

**MY WHAT IF...**

**BINDER**

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**PREPARING FOR  
THE UNEXPECTED**

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# Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (w/maiden): \_\_\_\_\_

## Identifying Information

Nickname: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

## Identifying Information

Marital Status:  Single  Married  Widowed  Divorced

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Is there a:  Prenuptial Agreement  Divorce Agreement

Separation Agreement

If Widowed/Divorced/Separated? Date Occured: \_\_\_\_\_

Name(s) of Former Spouses: \_\_\_\_\_

## Employment Information - Current or Most Recent

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (w/maiden): \_\_\_\_\_

## Identifying Information

Nickname: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

## Identifying Information

Marital Status:  Single  Married  Widowed  Divorced

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Is there a:  Prenuptial Agreement  Divorce Agreement

Separation Agreement

If Widowed/Divorced/Separated? Date Occured: \_\_\_\_\_

Name(s) of Former Spouses: \_\_\_\_\_

## Employment Information - Current or Most Recent

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Pet Profile

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Month/Year: \_\_\_\_\_ Breed: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Registered With: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

License/Tag #: \_\_\_\_\_

## Vet Information

Vet Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Habits

Feeding Brand/Amount/Schedule: \_\_\_\_\_

\_\_\_\_\_

Behaviors: \_\_\_\_\_

\_\_\_\_\_

Sleeping Habits: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Favorite Treats: \_\_\_\_\_

Favorite Activity: \_\_\_\_\_

Favorite Place to Visit: \_\_\_\_\_

Dislikes/Allergies: \_\_\_\_\_

# Insurance Information

Home Insurance

Car Insurance

Life Insurance

Health Insurance

Other

# Home Insurance

Copy of policies at the end of section.

Insured Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

Insured Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

Insured Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

Insured Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Car Insurance

Copy of policies at the end of section.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

To make a claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Life Insurance

Copy of policies at the end of section.

Policy For: \_\_\_\_\_

Company: \_\_\_\_\_ Benefit \$: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy For: \_\_\_\_\_

Company: \_\_\_\_\_ Benefit \$: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy For: \_\_\_\_\_

Company: \_\_\_\_\_ Benefit \$: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy For: \_\_\_\_\_

Company: \_\_\_\_\_ Benefit \$: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Health Insurance

Copy of policies at the end of section.

Insured Person: \_\_\_\_\_ Company: \_\_\_\_\_  
Member #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Coverage Information

Health: \_\_\_\_\_  
Dental: \_\_\_\_\_ Vision: \_\_\_\_\_  
RX: \_\_\_\_\_ Deductibles: \_\_\_\_\_

Insured Person: \_\_\_\_\_ Company: \_\_\_\_\_  
Member #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Coverage Information

Health: \_\_\_\_\_  
Dental: \_\_\_\_\_ Vision: \_\_\_\_\_  
RX: \_\_\_\_\_ Deductibles: \_\_\_\_\_

Insured Person: \_\_\_\_\_ Company: \_\_\_\_\_  
Member #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Coverage Information

Health: \_\_\_\_\_  
Dental: \_\_\_\_\_ Vision: \_\_\_\_\_  
RX: \_\_\_\_\_ Deductibles: \_\_\_\_\_

# Additional Insurance

Copy of policies at the end of section.

Insured: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Insured: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Insured: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Insured: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Insured: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

# Emergency Contacts

Family & Friends

Medical

Professional

# Family & Friends

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

# Family & Friends

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

# Medical

## Primary Doctor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Specialty Doctor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Specialty Doctor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Dentist

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Preferred Hospital

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Emergency Services

## Fire Department

Phone: \_\_\_\_\_

## Police Department

Phone: \_\_\_\_\_

## Poison Control

Phone: \_\_\_\_\_

## Animal Control

Phone: \_\_\_\_\_

## Animal Poison Control

Phone: \_\_\_\_\_

# Professional

## Lawyer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Banker

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Accountant

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Household Expenses

Mortgage/Rent

Utilities

# Housing Expenses

## Mortgage/Rent

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_

Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

## Mortgage/Rent

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_

Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

## Mortgage/Rent

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_

Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

## Mortgage/Rent

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_

Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

# Utility Expenses

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

# Utility Expenses

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

Company: \_\_\_\_\_ Day of Month Due: \_\_\_\_\_  
Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Pay Address: \_\_\_\_\_

# Financial Information

- Bank Accounts
- Investment Accounts
- Student Loans
- Credit Cards
- Valuable Inventory

# Bank Accounts

## Bank #1

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

## Account Login

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Debit Card Info

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

## Bank #2

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

## Account Login

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Debit Card Info

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

# Bank Accounts

## Bank #3

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

## Account Login

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Debit Card Info

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

## Bank #4

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

## Account Login

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Debit Card Info

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

Last 4 Digits: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Pin #: \_\_\_\_\_

# Investment Accounts

Copy of policies at the end of section.

## Investment Account #1

Account Type: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Investment Account #2

Account Type: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Investment Account #3

Account Type: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Investment Account #4

Account Type: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## Investment Account #5

Account Type: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

# Credit Card Information

## Credit Card #1

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Credit Card #2

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Credit Card #3

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Credit Card Information

## Credit Card #4

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Credit Card #5

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Credit Card #6

Card Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Minimum Payment: \_\_\_\_\_

Benefits/Rewards: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Student Loan Information

## Student Loan #1

Loan Holder: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Interest Rate/Term: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Student Loan #2

Loan Holder: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Interest Rate/Term: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Student Loan #3

Loan Holder: \_\_\_\_\_ Due Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Interest Rate/Term: \_\_\_\_\_

Pay Via:  Mail  Auto Pay  Online - Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Pay Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Stored Valuables

## Safety Deposit Box #1

Bank Name: \_\_\_\_\_ Box #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Access Info: \_\_\_\_\_

Contents: \_\_\_\_\_

## Safety Deposit Box #2

Bank Name: \_\_\_\_\_ Box #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Access Info: \_\_\_\_\_

Contents: \_\_\_\_\_

## Storage Unit #1

Storage Company Info: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Key Access Info: \_\_\_\_\_

Contents: \_\_\_\_\_

## Storage Unit #2

Storage Company Info: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Key Access Info: \_\_\_\_\_

Contents: \_\_\_\_\_

# Login Information

- Phones
- Social Media
- Websites
- Numbers & Combinations

# Cell Phone Log-In Information

## Phone #1

Family Member: \_\_\_\_\_ Passcode: \_\_\_\_\_

App Store Username: \_\_\_\_\_

App Store Password: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Phone #2

Family Member: \_\_\_\_\_ Passcode: \_\_\_\_\_

App Store Username: \_\_\_\_\_

App Store Password: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Phone #3

Family Member: \_\_\_\_\_ Passcode: \_\_\_\_\_

App Store Username: \_\_\_\_\_

App Store Password: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Phone #4

Family Member: \_\_\_\_\_ Passcode: \_\_\_\_\_

App Store Username: \_\_\_\_\_

App Store Password: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Phone #5

Family Member: \_\_\_\_\_ Passcode: \_\_\_\_\_

App Store Username: \_\_\_\_\_

App Store Password: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Website / Social Media Log-In Information

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Username: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_



# Security Questions & Answers

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

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Question: \_\_\_\_\_

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Question: \_\_\_\_\_

Answer: \_\_\_\_\_

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Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

# Medical Information

Medical Summary

Vaccinations

Family Medical History

Health Insurance

# Medical Summary

Name:

## Medical Conditions

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Info: \_\_\_\_\_

## Allergies & Reactions

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

# End of Life Arrangements

- End of Life Directives
- Obiuary Information
- Funeral Arrangements

# End of Life Directives

Last Will and Testament

Location of Document: \_\_\_\_\_

Executor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Trust Agreement

Location of Document: \_\_\_\_\_

Executor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

General Power of Attorney

Location of Document: \_\_\_\_\_

Person Named: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Durable Power of Attorney

Location of Document: \_\_\_\_\_

Person Named: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# End of Life Directives

Healthcare Power of Attorney.

Location of Document: \_\_\_\_\_

Person Named: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mental Health Care Power of Attorney.

Location of Document: \_\_\_\_\_

Person Named: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Obituary Information

## Personal Information

Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Survived By: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

Grandchildren: \_\_\_\_\_

\_\_\_\_\_

Pets: \_\_\_\_\_

\_\_\_\_\_

Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiliates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Funeral Arrangements

## 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? \$ \_\_\_\_\_

Prepayment Info: \_\_\_\_\_

\_\_\_\_\_

## Funeral Policy (If Applicable)

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Funeral Service Preferences

Religious Affiliation: \_\_\_\_\_ Service Performed By: \_\_\_\_\_

Songs: \_\_\_\_\_

Flowers: \_\_\_\_\_

Readings: \_\_\_\_\_

\_\_\_\_\_

Clothes to be worn (if applicable): \_\_\_\_\_

\_\_\_\_\_

Other preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Important Documents

# Funeral Arrangements

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Birth Certificate           | Location: _____ |
| <input type="checkbox"/> Social Security Cards       | Location: _____ |
| <input type="checkbox"/> Passport                    | Location: _____ |
| <input type="checkbox"/> Copies of Drivers' Licenses | Location: _____ |
| <input type="checkbox"/> Marriage Certificates       | Location: _____ |
| <input type="checkbox"/> Adoption Papers             | Location: _____ |
| <input type="checkbox"/> Last Will & Testament       | Location: _____ |
| <input type="checkbox"/> Living Will                 | Location: _____ |
| <input type="checkbox"/> Trust                       | Location: _____ |
| <input type="checkbox"/> Power of Attorney           | Location: _____ |
| <input type="checkbox"/> Healthcare Directive        | Location: _____ |
| <input type="checkbox"/> DNR Orders                  | Location: _____ |
| <input type="checkbox"/> Organ Donor Directives      | Location: _____ |
| <input type="checkbox"/> Medical Records             | Location: _____ |
| <input type="checkbox"/> Immunization Records        | Location: _____ |
| <input type="checkbox"/> Property Deeds              | Location: _____ |
| <input type="checkbox"/> Cemetery Deeds              | Location: _____ |
| <input type="checkbox"/> Mortgage Records            | Location: _____ |

