

Readiness Plan



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Readiness Planner

Contacts

This form is designed to provide your loved ones and advisers with an easy-to-use summary of your vital information.

First, fill in your basic information and then list the people who should have access to this *Planner* in the event of an emergency. Be sure to inform each person on the list regarding the existence of this *Planner* and how to access it, as well as any responsibilities they may have. In addition, you will want to attach a letter that explains what should be done in an emergency, who should do it, and who should be notified.

Your Name and Address

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Identification Numbers

Social Security	<input type="text"/>
(Spouse) Social Security	<input type="text"/>
Driver's License	<input type="text"/>
(Spouse) Driver's License	<input type="text"/>

Letter of Instruction

Location	<input type="text"/>
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Emergency Contact #1 (to be provided access to this *Planner* in an emergency)

Name	<input type="text"/>
Relationship	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Readiness Planner

Contacts

Emergency Contact #2 (to be provided access to this *Planner* in an emergency)

Name	<input type="text"/>
Relationship	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Emergency Contact #3 (to be provided access to this *Planner* in an emergency)

Name	<input type="text"/>
Relationship	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Emergency Contact #4 (to be provided access to this *Planner* in an emergency)

Name	<input type="text"/>
Relationship	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Emergency Contact #5 (to be provided access to this *Planner* in an emergency)

Name	<input type="text"/>
Relationship	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Readiness Planner

Medical Information

Physician 1

Name	
Street Address	
City, State, ZIP	
Phone	
E-mail	

Physician 2

Name	
Street Address	
City, State, ZIP	
Phone	
E-mail	

Medication

Name of Medication	Instructions

Readiness Planner

Contacts

Clergy

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Financial Adviser

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Attorney

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Accountant/Tax Preparer

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

Readiness Planner

Insurance Policies

List your insurance information here. Most important is your life insurance policies, but also include details regarding your medical, dental, disability, general liability, long-term care, auto, and home policies. Be sure to note where you keep the actual policies.

Sometimes mergers make it confusing to understand which company actually holds your policy. If you need assistance figuring out what happened to the company that issued your policy, contact the National Association of Insurance Commissioners (www.naic.org or 816-783-8250).

Life

Company / Agent / Phone	Type	Policy #	Premium Due Date	Location of Policy

Medical / Dental

Company / Agent / Phone	Policy #	Premium Due Date	Location of Policy

Disability

Company / Agent / Phone	Policy #	Premium Due Date	Location of Policy

Mortgage

Company / Agent / Phone	Policy #	Premium Due Date	Location of Policy

Long Term Care

Company / Agent / Phone	Policy #	Premium Due Date	Location of Policy

Readiness Planner

Safe Deposit Box

A safe deposit box is traditionally where you would keep your most important original documents and personal valuables. Some people prefer to keep documents or copies of documents at home in a fireproof safe or a fireproof file cabinet. Work through the list to determine which documents will go in the box and which will be kept elsewhere. Record the location on the appropriate form.

Bank Address

Name	
Street Address	
City, State, ZIP	
Phone	

Location of Your Key

Password

People with Keys

Name		Phone
Name		Phone
Name		Phone

Check Items That Are in the Box

<input type="checkbox"/> Wills	<input type="checkbox"/> Prenuptial Agreement	<input type="checkbox"/> Other:
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Divorce / Separation Papers	<input type="checkbox"/>
<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Notes Payable /Receivable	<input type="checkbox"/>
<input type="checkbox"/> Mortgages	<input type="checkbox"/> Naturalization Papers	<input type="checkbox"/>
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Tax Returns	<input type="checkbox"/>
<input type="checkbox"/> Car Titles / Deeds	<input type="checkbox"/> Military Documents	<input type="checkbox"/>
<input type="checkbox"/> Stock certificates	<input type="checkbox"/> Insurance Policies	<input type="checkbox"/>
<input type="checkbox"/> U.S. Savings Bonds	<input type="checkbox"/> Copyrights / Patents / Etc.	<input type="checkbox"/>
<input type="checkbox"/> Adoption Papers	<input type="checkbox"/> Important Contracts	<input type="checkbox"/>
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Jewelry	<input type="checkbox"/>

Readiness Planner

Funeral Arrangements

Making funeral arrangements is a task no one wants to think about, but putting plans in place now will greatly ease your family's burdens later.

Write a letter of preferences that includes your desires regarding burial or cremation, details on where and how you would like services to be conducted, and your choice of cemetery. Consider drafting a death notice and obituary. If desired, name a charity for donations in lieu of flowers. Include the location of documents verifying prepayment of funeral expenses. Note where you keep the letter and give copies to your lawyer and executor.

Location

Letter of Preference	
Draft Death Notice and Obituary	
Desired Service Details	
Prepaid Funeral Documents	

Funeral Home

Name		Phone	
Address			
City, State, ZIP			

Cemetery or Memorial Park

Name		Phone	
Address			
City, State, ZIP			
Plot or Deed location			

Charities for Donations in Lieu of Flowers

Name		Phone	
Address			
City, State, ZIP			
Name		Phone	
Address			
City, State, ZIP			

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Personal Stuff

List here the location of items you would normally keep hidden. Include secret hiding places for valuables; the location of spare keys to your house, cars, boats, etc.; the location of your checkbooks, savings passbooks, and cash-management account statements; and the location of keys or the combination to a home safe or file cabinets with locks. Also note any passwords that might be needed to gain access to essential information you keep electronically.

Item	Location / Address
Secret hiding places for selected items (such as special jewelry):	
Spare keys to home, autos, etc.	
Checkbooks, savings-account passbooks, cash-management account statements	
Computer password	
Home safe combination or keys	
Address books	
Memberships:	
Memberships, season's tickets, etc. to be passed on or sold (i.e., golf club memberships) with list of any belongings to be recovered	
Mailing list of friends and associates	
Wallet/Purse Inventory	
Titles/Deeds and physical location	

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Legal Information

For your will, record the location of the original and copies. Include any information and documents your family may need to administer it. Periodically check these documents to be sure they still reflect your wishes.

Legal Documents

	Location of Signed Original Documents	Date Last updated
Will		
Trust		
(Living Will) Advance Directive		
Attorney Phone		
Attorney E-mail		

Executor

Name	
Street Address	
City / State / ZIP	
Phone	
E-mail	

Power of Attorney

Name	
Street Address	
City / State / ZIP	
Phone	
E-mail	

Trustee

Name	
Street Address	
City / State / ZIP	
Phone	
E-mail	

Adapted from *Your Family Records Organizer* by Kiplinger, Washington, DC.

Readiness Planner

Income Sources

Item	Company	Account #	Frequency	Term	% Continued to Spouse	Income Amount
Social Security						\$
Pension						\$
Annuity						\$
Other						\$
Totals						\$

Item	Company	Account #	Frequency	Term	% Continued to Spouse	Income Amount
Social Security						\$
Pension						\$
Annuity						\$
Other						\$
Totals						\$

Net Worth Statement

Assets Inventory

Real Property

Personal Items	Description / Account Number	Ownership (J) Joint (H) Husband (W) Wife	Asset Value
Primary Home			\$
Second Home			\$
Vehicle			\$
Furniture / Belongings			\$
Personal Items			\$
			\$

Cash Assets or Cash Equivalent

Bank / Credit Union Accounts	Account Type & Number	Amount	Location of Document / Phone # of Institution	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Certificates of Deposit & Treasury Bills	Description / Account Number	Amount	Maturity Date	Location of Document / Phone # of Institution
				\$
				\$
				\$

Cash Assets or Cash Equivalent					
Money Market Funds	Description / Account Number	Amount		Location of Document / Phone # of Institution	
					\$
					\$
					\$
Promissory Notes	Due From	Amount	Due Date	Location of Document / Phone # of Institution	
					\$
					\$
Other (Specify)	Description / Account Number	Amount	Due Date	Location of Document / Phone # of Institution	
					\$
					\$
					\$
					\$
Investments					
Mutual Funds (Broker / Institution)	Description / Account Number	Value	# of Units	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Stocks (Broker / Institution)	Description / Account Number	Value	# of Units	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Bonds (Broker / Institution)	Description / Account Number	Value	Maturity Date	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Annuities (Broker / Institution)	Description / Account Number	Value	Maturity Date	Location of Document / Phone # of Institution	
					\$
					\$
					\$
IRA & 401K Plans (Broker / Institution)	Description / Account Number	Value	# of Shares	Location of Document / Phone # of Institution	
					\$
					\$
					\$
					\$
Limited Partnerships (Name / Phone)	Description / Account Number	Value	Maturity Date	Location of Document / Phone # of Institution	
					\$
					\$
Other (Name / Phone)	Description / Account Number	Value	Maturity Date	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Assets Total					\$

Liabilities & Insurance

Credit Cards & Debt List

Mortgages	Account Type & Number	Amount	Monthly Payment	Location of Document / Phone # of Institution	Debt Value
					\$
					\$
					\$
Credit / Charge-Card Accounts	Account Type & Number	Amount	Monthly Payment	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Home Equity Loans	Account Type & Number	Amount	Monthly Payment	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Auto Loans	Account Type & Number	Amount	Monthly Payment	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Other	Account Type & Number	Amount	Monthly Payment	Location of Document / Phone # of Institution	
					\$
					\$
					\$
Debt Total					\$

Life Insurance Summary - Contact

Life Insurance Policy	Owner	Issue Date	Type	Beneficiary	Cont. Beneficiary	Death Benefit
						\$
						\$
						\$
Totals						\$

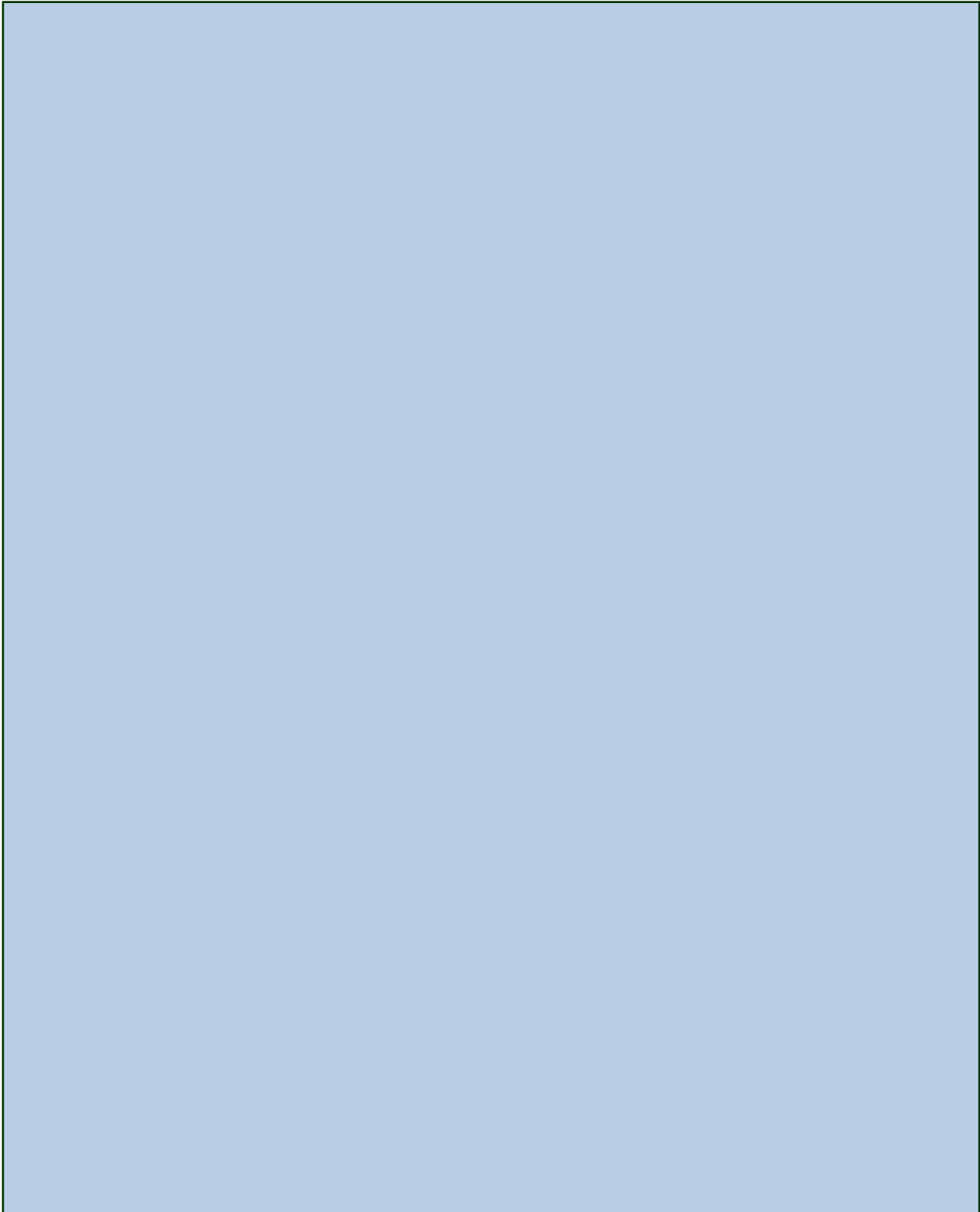
Life Insurance Summary - Spouse

Life Insurance Policy	Owner	Issue Date	Type	Beneficiary	Cont. Beneficiary	Death Benefit
						\$
						\$
						\$
Totals						\$

Readiness Planner

Family Legacy

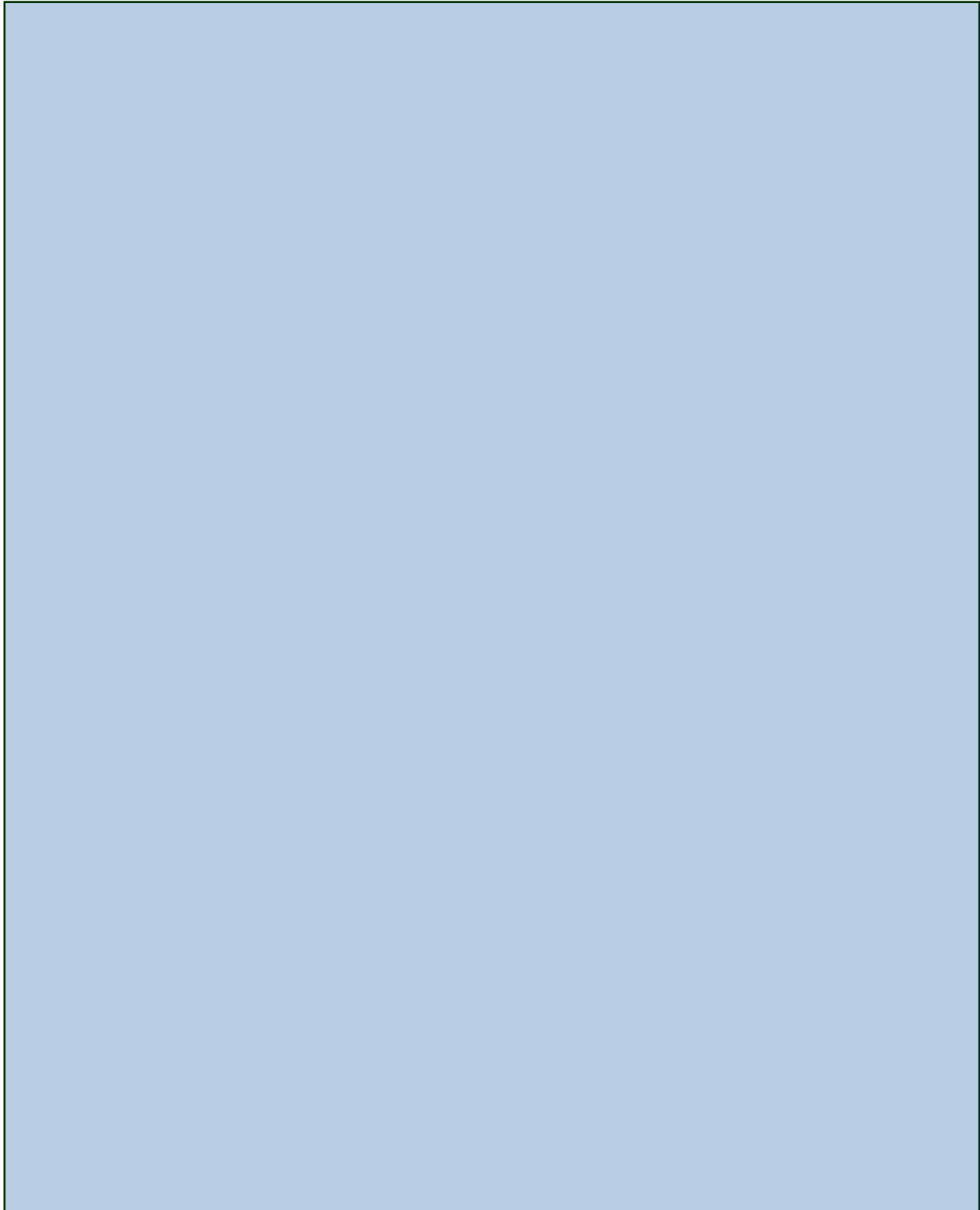
List your vision for your family legacy.



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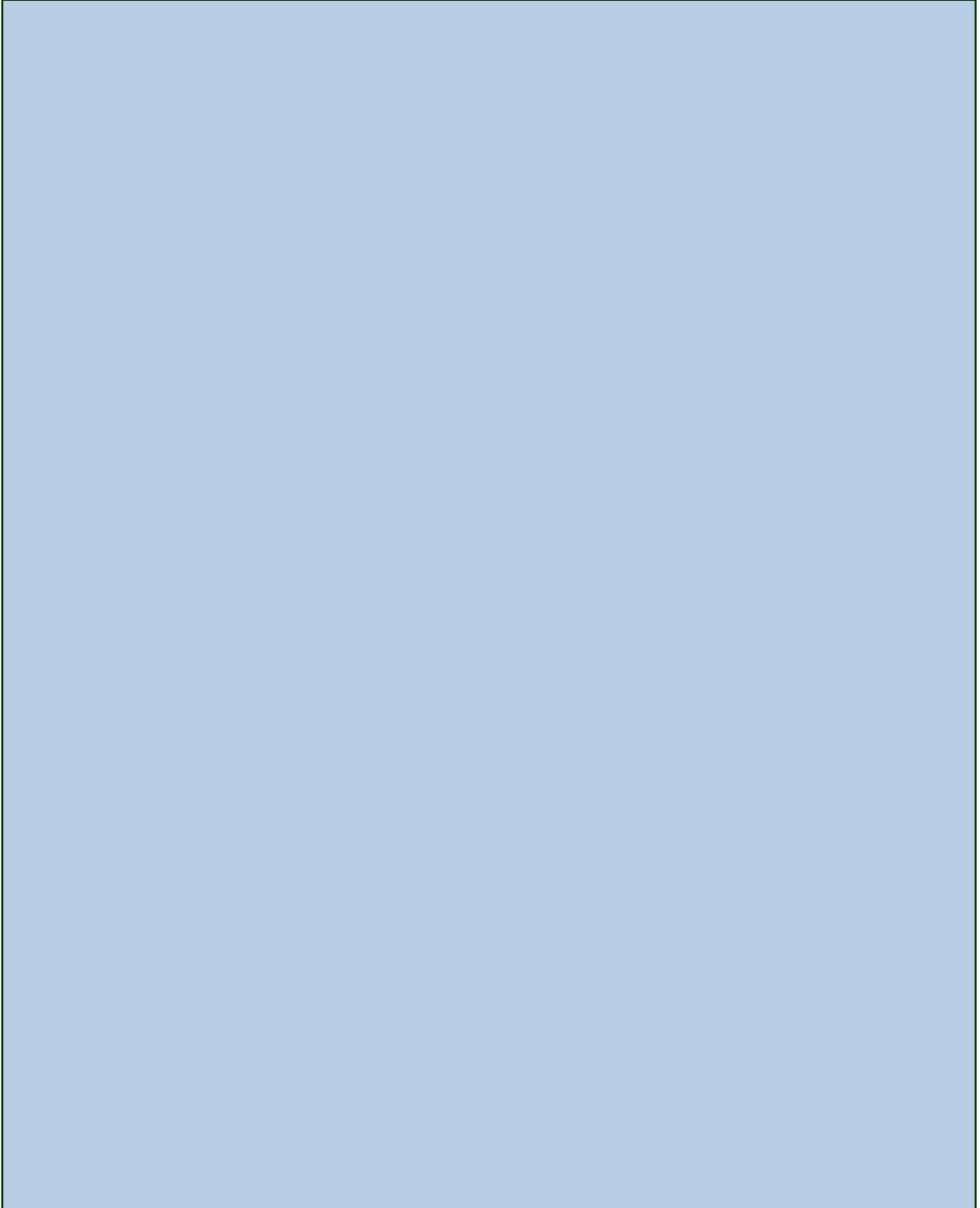
Asset Distribution

List your priority of asset distribution



Readiness Planner Business Plan

If you are a business owner, what would you want your business to look like in your absence?
What is your business succession plan?



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Other Suggestions

Here are some suggestions others have made:

- Make a video of your home.
- Add a page for major purchases
- Include emergency information
- Include medical information
- Include a plan in a natural disaster. i.e. hurricane, flood, etc.