Information \_\_\_\_\_

Important Medical Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Person(s) Authorized to Act on my Behalf:

### Healthcare Power of Attorney:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_

Where to locate my Power of Attorney Form \_\_\_\_\_

Where to locate my Living Will \_\_\_\_\_

Legal and Financial Power of Attorney:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_

Where to locate my Power of Attorney Form \_\_\_\_\_

Executor:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_

Where to locate my Will \_\_\_\_\_

**My Advisors:**

My Lawyer:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Notes \_\_\_\_\_

My Accountant:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Notes \_\_\_\_\_

My Financial Advisor:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Notes \_\_\_\_\_

My Insurance Agent:

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Notes \_\_\_\_\_

**Employer:**

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Notes \_\_\_\_\_

**Other Family and Friends to Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>Important Documents and Their Locations:</b>		
<u>Document</u>	<u>Date of Current Copy</u>	<u>Location</u>
Health Insurance Policy and Card		
Will		
Durable Healthcare Power of Attorney		
Durable Financial Power of Attorney		
Living Will		
HIPPA Release		
Trust Documents		
Real Estate Deeds, Stocks and Bonds		
Latest Tax Returns		
Digital Access Codes		

Funeral and Burial Arrangements \_\_\_\_\_  
\_\_\_\_\_

**Safety Deposit Box(es):**

Institution \_\_\_\_\_ Location \_\_\_\_\_ Keys \_\_\_\_\_

Contents \_\_\_\_\_

Person(s) Authorized to Open Box \_\_\_\_\_

Institution \_\_\_\_\_ Location \_\_\_\_\_ Keys \_\_\_\_\_

Contents \_\_\_\_\_

Person(s) Authorized to Open Box \_\_\_\_\_

**Pets:**

Name(s) of Pet(s) \_\_\_\_\_

Designated Caretaker(s)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**Incapacity/Disability Provisions:**

Name of Guardian/Trustee \_\_\_\_\_

Disability Insurance Policies \_\_\_\_\_

Long-Term Care Policies \_\_\_\_\_

Keys and Codes to House/Car \_\_\_\_\_

Basic Medical Information:

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Medication(s) and Location(s) \_\_\_\_\_  
\_\_\_\_\_

Medical Records Locations \_\_\_\_\_  
\_\_\_\_\_

Organ Donor?  Yes  No Donation Info \_\_\_\_\_

Other Conditions and Issues \_\_\_\_\_

**Investment Assets/Bank Accounts:**

Bank/Institution \_\_\_\_\_  
Names on Account \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account Number \_\_\_\_\_

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Names on Account \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account Number \_\_\_\_\_

Bank/Institution \_\_\_\_\_  
Names on Account \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account Number \_\_\_\_\_

**IRA/Retirement Accounts:**

Type (circle one):            Traditional            Roth IRA            Qualified Plan            403(b)

Participant \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Approximate Value \_\_\_\_\_

Primary Beneficiaries \_\_\_\_\_

Contingent Beneficiaries \_\_\_\_\_

Type (circle one):            Traditional            Roth IRA            Qualified Plan            403(b)

Participant \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Approximate Value \_\_\_\_\_

Primary Beneficiaries \_\_\_\_\_

Contingent Beneficiaries \_\_\_\_\_

**Life Insurance Policies:**

<u>Owned By</u>	<u>Type of Policy</u>	<u>Issuer</u>	<u>Beneficiary</u>	<u>Location</u>	<u>Death Benefit</u>	<u>Premium</u>	<u>Cash Value</u>	<u>Loans</u>

\*\* Types of Policies: Whole Life, Group Term, Universal Life, Single-Premium Whole Life, Term, Survivorship Life  
 \*\*\* Owner is assumed to be the same as insured unless otherwise noted.

**Trust Accounts:**

Institution \_\_\_\_\_ Address \_\_\_\_\_

Type of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Current Trustee \_\_\_\_\_ Successor Trustee \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Institution \_\_\_\_\_ Address \_\_\_\_\_

Type of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Current Trustee \_\_\_\_\_ Successor Trustee \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Have you reviewed your trust(s) recently?  Yes  No

**Gift Information:**

Do you own a 529 college savings plan account?  Yes  No

Children(s) Name(s) \_\_\_\_\_

**Annuities:**

Owned By \_\_\_\_\_ Type of Contract \_\_\_\_\_ Issuer \_\_\_\_\_

Beneficiary \_\_\_\_\_ Death Benefit \_\_\_\_\_ Cash Value \_\_\_\_\_

**Real Estate:**

Type of Interest Owned \_\_\_\_\_

Property Location \_\_\_\_\_

Location of Any Stored Assets \_\_\_\_\_

Lender \_\_\_\_\_ Lender Address \_\_\_\_\_

Account Number \_\_\_\_\_ Loan Amount \_\_\_\_\_

Payment Amount \_\_\_\_\_ Date Due \_\_\_\_\_

Interest Rate \_\_\_\_\_ Maturity Date \_\_\_\_\_

Mortgage Insurance \_\_\_\_\_

Type of Interest Owned \_\_\_\_\_

Property Location \_\_\_\_\_

Location of Any Stored Assets \_\_\_\_\_

Lender \_\_\_\_\_ Lender Address \_\_\_\_\_

Account Number \_\_\_\_\_ Loan Amount \_\_\_\_\_

Payment Amount \_\_\_\_\_ Date Due \_\_\_\_\_

Interest Rate \_\_\_\_\_ Maturity Date \_\_\_\_\_

Mortgage Insurance \_\_\_\_\_

**Other Assets and Liabilities:**

Car(s):

Make/Model/Year \_\_\_\_\_ Title Location \_\_\_\_\_

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_

Make/Model/Year \_\_\_\_\_ Title Location \_\_\_\_\_

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_

Auto Insurance Policy \_\_\_\_\_

Money Owed to Me:

Location of Records \_\_\_\_\_ Amount \_\_\_\_\_

Payment Terms \_\_\_\_\_ Contact Info \_\_\_\_\_

