

# susanhuntlaw

Wills • Trusts • Estate Planning • Probate

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## IN CASE OF EMERGENCY MEMORANDUM

### Give Your Loved Ones the Information They Need

This memorandum will provide your loved ones with essential financial and health care information they will need if something happens to you. Provide as much detail as possible because leaving out important details will make it more difficult for your loved ones to care for you in case of an emergency. Also, remember update this memorandum as information changes.

Keep this document in a safe place AND let your loved ones know where to find and/or how to access this document.

#### PERSONAL INFORMATION

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

#### LOCATION OF IMPORTANT DOCUMENTS

Driver License: \_\_\_\_\_ Marriage License: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Divorce Decree: \_\_\_\_\_

Social Security Card: \_\_\_\_\_ Tax Returns: \_\_\_\_\_

Passport: \_\_\_\_\_ Business Agreements: \_\_\_\_\_

Military ID: \_\_\_\_\_ Estate Plan Documents: \_\_\_\_\_

Citizenship Documents: \_\_\_\_\_ Other: \_\_\_\_\_

Real Estate Deeds: \_\_\_\_\_ Vehicle Titles: \_\_\_\_\_

#### MILITARY INFORMATION

Branch of Service: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_

Date of Initial Entry to Military Service: \_\_\_\_\_

Date of Retirement or Separation from Service: \_\_\_\_\_

Military Pension Amount: \_\_\_\_\_ Direct Deposit:  Yes  No

Survivor Benefit Plan:  Yes  No Survivor: \_\_\_\_\_ Amount: \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Location of Insurance Card: \_\_\_\_\_

Secondary Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Location of Insurance Card: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Location of Medicare Card: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Location of Medicaid Card: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies and/or Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (Name, Dosage, Prescribing Doctor):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries, Hospitalizations, Major Illnesses (Type and Date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Medical History (Immediate Relatives):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME & FINANCES**

Salary/Wages: \_\_\_\_\_

Social Security: \_\_\_\_\_

Pension: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_

Annuity: \_\_\_\_\_

Rental Property Income: \_\_\_\_\_

Business Income: \_\_\_\_\_

Disability: \_\_\_\_\_

Interest or Royalty: \_\_\_\_\_

Military Benefits: \_\_\_\_\_

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

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Direct Deposit:  Yes  No

Bank or Credit Union: \_\_\_\_\_

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Retirement Account Provider: \_\_\_\_\_

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Brokerage Account Provider: \_\_\_\_\_

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Annuity Issuer: \_\_\_\_\_

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Online Account Username: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

**BILLS**

Mortgage/Rent Estimated Amount: \_\_\_\_\_ Lender/Landlord: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Electric/Gas/Oil: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Water Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Landline Phone Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Cell Phone Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Internet Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Cable/Satellite TV Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

**INSURANCE**

Homeowners/Renters Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Life Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Long-Term Care (LTC) Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Life Insurance with LTC Benefit Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Disability Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Premium Amount and Frequency (monthly/annually): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

**DEBT & CREDIT CARDS**

Home Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Auto Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Personal Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Student Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Autopay:  Yes  No

Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

**SUBSCRIPTIONS & MEMBERSHIPS**

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Autopay:  Yes  No  
Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Autopay:  Yes  No  
Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Autopay:  Yes  No  
Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Autopay:  Yes  No  
Online Account Username: \_\_\_\_\_ Password: \_\_\_\_\_

**ONLINE PRESENCE & SOCIAL MEDIA**

**Personal Devices**

Source	Login	Username	Password
Cell Phone			
Tablet			
Laptop Computer			
Desktop Computer			
External Hard Drive			

**Email Accounts**

Source	Login	Username	Password
Email Address			
Email Address			
Email Address			

**Storage**

Source	Login	Username	Password
iCloud			
Google Drive			
OneDrive			
Dropbox			

**Social Media**

Source	Login	Username	Password
Facebook			
Instagram			
Twitter			
LinkedIn			
Pinterest			
YouTube			
TikTok			
Snapchat			
Reddit			

**Streaming**

Source	Login	Username	Password
Netflix			
Hulu			
Disney+			
HBO			
Apple TV			
YouTube TV			
Sling TV			
Acorn TV			
Direct TV			
Showtime			

**Travel**

Source	Login	Username	Password
AAA			
Uber			
Lyft			
_____			
Airline Miles			
_____			
Hotel Rewards			



**Virtual Connection**

Source	Login	Username	Password
Zoom			
Skype			
GroupMe			
WhatsApp			

**Shopping**

Source	Login	Username	Password
Amazon			
PayPal			
Venmo			
Etsy			
eBay			
Costco			
Sam's Club			

**COMMON SECURITY QUESTIONS**

What city were you born? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What was the street your lived on as a child? \_\_\_\_\_

What high school did you attend? \_\_\_\_\_

What was the make of your first car? \_\_\_\_\_

What was the first concert you attended? \_\_\_\_\_

Where did you meet your spouse? \_\_\_\_\_

What is the name of your favorite pet? \_\_\_\_\_

What is your favorite movie? \_\_\_\_\_

\_\_\_\_\_ ? \_\_\_\_\_

\_\_\_\_\_ ? \_\_\_\_\_

\_\_\_\_\_ ? \_\_\_\_\_

\_\_\_\_\_ ? \_\_\_\_\_

\_\_\_\_\_ ? \_\_\_\_\_

**HOUSE MAINTENANCE**

Roof: Year Installed: \_\_\_\_\_ Year Replaced: \_\_\_\_\_ Roofers Used: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Deck, Walkways, Patio and/or Sidewalk Notes to Maintain: \_\_\_\_\_  
\_\_\_\_\_

Exterior Paint: Most Recent: \_\_\_\_\_ Color: \_\_\_\_\_ Painters Used: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Interior Paint: Most Recent: \_\_\_\_\_ Color: \_\_\_\_\_ Painters Used: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Heating Source:  Furnace  Heat Pump  Baseboard  Other / Age of System: \_\_\_\_\_  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Cooling Source:  Central Forced Air  Wall/Window Units  Other / Age of System: \_\_\_\_\_  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Fuel Source(s):  Electricity  Natural Gas  Propane  Oil  Other  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Water Source:  City/County  Community System  Private Well  Shared Well  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

HOA or Condo Association: Name: \_\_\_\_\_ Dues: \$ \_\_\_\_\_ per \_\_\_\_\_  
Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Pest Control: How Often to Spray – Outside: \_\_\_\_\_ Inside: \_\_\_\_\_  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Gardener and Lawn Service: How Often is Maintenance for – Garden: \_\_\_\_\_ Lawn: \_\_\_\_\_  
Service Contracts / Who to Call: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

Cleaning:

General House:	How often: _____	Who to Call: _____
AC Ducts:	How often: _____	Who to Call: _____
Dryer Duct:	How often: _____	Who to Call: _____
Hot Water Heater:	How often: _____	Who to Call: _____

Year Appliances Replaced:

Refrigerator:	_____	Notes: _____
Stove and Oven:	_____	Notes: _____
Microwave:	_____	Notes: _____
Dishwasher:	_____	Notes: _____
Washer and Dryer:	_____	Notes: _____

General Contractors:

Handyman:	_____
Plumber:	_____
Electrician:	_____

Security System Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has Spare Keys: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PETS**

Veterinarian: \_\_\_\_\_

Pet Insurance:  Yes  No Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Location of Insurance Policy/Card: \_\_\_\_\_

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

Birthday/Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Breed: \_\_\_\_\_

Eating/Food Requirements: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Sensitivities/Allergies: \_\_\_\_\_

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

Birthday/Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Breed: \_\_\_\_\_

Eating/Food Requirements: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Sensitivities/Allergies: \_\_\_\_\_

**FINAL WISHES**

Prepaid Funeral Plans:  Yes  No

Funeral Home That Issued the Plan: \_\_\_\_\_

Location of Prepaid Plan Agreement: \_\_\_\_\_

If Funeral Is Not Preplanned, Funeral Home Preference: \_\_\_\_\_

Wish to Be: Buried  Cremated  Other  \_\_\_\_\_

I Own A Cemetery Plot:  Yes  No

Location of Cemetery Plot: \_\_\_\_\_

Type of Casket Wanted: \_\_\_\_\_

Type of Grave Marker Wanted: \_\_\_\_\_

Inscription on Grave Marker: \_\_\_\_\_

Ceremony Preferences: \_\_\_\_\_

\_\_\_\_\_  
Poems, Verses, Scripture, Prayers, or Other Readings: \_\_\_\_\_

\_\_\_\_\_  
Songs or Music: \_\_\_\_\_

\_\_\_\_\_  
Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_