



FAMILY EMERGENCY BINDER

PREPARING FOR THE UNEXPECTED



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PERSONAL INFORMATION



ADULT FAMILY MEMBER

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

License # _____ Social Security # _____

Birthday _____ Email _____

Employment Information

Employer _____ Position _____

Phone # _____ Email _____

Address _____

City _____ State _____ Zip _____

Emergency Information

Contact _____ Phone # _____

Health Concerns _____

Insurance Co _____ Policy # _____

Group # _____ Claims # _____

Insurance Co Web Address _____

Login Username _____ Login Password _____

ADULT FAMILY MEMBER MEDICAL SUMMARY

Name _____

Height _____ Weight _____ Eyes _____ Hair _____

Identifying Marks _____

Glasses _____ Contacts _____

Blood Type _____ Organ Donor _____

MEDICAL CONDITIONS

CONDITION	MEDICATION/TREATMENT

CURRENT MEDICATIONS

MEDICATION	DOSE/FREQUENCY	REASON FOR TAKING

ALLERGIES

ALLERGY	REACTION	TREATMENT/MEDICATION

MEDICAL PROFESSIONALS

Primary Doctor _____ Phone # _____

Dentist _____ Phone # _____

Pharmacy _____ Phone # _____

ADULT FAMILY MEMBER

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

License # _____ Social Security # _____

Birthday _____ Email _____

Employment Information

Employer _____ Position _____

Phone # _____ Email _____

Address _____

City _____ State _____ Zip _____

Emergency Information

Contact _____ Phone # _____

Health Concerns _____

Insurance Co _____ Policy # _____

Group # _____ Claims # _____

Insurance Co Web Address _____

Login Username _____ Login Password _____

ADULT FAMILY MEMBER MEDICAL SUMMARY

Name _____

Height _____ Weight _____ Eyes _____ Hair _____

Identifying Marks _____

Glasses _____ Contacts _____

Blood Type _____ Organ Donor _____

MEDICAL CONDITIONS

CONDITION	MEDICATION/TREATMENT

CURRENT MEDICATIONS

MEDICATION	DOSE/FREQUENCY	REASON FOR TAKING

ALLERGIES

ALLERGY	REACTION	TREATMENT/MEDICATION

MEDICAL PROFESSIONALS

Primary Doctor _____ Phone # _____

Dentist _____ Phone # _____

Pharmacy _____ Phone # _____

CHILD FAMILY MEMBER

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Birthday _____

License /ID # _____ Social Security # _____

Other Info _____

Employer Information

Employer _____ Phone # _____

Emergency Information

Contact _____ Phone # _____

Health Concerns _____

Insurance Co _____ Policy # _____

CHILD FAMILY MEMBER MEDICAL SUMMARY

Name _____

Height _____ Weight _____ Eyes _____ Hair _____

Identifying Marks _____

Glasses _____ Contacts _____

Blood Type _____ Organ Donor _____

MEDICAL CONDITIONS

CONDITION	MEDICATION/TREATMENT

CURRENT MEDICATIONS

MEDICATION	DOSE/FREQUENCY	REASON FOR TAKING

ALLERGIES

ALLERGY	REACTION	TREATMENT/MEDICATION

MEDICAL PROFESSIONALS

Primary Doctor _____ Phone # _____

Dentist _____ Phone # _____

Pharmacy _____ Phone # _____

CHILD FAMILY MEMBER

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Birthday _____

License /ID # _____ Social Security # _____

Other Info _____

Employer Information

Employer _____ Phone # _____

Emergency Information

Contact _____ Phone # _____

Health Concerns _____

Insurance Co _____ Policy # _____

CHILD FAMILY MEMBER MEDICAL SUMMARY

Name _____

Height _____ Weight _____ Eyes _____ Hair _____

Identifying Marks _____

Glasses _____ Contacts _____

Blood Type _____ Organ Donor _____

MEDICAL CONDITIONS

CONDITION	MEDICATION/TREATMENT

CURRENT MEDICATIONS

MEDICATION	DOSE/FREQUENCY	REASON FOR TAKING

ALLERGIES

ALLERGY	REACTION	TREATMENT/MEDICATION

MEDICAL PROFESSIONALS

Primary Doctor _____ Phone # _____

Dentist _____ Phone # _____

Pharmacy _____ Phone # _____

PET INFORMATION

Name _____ Gender _____

Birth Month/year _____ Breed _____

Microchip # _____

Microchip Registered With _____

Identifying Marks _____

Medications _____

Vet Information

Vet Name _____

Phone # _____ Email _____

Address _____

City _____ State _____ Zip _____

Vaccination Record

Vaccine	Date	Administered By

Habits

Food Preference _____

Feeding Amount/schedule _____

Behaviors _____

Sleeping Habits _____

Favorite Toys/treats _____

Other _____

PET INFORMATION

Name _____ Gender _____

Birth Month/year _____ Breed _____

Microchip # _____

Microchip Registered With _____

Identifying Marks _____

Medications _____

Vet Information

Vet Name _____

Phone # _____ Email _____

Address _____

City _____ State _____ Zip _____

Vaccination Record

Vaccine	Date	Administered By

Habits

Food Preference _____

Feeding Amount/schedule _____

Behaviors _____

Sleeping Habits _____

Favorite Toys/treats _____

Other _____

FAMILY MEDICAL HISTORY

FAMILY HISTORY FOR _____						
	MOTHER	FATHER	MATERNAL GRAND - MOTHER	MATERNAL GRAND - FATHER	PATERNAL GRAND - MOTHER	PATERNAL GRAND - FATHER
FIRST NAME						
DECEASED/AGE OF DEATH						
CAUSE OF DEATH (IF APPLICABLE)						
CONDITION						
Alcohol/Drug Abuse						
Allergies						
Type of Allergy						
Asthma/Lung Disease						
Bleeding Disorders						
Cancer						
Type of Cancer						
Diabetes						
Epilepsy						
GI Disorder						
Heart Disease/Condition						
Type of Condition						
High Blood Pressure						
High Cholesterol						
Immune Problems						
Kidney Disease						
Liver Disease						
Mental Illness						
Neurological Disorder						
Other						
Other						

FAMILY MEDICAL HISTORY

FAMILY HISTORY FOR _____						
	MOTHER	FATHER	MATERNAL GRAND - MOTHER	MATERNAL GRAND - FATHER	PATERNAL GRAND - MOTHER	PATERNAL GRAND - FATHER
FIRST NAME						
DECEASED/AGE OF DEATH						
CAUSE OF DEATH (IF APPLICABLE)						
CONDITION						
Alcohol/Drug Abuse						
Allergies						
Type of Allergy						
Asthma/Lung Disease						
Bleeding Disorders						
Cancer						
Type of Cancer						
Diabetes						
Epilepsy						
GI Disorder						
Heart Disease/Condition						
Type of Condition						
High Blood Pressure						
High Cholesterol						
Immune Problems						
Kidney Disease						
Liver Disease						
Mental Illness						
Neurological Disorder						
Other						
Other						

INSURANCE INFORMATION



INSURANCE INFORMATION

HOME INSURANCE 1

Company _____

Policy # _____ Renewal Date _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

HOME INSURANCE 2

Company _____

Policy # _____ Renewal Date _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

UMBRELLA INSURANCE

Company _____

Policy # _____ Renewal Date _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

CAR INSURANCE

Company _____

Policy # _____ Renewal Date _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

VEHICLE 1

Make _____ Model _____ Year _____

Vin # _____

VEHICLE 2

Make _____ Model _____ Year _____

Vin # _____

VEHICLE 3

Make _____ Model _____ Year _____

Vin # _____

VEHICLE 4

Make _____ Model _____ Year _____

Vin # _____

VEHICLE 5

Make _____ Model _____ Year _____

Vin # _____

VEHICLE 6

Make _____ Model _____ Year _____

Vin # _____

INSURANCE INFORMATION

LIFE INSURANCE 1

Insured Person _____ Benefit \$ _____

Beneficiary _____

Company _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

LIFE INSURANCE 2

Insured Person _____ Benefit \$ _____

Beneficiary _____

Company _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

LIFE INSURANCE 3

Insured Person _____ Benefit \$ _____

Beneficiary _____

Company _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

LIFE INSURANCE 4

Insured Person _____ Benefit \$ _____

Beneficiary _____

Company _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

PRIMARY HEALTH INSURANCE

Carrier _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Plan Type _____ Plan Name _____

Deductible _____ Out of Pocket Maximum _____

Member # _____ Group # _____

Member Name _____

Family Members Insured _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

SECONDARY HEALTH INSURANCE

Carrier _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Plan Type _____ Plan Name _____

Deductible _____ Out of Pocket Maximum _____

Member # _____ Group # _____

Member Name _____

Family Members Insured _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

OTHER INSURANCE

Insurance Type _____ Insured _____

Company _____

Member # _____ Group # _____

Policy # _____

Insurance Website _____

Website Username _____ Website Password _____

Agent _____

Agent Phone # _____ Agent Email _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACTS



PROFESSIONAL CONTACTS

LAWYER

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

ACCOUNTANT

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

FINANCIAL ADVISOR

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

PROFESSIONAL CONTACTS

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

OTHER

Type _____

Name _____ Phone # _____

Email _____ Fax # _____

Address _____

City _____ State _____ Zip _____

HOUSEHOLD EXPENSES



■ AD-Automatic Deposit ■ AP-Automatic Payment ■ ATM-Teller Machine ■ DC-Debit Card ■ T-Tax Deductibl

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT AMOUNT	✓	FEE	DEPO AMO
001	5/1	Mortgage	\$123612			\$
002	5/8	Supermarket (food)	8751			
003	5/11	Electricity	12785			
004	5/16	Real Estate Tax	35917			



HOUSING EXPENSES

MORTGAGE/RENT

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

MORTGAGE/RENT

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

MORTGAGE/RENT

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

UTILITIES EXPENSES

ELECTRIC

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

WATER

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

GAS

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

OTHER EXPENSES

TV

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

INTERNET

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

CELL PHONE

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

OTHER EXPENSES

OTHER

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

OTHER

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

OTHER

Company _____ Acct # _____

Payment Address _____

City _____ State _____ Zip _____

Notes _____

ONLINE ACCOUNT LOG IN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

USERNAMES & PASSWORDS



CELL PHONE LOGIN INFORMATION

PHONE 1

Family Member _____

Cell Phone Info/Type _____

Passcode _____

App Store Username _____ App Store Password _____

Wireless Provider _____ Phone # _____

Wireless Provider Website _____

Website Username _____ Website Password _____

PHONE 2

Family Member _____

Cell Phone Info/Type _____

Passcode _____

App Store Username _____ App Store Password _____

Wireless Provider _____ Phone # _____

Wireless Provider Website _____

Website Username _____ Website Password _____

PHONE 3

Family Member _____

Cell Phone Info/Type _____

Passcode _____

App Store Username _____ App Store Password _____

Wireless Provider _____ Phone # _____

Wireless Provider Website _____

Website Username _____ Website Password _____

PHONE 4

Family Member _____

Cell Phone Info/Type _____

Passcode _____

App Store Username _____ App Store Password _____

Wireless Provider _____ Phone # _____

Wireless Provider Website _____

Website Username _____ Website Password _____

OTHER DEVICE LOGIN INFORMATION

COMPUTER

Family Member _____

Device Info/Type _____

Username _____ Password _____

TABLET

Family Member _____

Device Info/Type _____

Passcode _____

OTHER DEVICE 1

Family Member _____

Device Info/Type _____

Username _____ Password _____

OTHER DEVICE 2

Family Member _____

Device Info/Type _____

Username _____ Password _____

OTHER DEVICE 3

Family Member _____

Device Info/Type _____

Username _____ Password _____

OTHER DEVICE 4

Family Member _____

Device Info/Type _____

Username _____ Password _____

IMPORTANT NUMBERS & COMBINATIONS

SECURITY SYSTEM

Company _____ Code _____

Notes _____

SAFE

Location _____ Code _____

Notes _____

SAFETY DEPOSIT BOX

Location _____ Code _____

Other Important Info _____

HOME WI-FI INFO

Wi-Fi Name _____ Password _____

OTHER INFO

FINANCIAL INFORMATION



BANK INFORMATION

BANK 1

Bank Name _____ Phone # _____

Account Type _____ Acct # _____

Account Type _____ Acct # _____

Account Type _____ Acct # _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

DEBIT CARD INFO

Last 4 Digits _____ Exp _____ Pin # _____

Last 4 Digits _____ Exp _____ Pin # _____

Last 4 Digits _____ Exp _____ Pin # _____

BANK 2

Bank Name _____ Phone # _____

Account Type _____ Acct # _____

Account Type _____ Acct # _____

Account Type _____ Acct # _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

DEBIT CARD INFO

Last 4 Digits _____ Exp _____ Pin # _____

Last 4 Digits _____ Exp _____ Pin # _____

Last 4 Digits _____ Exp _____ Pin # _____

INVESTMENT ACCOUNTS

ACCOUNT 1

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 2

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 3

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

INVESTMENT ACCOUNTS

ACCOUNT 4

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 5

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 6

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

INVESTMENT ACCOUNTS

ACCOUNT 7

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 8

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

ACCOUNT 9

Account Type/Info _____

Company _____ Account # _____

Contact _____ Phone # _____

Company Website _____

Website Username _____ Website Password _____

Other Info _____

CREDIT CARD INFORMATION

CREDIT CARD 1

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

CREDIT CARD 2

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

CREDIT CARD 3

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE

Day of Month

CREDIT CARD INFORMATION

CREDIT CARD 4

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE	Day of Month

CREDIT CARD 5

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE	Day of Month

CREDIT CARD 6

Card Name _____ Acct # _____

Security Code _____ Notes _____

Benefits/Rewards _____

ONLINE ACCOUNT LOGIN

Website _____

Username _____ Password _____

AUTOMATIC PAYMENT SET UP? Yes No

DUE DATE	Day of Month

FINAL

PREPARATIONS



END OF LIFE DOCUMENTS

FOR FAMILY MEMBER _____

ESTATE EXECUTOR

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Special Notes To Executor _____

WILL

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Document Location _____ Last Updated _____

LIVING TRUST

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Name of Trust _____ Date of Trust _____ Tax ID of Trust _____

Trustee _____ Trustee Phone # _____

Trustee Email _____

Document Location _____ Last Updated _____

POWER OF ATTORNEY

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

ADVANCED HEALTHCARE DIRECTIVE

Yes No Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

END OF LIFE DOCUMENTS

FOR FAMILY MEMBER _____

ESTATE EXECUTOR

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Special Notes To Executor _____

WILL

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Document Location _____ Last Updated _____

LIVING TRUST

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Name of Trust _____ Date of Trust _____ Tax ID of Trust _____

Trustee _____ Trustee Phone # _____

Trustee Email _____

Document Location _____ Last Updated _____

POWER OF ATTORNEY

Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

ADVANCED HEALTHCARE DIRECTIVE

Yes No Name _____ Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

FUNERAL ARRANGEMENTS

FOR FAMILY MEMBER _____

PREFERRED FUNERAL HOME

Funeral Home Name _____

Contact _____ Phone # _____

Address _____

City _____ State _____ Zip _____

FUNERAL EXPENSES

I have prepaid funeral expenses YES NO If yes, how much prepaid \$ _____

Pre-payment info _____

FUNERAL POLICY (IF APPLICABLE)

Company _____

Policy # _____ Phone # _____

FUNERAL POLICY (IF APPLICABLE)

Company _____

Policy # _____ Phone # _____

BURIAL/CREMATION

I wish to be BURIED CREMATED

Burial Plot Information/ashes Location _____

Notes _____

FUNERAL ARRANGEMENTS

PREFERENCES

Religious Affiliation _____ Service Performed by _____

Songs _____

Flowers _____

Readings _____

Clothes to be Worn (if applicable) _____

FAMILY & FRIENDS TO PARTICIPATE

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

VETERAN INFORMATION (IF APPLICABLE)

Branch Of Service _____ War _____

Enlistment Date _____ Discharge Date _____

Last Assignment _____ Rank _____

Other Info _____

OTHER FUNERAL SERVICE NOTES

FUNERAL ARRANGEMENTS

FOR FAMILY MEMBER _____

PREFERRED FUNERAL HOME

Funeral Home Name _____

Contact _____ Phone # _____

Address _____

City _____ State _____ Zip _____

FUNERAL EXPENSES

I have prepaid funeral expenses YES NO If yes, how much prepaid \$ _____

Pre-payment info _____

FUNERAL POLICY (IF APPLICABLE)

Company _____

Policy # _____ Phone # _____

FUNERAL POLICY (IF APPLICABLE)

Company _____

Policy # _____ Phone # _____

BURIAL/CREMATION

I wish to be BURIED CREMATED

Burial Plot Information/ashes Location _____

Notes _____

FUNERAL ARRANGEMENTS

PREFERENCES

Religious Affiliation _____ Service Performed by _____

Songs _____

Flowers _____

Readings _____

Clothes to be Worn (if applicable) _____

FAMILY & FRIENDS TO PARTICIPATE

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

Name _____ Relation _____

Phone # _____ Duties To Perform _____

VETERAN INFORMATION (IF APPLICABLE)

Branch Of Service _____ War _____

Enlistment Date _____ Discharge Date _____

Last Assignment _____ Rank _____

Other Info _____

OTHER FUNERAL SERVICE NOTES

IMPORTANT DOCUMENTS



IMPORTANT DOCUMENTS

DOCUMENT TYPE	Y, N or N/A	DOCUMENT LOCATION
Birth Certificates		
Social Security Cards		
Passports		
Copies of Drivers' Licenses		
Marriage Certificate		
Adoption Papers		
Last Will & Testament		
Living Will		
Trust		
Power of Attorney		
Healthcare Power of Attorney		
Healthcare Directive		
DNR Orders		
Organ Donor Directives		
Medical Records		
Immunization Records		
Property Deeds		
Cemetery Deeds		
Mortgage Records		
Rental Contracts		
Health Insurance Policy		
Car Insurance Policy		
Home Insurance Policy		
Life Insurance Policy		
Property Tax Assessments		
Stock Certificates		
Bonds		
Retirement Account Info		

OTHER

INFORMATION





ABOUT US

We understand that individuals face unique financial challenges at every stage of life. Together, we can help take the mystery out of finding your ideal tomorrow. Whether your goal is preparing for retirement, college savings, or estate strategy, our personalized service focuses on your needs, wants, and financial goals and objectives.



Our professionals have over a century of combined experience in financial services. With our knowledge and your goals, a sound financial strategy is more attainable than you might think. No matter where you may be on your journey, we look forward to helping you cross that finish line.

Davis Williams Wealth Management

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