

**IF THE UNEXPECTED HAPPENS
HERE IS SOME IMPORTANT INFORMATION**

From (My Name):

To: _____

Dated: _____, 2017

I have gathered this information so you will know what to do if I am suddenly rendered unable to help, or if I should unexpectedly die.

My assets are as follows:

Bank accounts:

Bank and location or branch	Type of account	Number

You may have access to **funds in an emergency** as follows:

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Stocks and bonds, mutual funds:

Brokerage company	Name of person to contact	Description of stocks, bonds and/or mutual funds

Retirement plan/other benefits:

Type of plan/benefits	Name of person to contact	Phone number
		() ___ - ____
		() ___ - ____

My/our **safe deposit box** is located at _____ and the key is kept at _____ . Other secure location(s) for important items and papers: _____ .

Other real estate, other investments:

Description, location	Person to contact	Phone number
		() - ___ - ____
		() - ___ - ____

My **life insurance** is as follows.

Policy type and number	Name of person to contact	Location of policy

My **will** (the original) is located at: _____ .

My **general power of attorney** (original) giving _____ the power to act in my place is located at: _____ .

Please contact the following **attorney, trust officer** (or other person) as necessary: _____ , phone number(s): () ___ - ____ , () ___ - ____ .

In addition to, or in lieu of a will, I have adopted _____ which will dispose of a meaningful amount of my assets in the event of my death and/or which will provide for management of my affairs in case of my incapacity. This/these document(s) are located at _____ . The person to contact and who knows most about this is _____ , phone number () ___ - ____ .

My **Durable Power of Attorney for Health Care** (and/or Medical Directive and/or Living Will) is located at _____ .

The property, casualty and liability **insurance on our home** is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located at _____.

The property, casualty and liability **insurance on my/our automobile(s)** is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located _____.

Excess liability insurance is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located at _____.

Health/medical insurance is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located at _____.

Other health/medical insurance is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located at _____.

Other insurance for _____ is with (name of agent or company) _____, and the person to contact is _____, phone number: () ___ - _____. The policy is located at _____.

I have the following **debts** which will need attention:

Debt holder	Person to contact	Phone number
		() ___ - ____
		() ___ - ____

Additional important information and/or persons to contact in the event of an emergency or in case of my incapacity, or if I should suddenly die:

Here are the names and telephone numbers of some **persons who can help** you, if necessary:

Profession:	Name:	Phone number:
Attorney		() ___ - ____
Accountant/tax preparer		() ___ - ____
Physician		() ___ - ____
Life insurance		() ___ - ____
Minister/priest/rabbi		() ___ - ____
Banker		() ___ - ____
Financial planner/ advisor		() ___ - ____
Investment planner/ advisor		() ___ - ____
Trust officer		() ___ - ____
		() ___ - ____
		() ___ - ____