

## CRISIS INFORMATION CHECKLIST

In the event of a crisis, you should have the following information available to you or your representative.

<b>DOCUMENTS:</b>	<input checked="" type="checkbox"/>	<i>Location of Documents</i>
1. Healthcare Proxy/Living Will	<input type="checkbox"/>	
2. Power of Attorney	<input type="checkbox"/>	
3. Will	<input type="checkbox"/>	
4. Organ Donation Card/Instructions	<input type="checkbox"/>	
5. Cemetery Deed/Funeral Instructions	<input type="checkbox"/>	
6. Insurance Policies	<input type="checkbox"/>	
a. Health Insurance Policy	<input type="checkbox"/>	
b. Life Insurance Policy	<input type="checkbox"/>	
c. Disability Insurance Policy	<input type="checkbox"/>	
d. Long Term Care Insurance Policy	<input type="checkbox"/>	
e. Car Insurance Policy	<input type="checkbox"/>	
f. Homeowner's Insurance Policy	<input type="checkbox"/>	
7. Existing Trust Documents, where you are the donor/beneficiary	<input type="checkbox"/>	

8. Business (partnership/shareholder) Agreements	<input type="checkbox"/>	
9. Deeds to Real Property	<input type="checkbox"/>	
a. Recent Tax Bill associated with Deeds	<input type="checkbox"/>	
10. Real Property Appraisals, if any	<input type="checkbox"/>	
11. Prior Gift Tax Returns	<input type="checkbox"/>	
12. Last Federal Income Tax Return	<input type="checkbox"/>	
13. Pre-Nuptial Agreements	<input type="checkbox"/>	
14. Waiver of Right of Election	<input type="checkbox"/>	
15. Other (guardianship papers, citizenship papers, military service records, visa/passport, birth certificate, divorce/separation agreement, adoption papers)	<input type="checkbox"/>	
<b>Assets:</b>	<input checked="" type="checkbox"/>	<b>Location Information</b>
1. Retirement Plan Benefits	<input type="checkbox"/>	
2. IRAs/Keoghs	<input type="checkbox"/>	
3. 401Ks	<input type="checkbox"/>	
4. Copy of Current Beneficiary Elections	<input type="checkbox"/>	
5. List of Bank Accounts	<input type="checkbox"/>	
6. List of Brokerage Accounts/Mutual Funds	<input type="checkbox"/>	
7. Safe Deposit Box Number and Location	<input type="checkbox"/>	



*List the names, addresses, and phone numbers of the following applicable advisors.*

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Insurance Agent	_____	_____	_____
Financial Planner	_____	_____	_____

