



Emergency Guidebook:

How to find the information your family needs if anything happens to you.

Maybe you’ve seen it with your friends or other family members. A sudden illness or accident leaves loved ones scrambling to track down information on digital assets, medical conditions, financial accounts, key to a lockbox, power of attorney documents, wills, and much more.

Failure to find this information can soon become a nightmare— especially if you’re unable to tell loved ones where to go for the information they need to help you.

The “Emergency Guidebook” helps give your family these crucial details just when they need them most. This book fits most families. A tab in the general binder is devoted to extended or blended families.

Feel free to complete the entire Guidebook... or even only a portion. Many people approach it by filling out the information they know off the top of their head right away. Then they add in pertinent details as they receive **statements** or other **paperwork**. We suggest filling it out in pencil for easy changes.

But regardless of your approach your loved ones will probably agree that ANY information will be a big help when it comes to an emergency.

Be aware that most secure sites now require two factor identification. The identification can be via email or text. They also track the device a person uses and may not accept another.

*Important note: Please be sure to store this Guidebook in a **SECURE PLACE** and inform a **TRUSTED** person or fiduciary of its location.*

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Date : _____ Your Name: _____

Personal Information

Your Name: _____ SEX: Male Female

Current Address: _____

Email1: _____ Email2: _____

Phone1: _____ Phone2: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Social Security Number: _____ HIPAA Authorization Form attached Yes No

MARITAL STATUS: Married-Date: _____ Never Married Widowed Divorced

Spouse Name: _____ Spouse Phone: _____

Education: (Highest Grade Completed) Grade 1-8 Hi 1-4 College 1-4 Advanced Degrees

Military Service (circle): Yes No (if yes complete page 18)

Family Information

No of Children: ____ No of living children: ____ No of Grandchildren: ____ No of Siblings: ____

Father Name: _____ PLACE OF BIRTH: _____

Mother Maiden Name: _____ PLACE OF BIRTH: _____

Child #1 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____

Child #2 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____



Date : _____ Your Name: _____

Child #3 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____

Child #4 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____

Child #5 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____

Child #6 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____

Child #7 Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Spouse Name: _____ Names of grandchildren: _____



PIN's, Passwords, and Online Accounts

Do you keep a list of usernames and passwords? Yes No (if no skip the question in this section)

If "Yes" is the list located in a online software vault? Yes No

If "No" where is the list or book located: _____

If "Yes" what is the: _____

Address (URL) Username Password

Communication and Social accounts

Your cell phone PIN: _____ Your desktop computer PIN: _____

Your laptop computer PIN: _____ Your iPad or tablet PIN: _____

Email 1: _____ @ _____

Password: _____

Email 2: _____ @ _____

Password: _____

Facebook: _____

Password: _____

Instagram: _____

Password: _____

TikTok: _____

Password: _____

X: _____

Password: _____

YouTube: _____

Password: _____

WhatsApp: _____

Password: _____

Other: _____

Password: _____



On Line Accounts Amazon, Ebay, Etc.

Account Name _____	Account Name _____
Web Address/URL _____	Web Address/URL _____
Username _____	Username _____
Password _____	Password _____
More Information _____	More Information _____

Account Name _____	Account Name _____
Web Address/URL _____	Web Address/URL _____
Username _____	Username _____
Password _____	Password _____
More Information _____	More Information _____

Account Name _____	Account Name _____
Web Address/URL _____	Web Address/URL _____
Username _____	Username _____
Password _____	Password _____
More Information _____	More Information _____

Account Name _____	Account Name _____
Web Address/URL _____	Web Address/URL _____
Username _____	Username _____
Password _____	Password _____
More Information _____	More Information _____

Account Name _____	Account Name _____
Web Address/URL _____	Web Address/URL _____
Username _____	Username _____
Password _____	Password _____
More Information _____	More Information _____



Date : _____ Your Name: _____

Medical information

Have you assigned a medical Power of attorney? Yes No

If "yes," who is it? _____

Location of document: _____

Do you have a living will? Yes No

Location of document: _____

Do you have a "Do Not Resuscitate" (DNR) document? Yes No

Location of document: _____

Are you an organ donor? Yes No What Organization? _____

Do you have known allergies? Yes No

If "yes," please list: _____

Do you have diagnosed Medical conditions? Yes No

If "yes," please list: _____

Do you currently take any Medications? Yes No If "yes," please complete the medication list on page 7

Pharmacy information

Pharmacy's name: _____

Address: _____ Phone: _____

Portal Address (URL) Username Password

Pharmacy's name: _____

Address: _____ Phone: _____

Portal Address (URL) Username Password

Date : _____ Your Name: _____

Medication List

Your name: _____

Medicine	Dosage	Frequency	Prescriber



Date : _____ Your Name: _____

Doctors/and other Medical providers

Name of Primary Doctor	Phone Number
Address	Portal Address (URL)
User Name	Password

Name of your Dentist	Phone Number
Address	Portal Address (URL)
User Name	Password

Name of Doctor	Specialty	Phone Number
Address	Portal Address (URL)	
User Name	Password	

Name of Doctor	Specialty	Phone Number
Address	Portal Address (URL)	
User Name	Password	

Name of Doctor	Specialty	Phone Number
Address	Portal Address (URL)	
User Name	Password	

Name of Doctor	Specialty	Phone Number
Address	Portal Address (URL)	
User Name	Password	



Date : _____ Your Name: _____

Health Insurance

Your Health Insurance: Private Employer-sponsored Medicare # _____
 Tricare Medicare supplement Medicare Advantage Medicaid

Issuing company: _____ Agent: _____

Policy owner: _____ Policy/Member#: _____

Group Number: _____ Portal (URL): _____

Username: _____ Password: _____

Do you have separate prescription drug coverage? Yes No If "Yes," please answer below:

Issuing company: _____ Agent: _____

Policy owner: _____ Policy/Member#: _____

Group Number: _____ Portal (URL): _____

Username: _____ Password: _____

Vaccinations

Dates of flu shots: _____

Dates of COVID vaccinations: _____

Dates of shingles vaccinations: _____

Dates of pneumonia vaccinations: _____

Home Owners or Renters Insurance

Issuing company: _____ Agent: _____

Policy owner: _____ Policy/Member#: _____

Portal (URL): _____

Username: _____ Password: _____

Issuing company: _____ Agent: _____

Policy owner: _____ Policy/Member#: _____

Portal (URL): _____

Username: _____ Password: _____



Date : _____ Your Name: _____

Long Term care insurance

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Other Insurance Coverage

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____



Date : _____ Your Name: _____

Life Insurance

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____



Date : _____ Your Name: _____

Auto Insurance

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____

Issuing company: _____ Agent: _____
 Policy owner: _____ Policy/Member#: _____
 Portal (URL): _____
 Username: _____ Password: _____



Date: _____ Your Name: _____

Financial Information

Do you have a Financial professional Yes No

Firm's name: _____ Phone: _____

Address: _____

Have you assigned Financial Power of Attorney? Yes No

If "Yes," who is it? _____

Location of document: _____

Do you have a safe deposit box? Yes No

Location of box: _____ Box #: _____

Location of key: _____

Banking Information

Bank Name			Branch
Type of Account:	Checking	Savings	Other _____
Debit Card	Yes	No	Card Number: _____
Address (URL)		Username	Password

Bank Name			Branch
Type of Account:	Checking	Savings	Other _____
Debit Card	Yes	No	Card Number: _____
Address (URL)		Username	Password

Bank Name			Branch
Type of Account:	Checking	Savings	Other _____
Debit Card	Yes	No	Card Number: _____
Address (URL)		Username	Password

Bank Name			Branch
Type of Account:	Checking	Savings	Other _____
Debit Card	Yes	No	Card Number: _____
Address (URL)		Username	Password



Date : _____ Your Name: _____

Credit Cards

Visa	Mastercard	American Express	Discover	Other _____
_____		_____		
Card Number		Expiration Date		
_____		_____		
Address (URL)		Username	Password	
_____		_____	_____	

Visa	Mastercard	American Express	Discover	Other _____
_____		_____		
Card Number		Expiration Date		
_____		_____		
Address (URL)		Username	Password	
_____		_____	_____	

Visa	Mastercard	American Express	Discover	Other _____
_____		_____		
Card Number		Expiration Date		
_____		_____		
Address (URL)		Username	Password	
_____		_____	_____	

Visa	Mastercard	American Express	Discover	Other _____
_____		_____		
Card Number		Expiration Date		
_____		_____		
Address (URL)		Username	Password	
_____		_____	_____	

Visa	Mastercard	American Express	Discover	Other _____
_____		_____		
Card Number		Expiration Date		
_____		_____		
Address (URL)		Username	Password	
_____		_____	_____	

Real Estate

Description
Address
Deed Location

Description
Address
Deed Location



IRA's, Pensions, 401's, Annuities (Qualified Accounts)

Type: IRA Pension 401 Annuity Other _____

Financial Institution _____ Location _____

Address (URL) _____ Username _____ Password _____

Company Contact _____ Phone Number _____

Type: IRA Pension 401 Annuity Other _____

Financial Institution _____ Location _____

Address (URL) _____ Username _____ Password _____

Company Contact _____ Phone Number _____

Type: IRA Pension 401 Annuity Other _____

Financial Institution _____ Location _____

Address (URL) _____ Username _____ Password _____

Company Contact _____ Phone Number _____

Type: IRA Pension 401 Annuity Other _____

Financial Institution _____ Location _____

Address (URL) _____ Username _____ Password _____

Company Contact _____ Phone Number _____

Type: IRA Pension 401 Annuity Other _____

Financial Institution _____ Location _____

Address (URL) _____ Username _____ Password _____

Company Contact _____ Phone Number _____



Stocks, Bonds, Mutual Funds (Non Qualified)

Type:	Stock	Bond	Mutual Fund	Other _____
Financial Institution		Location		
Address (URL)		Username	Password	
Company Contact		Phone Number		

Type:	Stock	Bond	Mutual Fund	Other _____
Financial Institution		Location		
Address (URL)		Username	Password	
Company Contact		Phone Number		

Type:	Stock	Bond	Mutual Fund	Other _____
Financial Institution		Location		
Address (URL)		Username	Password	
Company Contact		Phone Number		

Type:	Stock	Bond	Mutual Fund	Other _____
Financial Institution		Location		
Address (URL)		Username	Password	
Company Contact		Phone Number		

Social Security Information

Social Security Office Address	Phone Number	
SSA.gov	Username	Password



Date : _____ Your Name: _____

Property Information

Do you own your home or rent? Own Rent

If you own your home, how are property taxes paid?

You pay They're handled through your mortgage

Do you have a mortgage? Yes No

Mortgage institution: _____

How is mortgage paid?

 Check mailed Online payment Automatic payment each month

Do you have a home equity loan or

Home equity line of credit? Yes No

Type: Home Equity loan Home equity line of credit

Mortgage institution: _____

How is loan paid? Check mailed Online payment Automatic payment each month

Address (URL) Username Password

Home (resident) address

Type: Home Equity loan Home equity line of credit

Mortgage institution: _____

How is loan paid? Check mailed Online payment Automatic payment each month

Address (URL) Username Password

Home (resident) address

Vehicle Information

Make: _____ Model: _____ Year: _____ License: _____

 Own Lease Loan Institution: _____

How is loan paid? Check mailed Online payment Automatic payment each month

Address (URL) Username Password

Make: _____ Model: _____ Year: _____ License: _____

 Own Lease Loan Loan institution: _____

How is loan paid? Check mailed Online payment Automatic payment each month

Address (URL) Username Password



Date : _____ Your Name: _____

Tax Information

Do you have an accountant? Yes No

Accountant name: _____

Firm's name: _____

Address: _____

Phone: _____

Location of past tax returns: _____

Military Service

Branch of Service	Service Serial Number	Date Entered Service	Place
Date of Separation	Place	Type	Highest Rank

Location of Discharge papers (DD 214): _____ Wars or conflict served: _____

Access to VA.gov _____

Username	Password
----------	----------

Access via ID.ME _____

Username	Password
----------	----------

Important Documents

Location of will: _____

Do you have a trust? Yes No Type: Living Testamentary Revocable Irrevocable

Attorney or financial professional who set it up: _____ Trust name: _____

Location of documents: _____

Location of passport: _____

Location of Social Security card: _____

Location of marriage certificate: _____

Location of birth certificate: _____

Physical Location of Vehicle titles: _____

If On line: _____

URL	Username	Password
-----	----------	----------

Location of divorce decrees: _____



Date : _____ Your Name: _____

Final Wishes

Would you prefer to be: Buried Cremated Other: _____

If you prefer burial, have you purchased a plot/niche in a cemetery? Yes No

Cemetery name: _____

Address: _____

Phone: _____

Have you already made pre-paid arrangements with a funeral home? Yes No

If "yes," please complete:

Funeral home name: _____

Address: _____

Phone: _____

Type of Service: Traditional Religious Celebration of Life Simple Other _____

Place of Service: Church/Chapel Synagogue/Temple Outdoor Location Other _____

Keepsakes for guests _____ URN/Casket _____

Favorite Items/Pictures _____ Floral Preferences _____

Readings _____ Songs _____ Wake/Rosary _____

Participating Organizations (Military, Fraternal, Knights) _____ Clothing preference _____

Pall Bearers Names _____

Reception Location _____ Food and Beverage Preference _____ Entertainment _____

Any other preferences or wishes _____

Final Notes: _____
