# IF THE UNEXPECTED HAPPENS HERE IS SOME IMPORTANT INFORMATION

From (My Name):

То:\_\_\_\_\_

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:

## 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 <b>general power of attorney</b> (original) giving	
Please contact the following attorney, trust officer (or other person) as nec	essary:
, phone number(s): ( ), ( )	
In addition to, or in lieu of a will, I have adopted	
In addition to, or in lieu of a will, I have adopted	r which will provide
, phone number(s): ( ), ( ) In addition to, or in lieu of a will, I have adopted dispose of a meaningful amount of my assets in the event of my death and/or for management of my affairs in case of my incapacity. This/these documer . The person to contact and who knows most about this is	r which will provident(s) are located at

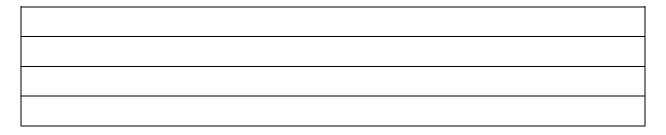
My **Durable Power of Attorney for Health Care** (and/or Medical Directive and/or Living Will) is located at \_\_\_\_\_\_\_.

The property, casualty and liability insurance on our h	
, and the person to contact is	, phone number: ( ) The
policy is located at	
The property, casualty and liability <b>insurance on my/o</b> company), phone number: () The policy is located	
<b>Excess liability insurance</b> is with (name of agent or co	ompany)
, and the person to contact is	
policy is located at	
Health/medical insurance is with (name of agent or contact is	_, phone number:
Other health/medical insurance is with (name of agen	nt or company)
, and the person to contact is	_ , phone number: ( ) The
policy is located at	
Other insurance for is with (nam, and the person to contact is policy is located at	, phone number: ( ) The

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:



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

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