



IN CASE OF EMERGENCY ORGANIZER

**A Fill-in-the-Blank Financial Inventory to Give
Your Loved Ones the Information They Need**

HOW TO USE THIS ORGANIZER

As much as we would like to avoid them, emergencies do happen. That's why it's important to be prepared for worst-case scenarios. This organizer will help you and your loved ones do that.

It will arm your family members with all of the essential information they will need if something happens to you. The organizer will provide them with the details of your finances so they can ensure bills get paid and accounts are maintained if you are unable to handle these tasks. It will give family members necessary details about your health and medical coverage to ensure you get the care you need. And the organizer will alert your loved ones to what estate planning documents you have and what your final wishes are.

Keep in mind that this organizer should be just one part of your emergency planning. You should have conversations with your loved ones to create a detailed plan for dealing with worst-case scenarios. Having such a plan in place will make a difficult time easier for your loved ones and will ensure that your wishes are followed.

HERE'S HOW TO MAKE THE MOST OF THIS ORGANIZER:

- **Provide as much detailed information as possible.** Don't be in a rush to fill out this organizer. Leaving out account numbers, passwords or other important details will make it more difficult for you family members to help you if an emergency arises.
- **Keep the organizer updated.** You can fill out this PDF file and save it on your computer. Or use a pencil to fill out a printed version so you can easily update information or passwords as you change them.
- **Keep the organizer in a safe place.** Store this organizer is in a home safe or filing cabinet that can be locked. Storing it in a lockbox at a bank could make it difficult for family members to access it. Ideally, it should be stored with other important documents, such as your will, power of attorney, advance health care directive, and life insurance policy.
- **Let your family members know how to access this organizer.** It won't do your loved ones any good if they don't know where your In Case of Emergency Organizer is. Tell them where it is stored and how they access it. If you give copies to family members, ask them to store it in a secure location.

PERSONAL INFORMATION

Full name: _____

Maiden name: _____

Address: _____

Phone number: _____

Cell phone number: _____

Email address: _____

Date of birth: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Emergency contacts: _____

MILITARY SERVICE

Military ID: _____

Branch of service: _____

Date of initial entry to military service: _____

Date of retirement or separation from service: _____

Rank/Rate: _____

Military pension amount: _____

Direct deposit: Yes No

myPay online retirement account login credentials: _____

Survivor Benefit Plan: Yes No

SBP beneficiary: _____

Amount: _____

Memberships with military associations: _____

FINANCIAL INFORMATION

Monthly Income

Salary/Wages: _____ Auto Deposit: Yes No

Social Security: _____ Auto Deposit: Yes No

Rental property income: _____ Auto Deposit: Yes No

Business income: _____ Auto Deposit: Yes No

Retirement benefits: - _____ Auto Deposit: Yes No

Annuity: _____ Auto Deposit: Yes No

Military benefits: _____ Auto Deposit: Yes No

Supplemental Security Income: _____ Auto Deposit: Yes No

Dividends: _____

Interest from investments: _____

Other: _____

MONTHLY BILLS

Mortgage/Rent (amount): _____

Lender/landlord: _____

Online account username: _____

Password: _____

Autopay: Yes No

Electric/gas/oil (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Water (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Phone (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Cell Phone (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Internet (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Cable/Satellite TV (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Streaming Services/Netflix, etc. (amount): _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Amount: _____

Service provider: _____

Online account username: _____

Password: _____

Autopay: Yes No

Other: _____

Subscriptions (Newspaper, etc)

Type of subscription: _____ Amount: _____

Online account username: _____ Password: _____

Type of subscription: _____ Amount: _____

Online account username: _____ Password: _____

Type of subscription: _____ Amount: _____

Online account username: _____ Password: _____

Type of subscription: _____ Amount: _____

Online account username: _____ Password: _____

Alimony payments: _____

Other monthly bills: _____

HOUSEHOLD DEBT

Home Equity Loan or Line of Credit

Monthly payment: _____ Autopay: Yes No

Lender: _____

Online account username: _____

Password: _____

Auto Loan

Monthly payment: _____ Autopay: Yes No

Lender: _____

Online account username: _____

Password: _____

Personal Loan

Monthly payment: _____ Autopay: Yes No

Lender: _____

Online account username: _____

Password: _____

Student Loan

Monthly payment: _____ Autopay: Yes No

Lender: _____

Online account username: _____

Password: _____

Credit Cards

Type of Card: _____ Card issuer: _____
Account number: _____ Expiration date: _____
Online account username: _____ Password: _____
Balance: _____

Type of Card: _____ Card issuer: _____
Account number: _____ Expiration date: _____
Online account username: _____ Password: _____
Balance: _____

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Account number: _____ Expiration date: _____
Online account username: _____ Password: _____
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Balance: _____

Type of Card: _____ Card issuer: _____
Account number: _____ Expiration date: _____
Online account username: _____ Password: _____
Balance: _____

Type of Card: _____ Card issuer: _____
Account number: _____ Expiration date: _____
Online account username: _____ Password: _____
Balance: _____

FINANCIAL ACCOUNTS

Bank or credit union: _____

Branch address and phone number: _____

Type of account: _____

Routing number: _____

Account number: _____

Online account username: _____

Password: _____

Bank or credit union: _____

Branch address and phone number: _____

Type of account: _____

Routing number: _____

Account number: _____

Online account username: _____

Password: _____

Retirement account (401k, IRA, etc): _____

Account provider: _____ Phone number: _____

Account number: _____

Online account username: _____

Password: _____

Retirement account (401k, IRA, etc): _____

Account provider: _____ Phone number: _____

Account number: _____

Online account username: _____

Password: _____

Brokerage/investment account provider: _____

Account provider:_____ Phone number: _____

Account number: _____

Online account username: _____

Password: _____

Brokerage/investment account provider: _____

Account provider:_____ Phone number: _____

Account number: _____

Online account username: _____

Password: _____

Annuity (type): _____

Annuity issuer: _____ Phone number:_____

Location of annuity contract: _____

Certificate of deposit (term in months/years): _____

Account provider:_____ Phone number: _____

Account number: _____

Online account username: _____

Password: _____

Other financial accounts: _____

Financial professionals (names and contact information):

INSURANCE POLICIES

Auto Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Homeowners/Renters Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Life Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Beneficiaries: _____

Long-Term Care Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Disability Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Additional Insurance

Type: _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Additional Insurance

Type: _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Additional Insurance

Type: _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Premium amount and frequency (monthly/annually): _____

Method of payment: _____

Other: _____

REAL ESTATE AND PROPERTY

Primary Residence

Location of deed: _____

Location of keys: _____

Mortgage (amount owed): _____

Second Home

Location of deed: _____

Location of keys: _____

Mortgage (amount owed): _____

Vehicles

Makes and models:

Location of titles:

Auto loans (amount owed):

Boats or Other Property

Makes and models:

Location of titles:

Loans (amount owed):

Rental Property

Address: _____

Management company: _____

Location of deed and rental contract: _____

Location of keys: _____

Mortgage (amount owed): _____

Additional Real Estate Holdings:

ESTATE PLANNING DOCUMENTS

Will: Yes No

Location of will: _____

Executor(s) of will: _____

Living Trust: Yes No

Location of living trust: _____

Trustee(s): _____

Power of Attorney: Yes No

Location of POA document: _____

Type of POA (durable, springing, etc.): _____

Name(s) of POA: _____

Advance Directive or Living Will: Yes No

Location of advance directive document: _____

Name(s) of health care proxy: _____

Ethical Will (a document to share my values, life lessons): Yes No

Location of ethical will: _____

Attorney: _____ Phone number: _____

Email address: _____

IMPORTANT DOCUMENTS

Please indicate where the following documents are located.

Birth certificate:

Marriage license or divorce decree:

Citizenship certificate or green card:

Military discharge papers:

Tax returns:

Business partnership agreements:

Other important documents:

ONLINE AND SOCIAL MEDIA ACCOUNTS

Computer

Password: _____

Cell Phone

Passcode: _____

Email

Email address: _____

Username: _____ Password: _____

Email address: _____

Username: _____ Password: _____

Facebook

Username: _____ Password: _____

Instagram

Username: _____ Password: _____

LinkedIn

Username: _____ Password: _____

Pinterest

Username: _____ Password: _____

Twitter

Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Other: _____
Username: _____ Password: _____

Notes: _____

MEDICAL INFORMATION

Insurance

Primary Health Insurance Provider: _____

Policy number and location of insurance card: _____

Phone number: _____

Secondary Health Insurance Provider: _____

Policy number and location of insurance card: _____

Phone number: _____

Medicare Number: _____

Location of Medicare card: _____

Medicaid Number: _____

Location of Medicaid card: _____

Physicians

Primary Care Provider: _____

Phone number: _____

Secondary Provider: _____

Phone number: _____

Eye Doctor: _____

Phone number: _____

Dentist: _____

Phone number: _____

Other Medical Professionals: _____

Preferred Hospital: _____

Notes: _____

Medical History

Height: _____ **Weight:** _____

Blood Type: _____

Allergies: _____

Medical Conditions:

Surgeries, Hospitalizations, Major Illnesses (type and date):

Family Medical History (immediate relatives):

Medications (name, dosage, prescribing doctor):

Organ Donor: **Yes** **No**

Do Not Resuscitate Order: **Yes** **No**

LONG-TERM CARE

Sources of Payment

Long-Term Care Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Benefit amount: _____

Life Insurance With Long-Term Care Benefit:

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____

Phone number: _____

Benefit amount: _____

Annuity:

Contract number and location of contract: _____

Annuity issuer: _____

Phone number: _____

Annuity amount: _____

Savings

Financial institution: _____

Phone number: _____

Account number: _____

Amount available for long-term care: _____

Medicaid:

Medicaid number: _____

Benefit amount: _____

Special Instructions for Payment:

Care Options**Check all locations of care that are acceptable:**

In-Home Care:

Assisted Living:

Nursing Home:

Other (specify): _____

Name of current or preferred long-term care facility: _____

Phone number: _____

Name of Caregiver (if receiving care at home): _____

Phone number: _____

End-of-Life Care

Advance Directive/Living Will

I have a legal document that spells out the type of life-prolonging treatment I want if I am unable to make decisions on my own:

Yes No

Location of advance directive/living will document: _____

Life Prolonging Treatment:

Treatments I want if I no longer have decision-making ability, have a terminal condition or become permanently unconscious:

Medication to alleviate pain

Artificial nutrition (feeding tube)

Artificial hydration (IV fluids)

Ventilator

Resuscitation

I do not want any life-prolonging treatment or medication to alleviate pain

Aggressive Treatment

I want to pursue aggressive treatment at all costs if diagnosed with a terminal illness:

Yes No

Palliative Care

I want palliative care to alleviate pain and symptoms of an illness:

Yes No

Hospice Care

I want hospice care if necessary to provide end-of-life comfort and pain management:

Yes No

Preferred hospice provider:

FINAL WISHES

Burial/Cremation Instructions:

I wish to be buried

I wish to be entombed

I wish to be cremated

I want my body/organs donated

Other (please specify): _____

I have a prepaid funeral plan: Yes No

Funeral home/insurance company that issued the plan:

Location of prepaid plan agreement:

Funeral home preference (if funeral isn't preplanned):

I own a cemetery plot/crypt: Yes No

Location of cemetery plot/crypt:

Type of casket wanted:

Type of grave marker wanted:

Inscription on grave marker:

Other burial instructions:

Military burial instructions:

Cremation instructions:

Body donation instructions:

Ceremony Preferences:

Location of ceremony: _____

Type of ceremony: _____

Officiant: _____

Poems, verses, scripture, prayers to be read:

People to do the readings:

Songs or music I prefer:

Types of flowers:

Pallbearers:

Memorial contributions should be sent to:

Special instructions:

Personal Information for Obituary

I have written my own obituary: Yes No

Location of obituary: _____

I would like my obituary to appear in the following publications/locations:

[illegible]

Family, Friends, Organizations to Notify of My Death

Name

Phone/Email

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Care of Pets

Veterinarian: _____ Phone: _____

Address: _____

Pet insurance: Yes No

Insurance company: _____ Phone: _____

Policy number: _____

Location of insurance policy/card: _____

Person(s) who will care for my pets if I am unable to:

Special instructions for pet care:
