**In Case of Emergency - Personal Information**

**(Leave completed form with your loved ones)**

## Important Contacts

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Contact #** |
| Modera Wealth Manager |  |   |
| Estate Attorney |  |  |
| CPA |  |  |

**Safe Deposit Box(es) and Keys:**

|  |  |  |
| --- | --- | --- |
| Bank/Location | Box # | Key Location |
|  |   |   |
|  |   |   |

## Computer Passwords:

|  |  |  |
| --- | --- | --- |
| Location (Home/work/cell phone) | Login | Password |
|  |   |   |
|  |   |   |
|  |  |  |

**Inform Estate Executor or Family Member Where To Find Your Important Documents:**

|  |  |
| --- | --- |
| Document | Location |
| Birth Certificate |   |
| Social Security Card |  |
| Military Papers |  |
| Divorce Decree (if applicable) |  |
| Marriage Certificate |  |
| Will |  |
| Trust Documents |  |
| Durable Power of Attorney |   |
| Health Care Power of Attorney |   |
| Living Will |   |
| Organ Donation Card (if applicable) |   |

## List all bank and investment accounts:

|  |  |  |
| --- | --- | --- |
| Account Name and # | Custodian | Contact Number |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## List all credit card accounts:

|  |  |  |
| --- | --- | --- |
| Bank | Account # | Contact Number |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Locate papers for all your assets. Mortgage or rental documents, deeds for property, last home appraisal, HUD statements from home purchase and each refinances, receipts for home improvements, vehicle title, and any other information related to current assets.

|  |  |  |
| --- | --- | --- |
| Asset | Type (title/deed/etc.) | Location |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## List of Boards or Volunteer Committees to Notify:

|  |  |  |
| --- | --- | --- |
| Board/Charity/Etc. | Position | Contact Name and # |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |

List all outstanding bills you pay on a regular basis:(Utilities, phone bills, medical payments, real estate taxes, outstanding loans, subscriptions, or memberships.)

|  |  |  |
| --- | --- | --- |
| Payee | Account # | Contact Name and # |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |
|  |   |   |
|  |  |  |
|  |   |   |
|  |  |  |

## Locate all insurance policies:

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Company | Policy # | Death Benefit | Contact Name and # |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |  |  |  |

## Company contact for employer benefits:

|  |  |  |
| --- | --- | --- |
| Name/Company | Position  | Contact # |
|  |   |   |