# FAMILY DOCUMENTS EMERGENCY PLANNER

Provided by:

FamilySurvivalPlanning.com

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## **Your Family Emergency Planner**

We are constantly bombarded with the importance of storing water, food, clothing, medical supplies, and cash in small bills. But just as important are all your financial records, vital information, phone numbers, bank accounts, business and investment records, etc.

## Now is the time to get organized – while you're thinking about it and before life interrupts.

Documentation for proof of ownership of real estate, vehicles, insurance policies and other financial papers and records may be necessary, depending on the possible disaster.

Having this information all in one place can also be helpful in case the main responsible individual becomes incapable of administering the family affairs. Planning ahead and having all the forms and information handy in one place can save much anguish, time, and money.

Keep the originals of all your important forms in a safe deposit box at the bank or in another secure, private, accessible place away from your home.

The following pages contain details to help you complete an inventory and compilation of your family's personal and financial information.

Buy a sturdy 3-ring binder and print the worksheets provided here. This will give you a place to keep your family's important information all in one place should you need to evacuate your home. Make sure everyone knows where it is kept, preferably in close proximity to your 72-hour kits.

Shopping for your planner, include the following items and accessories:

- > 3-Ring Binder
- > Top-loading sheet protectors, if desired
- > Index dividers
- Waterproof, portable container

## IMPORTANT EMERGENCY TELEPHONE NUMBERS

| Nearest Relative (not immediate family)  Local Contact (other than family)  Out of Area Contact  Emergency  Emergency  911 or 1-911  Fire  Ambulance or Paramedics  Police/Sheriff  Family Doctor  Poison Control  Hospital  Pharmacy  Utilities / Providers  Electric Power  Gas Co.  Water Co.  Sanitation  Telephone Co.  Insurance Agent  Babysitter  |                      | Person/Resource | Location    | Phone<br>Number | When to contact? As Directed |
|---|----------------------|-----------------|-------------|-----------------|------------------------------|
| immediate family) Local Contact (other than family) Out of Area Contact  Emergency 911 or 1-911  Fire Ambulance or Paramedics Police/Sheriff  Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent   | Nearest              |                 |             |                 |                              |
| family)  Local Contact (other than family)  Out of Area Contact  Emergency 911 or 1-911  Fire   |                      |                 |             |                 |                              |
| Local Contact (other than family)  Out of Area Contact  Emergency 911 or 1-911  Fire Ambulance or Paramedics Police/Sheriff  Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | immediate            |                 |             |                 |                              |
| (other than family) Out of Area Contact  Emergency 911 or 1-911  Fire Ambulance or Paramedics Police/Sheriff Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | family)              |                 |             |                 |                              |
| family) Out of Area Contact  Emergency 911 or 1-911  Fire Ambulance or Paramedics Police/Sheriff Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  |                      |                 |             |                 |                              |
| Out of Area Contact  Emergency 911 or 1-911  Fire Ambulance or Paramedics Police/Sheriff Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  |                      |                 |             |                 |                              |
| Contact  Emergency  Fire  Ambulance or Paramedics Police/Sheriff  Family Doctor Poison Control Hospital Pharmacy  Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  |                      |                 |             |                 |                              |
| Emergency 911 or 1-911  Fire  |                      |                 |             |                 |                              |
| Fire Ambulance or Paramedics Police/Sheriff  Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Contact              |                 |             |                 |                              |
| Ambulance or Paramedics Police/Sheriff Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  |                      | Emergency       |             | 911             | or 1-911                     |
| Paramedics Police/Sheriff  Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Fire                 |                 |             |                 |                              |
| Police/Sheriff Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Ambulance or         |                 |             |                 |                              |
| Family Doctor Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent   | <b>Paramedics</b>    |                 |             |                 |                              |
| Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent   | Police/Sheriff       |                 |             |                 |                              |
| Poison Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent   |                      |                 |             |                 |                              |
| Control Hospital Pharmacy Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | <b>Family Doctor</b> |                 |             |                 |                              |
| Hospital Pharmacy  Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent   | Poison               |                 |             |                 |                              |
| Pharmacy  Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Control              |                 |             |                 |                              |
| Utilities / Providers  Electric Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Hospital             |                 |             |                 |                              |
| Electric Power  Gas Co.  Water Co.  Sanitation  Telephone Co.  Insurance Agent  | Pharmacy             |                 |             |                 |                              |
| Power Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  |                      | Utiliti         | es / Provid | ers             |                              |
| Gas Co. Water Co. Sanitation Telephone Co. Insurance Agent  | Electric             |                 |             |                 |                              |
| Water Co. Sanitation Telephone Co. Insurance Agent  |                      |                 |             |                 |                              |
| Sanitation Telephone Co. Insurance Agent  | Gas Co.              |                 |             |                 |                              |
| Telephone Co. Insurance Agent   | Water Co.            |                 |             |                 |                              |
| Co. Insurance Agent   | Sanitation           |                 |             |                 |                              |
| Insurance<br>Agent  |                      |                 |             |                 |                              |
| Agent   |                      |                 |             |                 |                              |
| Babysitter Sabysitter |                      |                 |             |                 |                              |
| Babysitter  | Agent                |                 |             |                 |                              |
|   | Babysitter           |                 |             |                 |                              |
|   |                      |                 |             |                 |                              |
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## **F**AMILY **I**NFORMATION

| N                        | TAMET INFORMATION |                                    |                   |  |  |  |  |  |  |
|--------------------------|-------------------|------------------------------------|-------------------|--|--|--|--|--|--|
| Name of Family<br>Member | Date of<br>Birth  | Place of Birth & Where<br>Recorded | Social Security # |  |  |  |  |  |  |
|                          |                   |                                    |                   |  |  |  |  |  |  |
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| NOTES |
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## INDIVIDUAL FAMILY MEMBER RECORDS

| Record or             | Location of Records |      |      |      |      |      |  |
|-----------------------|---------------------|------|------|------|------|------|--|
| Document              | Name                | Name | Name | Name | Name | Name |  |
| Birth                 |                     |      |      |      |      |      |  |
| Certificate           |                     |      |      |      |      |      |  |
| Adoption              |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Marriage<br>License   |                     |      |      |      |      |      |  |
| Social                |                     |      |      |      |      |      |  |
| Security Card         |                     |      |      |      |      |      |  |
| Passport &            |                     |      |      |      |      |      |  |
| Visas                 |                     |      |      |      |      |      |  |
| Citizenship           |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Driver's              |                     |      |      |      |      |      |  |
| License               |                     |      |      |      |      |      |  |
| Military              |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Retirement            |                     |      |      |      |      |      |  |
| Accounts              |                     |      |      |      |      |      |  |
| Academic              |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Health                |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Immunization          |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Disability<br>Records |                     |      |      |      |      |      |  |
| Medications           |                     |      |      |      |      |      |  |
| Medications           |                     |      |      |      |      |      |  |
| Eyeglass Rx           |                     |      |      |      |      |      |  |
|                       |                     |      |      |      |      |      |  |
| Church                |                     |      |      |      |      |      |  |
| Records               |                     |      |      |      |      |      |  |
| Will                  |                     |      |      |      |      |      |  |
|                       |                     |      |      |      |      |      |  |
| Living Will           |                     |      |      |      |      |      |  |
| (DNR)                 |                     |      |      |      |      |      |  |
| Other                 |                     |      |      |      |      |      |  |
|                       |                     |      |      |      |      |      |  |
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## **LOCATION OF FAMILY DOCUMENTS**

| Record or Document                              | Location / Details |
|---|--------------------|
| Abstract of title for home or other real estate |                    |
| Vehicle Titles                                  |                    |
| Vehicle Registrations                           |                    |
| Other Vehicle Titles & Registrations            |                    |
| Bank Statements                                 |                    |
| Church Records:                                 |                    |
| Cemetery Plot / Deed                            |                    |
| Contracts                                       |                    |
| Guarantees /<br>Warranties                      |                    |
| Income Property                                 |                    |

| Records                                     |  |
|---|--|
| Records                                     |  |
|   |  |
|   |  |
|   |  |
| Insurance Policies • Life                   |  |
| <ul><li>Pension Plan</li></ul>              |  |
| <ul><li>Disability</li><li>Health</li></ul> |  |
| • Other                                     |  |
|   |  |
|   |  |
|   |  |
| Keys to Properties                          |  |
|   |  |
| Vous to Cofe Danceit                        |  |
| Keys to Safe Deposit<br>Box                 |  |
|   |  |
| Variate Charace                             |  |
| Keys to Storage<br>Facility or Other Places |  |
| -   |  |
| Marriago / Divorco                          |  |
| Marriage / Divorce<br>Records               |  |
|   |  |
| Military Service                            |  |
| Military Service<br>Records                 |  |
|   |  |
|   |  |
| Mortgage Docs                               |  |
|   |  |
|   |  |
| Pedigrees for Livestock                     |  |
| & Pets                                      |  |
|   |  |
| Property Deeds                              |  |

| Receipts / Tax Records           |  |
|----------------------------------|--|
|                                  |  |
|                                  |  |
| Savings Accounts & Passbooks     |  |
| r assbooks                       |  |
|                                  |  |
| Contal Consults Donor de         |  |
| <b>Social Security Records</b>   |  |
|                                  |  |
|                                  |  |
|                                  |  |
| Stocks & Bonds / Certificates    |  |
| Certificates                     |  |
|                                  |  |
|                                  |  |
| Trusts Records &                 |  |
| Information                      |  |
|                                  |  |
|                                  |  |
| Unemployment Benefits<br>Records |  |
| Records                          |  |
|                                  |  |
|                                  |  |
| Wills                            |  |
|                                  |  |
|                                  |  |
|                                  |  |
| Other Documents                  |  |
|                                  |  |

9

## LIFE INSURANCE

| Insurance               | Name of        | Policy | D 6: -!     | Type of             | Premiums    |      | Maturit   |
|-------------------------|----------------|--------|-------------|---------------------|-------------|------|-----------|
| Company/<br>Local Agent | Insured        | No.    | Beneficiary | Type of<br>Coverage | Pay<br>Date | Amt. | y<br>Date |
|                         |                |        |             |                     | Dute        |      |           |
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|                         |                |        |             |                     |             |      |           |
| Other Life Insu         | rance Informat | tion   |             |                     |             |      |           |
|                         |                |        |             |                     |             |      |           |
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## **HEALTH & HOSPITALIZATION INSURANCE**

| Insurance Co. | Insured | Policy | Type of  | Premium     |      |          |
|---------------|---------|--------|----------|-------------|------|----------|
| (Local Agent) | Name    | No.    | Coverage | Pay<br>Date | Amt. | Benefits |
|               |         |        |          |             |      |          |
|               |         |        |          |             |      |          |
|               |         |        |          |             |      |          |
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## **ACCIDENT & DISABILITY INSURANCE**

| Insurance Co. | Insured | Policy        |             | Premium     |      |                     |
|---------------|---------|---------------|-------------|-------------|------|---------------------|
| (Local Agent) | Name    | Policy<br>No. | Policy Type | Pay<br>Date | Amt. | Benefits & Coverage |
|               |         |               |             |             |      |                     |
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## **BANK ACCOUNTS**

| Account Name | Bank/Credit Union<br>Address & Phone | Account<br>ID | Account<br>Type | Account<br>Manager | Signatories |
|--------------|--------------------------------------|---------------|-----------------|--------------------|-------------|
|              |                                      |               |                 |                    |             |
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## FINANCIAL ADVISORS

| Name                   | Address | Phone # |
|------------------------|---------|---------|
| Accountant             |         |         |
| Attorney               |         |         |
| Banker                 |         |         |
| Executor of Will(s)    |         |         |
| Life Insurance Agent   |         |         |
| Health Insurance Agent |         |         |
| Stock Broker           |         |         |
| Other                  |         |         |
|                        |         |         |

## RECORD OF CREDIT & DEBIT CARDS

| Name on Acct. | # Cards<br>Issued &<br>to Whom | Account<br>Number | Card<br>Issuer | Address &<br>Telephone # | Expiration<br>Date |
|---------------|--------------------------------|-------------------|----------------|--------------------------|--------------------|
|               |                                |                   |                |                          |                    |
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## RECORD OF DEBTS

| Person or Company Owed | Address & Telephone # | Amount<br>Owed | Payment<br>Due Date | Final<br>Payment<br>Date |
|------------------------|-----------------------|----------------|---------------------|--------------------------|
|                        |                       |                |                     |                          |
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## EQUITIES IN STOCKS, MUTUAL FUNDS, TREASURIES, & CORPORATE BONDS

|                    | Certificate | Purchase  | No. of  | Cost per          |               |
|--------------------|-------------|-----------|---------|-------------------|---------------|
| Company/Instrument | Serial #(s) | Pulcilase | Shares  | Cost per<br>Share | Registered To |
|                    | Serial #(S) | Date      | Silares | Silare            |               |
|                    |             |           |         |                   |               |
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## Precious Metals & Other Investments

| Name on Account | Account<br>Type | Name: Bank / Depository /<br>Security Company | Account<br>Number |
|-----------------|-----------------|---|-------------------|
|                 | · •             | · · · ·                                       |                   |
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## REAL ESTATE & PERSONAL PROPERTY INSURANCE

| Insurance Co. &<br>Address | Property Insured<br>(Home/Apt., Furnishings,<br>Vehicle) | Insurance | Coverage | Prem | ium  |
|----------------------------|--|-----------|----------|------|------|
| (Local Agent)              | Vehicle)   | Туре      | Amount   | Due  | Amt. |
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#### PROPERTY & HOUSEHOLD INVENTORY

### **Tips for Inventory:**

In case of destruction of or stolen property, knowing exactly what you own will be extremely important in determining how much insurance is needed to protect your belongings. Estimate values if you don't know the exact prices. (Don't forget your food storage and survival supplies.)

#### **Inventory Methods:**

- Manually Print out the sheet below and write down everything. Inventory one room at a time and tag each item with a sticky label when the item is accounted for and all values are determined.
- Take photos of each item or area and write the names, purchase dates, costs, or current price, or value when purchased on the back of the photo. Or number the photos and use an audio recording to describe what is in each photo.
- Use a video recording. Include everything: jewelry, clothing, toys, in the garage, on walls, in closets – anything that has value. If you don't own a video recorder, borrow or rent one for a weekend. Use the audio feature to record your descriptions and prices.

Store the written inventory documents, photos or videos in a safe deposit box, if possible.

(Continue to form on the next page.)

## PROPERTY & HOUSEHOLD INVENTORY

(Copy this page as needed to complete your inventory.)

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|------|----|--|
| Page | οf |  |

| Item / Description | Date<br>Acquired | Cost When<br>Purchased | Current<br>Market<br>Value | Source of<br>Valuation |
|--------------------|------------------|------------------------|----------------------------|------------------------|
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## PHOTOS & VIDEOS OF PROPERTY & HOUSEHOLD ITEMS

|                                  | THOTOS & VIDEOS OF TROPERTY & TIOOSET             |                     |                              |
|----------------------------------|---|---------------------|------------------------------|
| Album, Tape, or<br>Videotape No. | Property Record (Write or Record Details on Tape) | Room or<br>Property | Photos / Tapes<br>Stored at: |
| Viacotape Noi                    | (inite of Record Details on Tupe)                 | Troperty            | Stored att                   |
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## REAL ESTATE & PROPERTY DESCRIPTIONS

| Type of Property (Personal/Business) | Real Estate / Property Description | Location | Documentation<br>Location |
|--------------------------------------|------------------------------------|----------|---------------------------|
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## **REAL ESTATE FINANCIALS**

| Owner(s) &           | Date of  | Original | Mortgage | Payments |           |                |          |
|----------------------|----------|----------|----------|----------|-----------|----------------|----------|
| Type of<br>Ownership | Purchase | Cost     | Amount   | Interest | Principal | Escrow<br>Amt. | Due Date |
|                      |          |          |          |          |           |                |          |
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| Additional Notes on Real Estate Financials |
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#### **G**UIDELINES FOR **S**URVIVORS

## Final Disposition Information & Guidelines Name: \_\_\_\_ First Middle Last When I die, please contact: \_\_\_ Name Relationship Address Phone# My important papers are located at: \_\_\_\_\_ Information for Death Certificate & Filing for Death Benefits My address is \_\_\_\_\_ Street City County State Zip Code Citizen of \_\_\_\_\_\_ Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_- \_\_\_\_Occupation/type of business: \_\_\_\_\_ Veteran of: \_\_\_ Branch of Service Serial Number Rank Date & Place Entered Service Date Discharged Benefits/Entitlements I was: □ married □ widowed □ separated □ divorced □ remarried Spouse's full (maiden) name: \_\_\_\_\_ Next of Kin (other than spouse): \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Father's full name and birthplace: \_\_\_\_\_ Mother's maiden name and birthplace: \_\_\_\_\_ Siblings – names and birthplaces: \_\_\_\_\_

#### FINAL DISPOSITION INFORMATION & GUIDELINES

# **Preferences After Death:** □ **Autopsy** if doctor or family deems it necessary. **Disposition of Body** □ **Donate my body's organs**: □ Arrangements made on \_\_\_\_\_ with \_\_\_ date □ Cremation □ Scatter ashes: \_\_\_\_\_ ☐ Bury container: \_\_\_\_\_ Location ☐ No public viewing ☐ Least expensive burial ☐ Funeral Arrangements: ☐ Simple □ **Services**: □ Memorial (after disposition) □ Funeral (before disposition) ☐ Graveside ceremony at: ☐ My church ☐ Mortuary \_\_\_\_\_ ☐ Other \_\_\_\_\_ □ Memorial gifts to: □ Omit flowers I have made pre-arrangements with: Name/Address of Mortuary Signature: Date: Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Additional Disposition Instructions

Complete a copy of this form for each family member.