

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. Finally, let your loved ones know where to find and 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):

PETS

Pet Names: _____

Veterinarian: _____

Pet Insurance: Yes No Insurance Company: _____

Policy Number: _____ Location of Insurance Policy/Card: _____

INCOME & FINANCES

Salary/Wages: _____

Direct Deposit: Yes No

Social Security: _____

Direct Deposit: Yes No

Pension: _____

Direct Deposit: Yes No

Retirement Benefits: _____

Direct Deposit: Yes No

Annuity: _____

Direct Deposit: Yes No

Rental Property Income: _____

Direct Deposit: Yes No

Business Income: _____

Direct Deposit: Yes No

Disability: _____

Direct Deposit: Yes No

Interest or Royalty: _____

Direct Deposit: Yes No

Military Benefits: _____

Direct Deposit: Yes No

Other: _____

Direct Deposit: Yes No

Bank or Credit Union: _____

Account Number: _____

Online Account Username: _____

Password: _____

Retirement Account Provider: _____

Account Number: _____

Online Account Username: _____

Password: _____

Brokerage Account Provider: _____

Account Number: _____

Online Account Username: _____

Password: _____

Annuity Issuer: _____

Account Number: _____

Online Account Username: _____

Password: _____

Other: _____

Account Number: _____

Online Account Username: _____

Password: _____

Other: _____

Account Number: _____

Online Account Username: _____

Password: _____

Other: _____

Account Number: _____

Online Account Username: _____

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 | Username | Password |
|---------------------|----------|----------|
| Cell Phone | | |
| Tablet | | |
| Laptop Computer | | |
| Desktop Computer | | |
| External Hard Drive | | |
| | | |
| | | |
| | | |

Email Accounts

| Source | Username | Password |
|---------------|----------|----------|
| Email Address | | |
| Email Address | | |
| Email Address | | |

Storage

| Source | Username | Password |
|--------------|----------|----------|
| iCloud | | |
| Dropbox | | |
| Google Drive | | |
| | | |
| | | |
| | | |

Social Media

| Source | Username | Password |
|-----------|----------|----------|
| Facebook | | |
| Instagram | | |
| Twitter | | |
| LinkedIn | | |
| Pinterest | | |
| YouTube | | |
| | | |
| | | |
| | | |

Streaming

| Source | Username | Password |
|---------|----------|----------|
| Netflix | | |
| Hulu | | |
| Disney+ | | |
| HBO | | |
| | | |
| | | |
| | | |

Travel

| Source | Username | Password |
|---------------------|----------|----------|
| AAA | | |
| Uber | | |
| Lyft | | |
| _____ Airline Miles | | |
| _____ Hotel Rewards | | |
| | | |
| | | |
| | | |

Virtual Connection

| Source | Username | Password |
|----------|----------|----------|
| Zoom | | |
| Skype | | |
| GroupMe | | |
| WhatsApp | | |
| | | |
| | | |
| | | |

Shopping

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

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: Yes No

Wish to Be Cremated: Yes No

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: _____