



Preparing for Life's Unforeseen Events

Who do I call?

What documents do I need?

Where do I find everything?

You're never ready for an emergency.

You can be prepared.

We can help.

Make sure a loved one or trusted advisor has easy access to this document in case of an emergency.

Prepared by: _____

Date prepared: _____

Personal Data

YOURSELF

Full Legal Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail address _____ Password _____

Social Security # _____ - _____ - _____ Driver's License# _____ State _____

Date of Birth _____ / _____ / _____ Passport # _____

Primary Care Physician _____ Phone (_____) _____ - _____

Medical Specialist _____ Phone (_____) _____ - _____

Pharmacy _____ Hospital _____

Religious Affiliation _____

YOUR SPOUSE

Full Legal Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail address _____ Password _____

Social Security # _____ - _____ - _____ Driver's License# _____ State _____

Date of Birth _____ / _____ / _____ Passport # _____

Primary Care Physician _____ Phone (_____) _____ - _____

Medical Specialist _____ Phone (_____) _____ - _____

Pharmacy _____ Hospital _____

Religious Affiliation _____

PETS

Veterinarian _____ Phone (_____) _____ - _____

Pet Name _____ Pet Name _____

Special Considerations _____ Special Considerations _____

LEGAL

Attorney _____ Phone (_____) _____ - _____

Firm name _____ E-mail _____

YOURSELF

Life Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Health Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Disability Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Long-Term Care Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

YOUR SPOUSE

Life Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Health Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Disability Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Long-Term Care Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

OTHER POLICIES

Auto Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Homeowner Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Umbrella Liability Insurance

Company _____ Agent _____
Policy Number _____ Phone (_____) _____ - _____

Financial Data

INVESTMENTS

#1 Financial Professional _____ Firm Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (_____) _____ – _____ E-mail _____

#2 Financial Professional _____ Firm Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (_____) _____ – _____ E-mail _____

BANKING

#1 Bank _____ Branch _____
 Address _____ Phone (_____) _____ – _____
 Checking Account _____ Savings Account _____
 ATM Card _____ CD _____
 Safe Deposit Box # _____ Safe Deposit Box Branch _____

#2 Bank _____ Branch _____
 Address _____ Phone (_____) _____ – _____
 Checking Account _____ Savings Account _____
 ATM Card _____ CD _____
 Safe Deposit Box # _____ Safe Deposit Box Branch _____

TAXES

Tax Professional _____ Phone (_____) _____ – _____
 Firm name _____ E-mail _____

CREDIT CARDS

#1 Issuer _____ **#3** Issuer _____
 Account # _____ Account # _____
 Phone (_____) _____ – _____ Phone (_____) _____ – _____

#2 Issuer _____ **#4** Issuer _____
 Account # _____ Account # _____
 Phone (_____) _____ – _____ Phone (_____) _____ – _____