



The Complete Family Emergency Planner

- Emergency Contacts
- Individual Records
- Financial Records
- Household Inventory

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Your Family Emergency Planner

We are constantly bombarded with the importance of storing water, food, clothing, medical supplies, and cash in small bills. But just as important are all your financial records, vital information, phone numbers, bank accounts, business and investment records, etc.

Now is the time to get organized – while you're thinking about it and before life interrupts.

Documentation for proof of ownership of real estate, vehicles, insurance policies and other financial papers and records may be necessary, depending on the possible disaster.

Having this information all in one place can also be helpful in case the main responsible individual becomes incapable of administering the family affairs. Planning ahead and having all the forms and information handy in one place can save much anguish, time, and money.

Keep the originals of all your important forms in a safe deposit box at the bank or in another secure, private, accessible place away from your home.

The following pages contain details to help you complete an inventory and compilation of your family's personal and financial information.

Buy a sturdy 3-ring binder and print the worksheets provided here. This will give you a place to keep your family's important information all in one place should you need to evacuate your home. Make sure everyone knows where it is kept, preferably in close proximity to your 72-hour kits.

Shopping for your planner, include the following items and accessories:

- 3-Ring Binder
- Top-loading sheet protectors, if desired
- Index dividers
- Waterproof, portable container

IMPORTANT EMERGENCY TELEPHONE NUMBERS

	Person/Resource	Location	Phone Number	When to contact? As Directed
Nearest Relative (not immediate family)				
Local Contact (other than family)				
Out of Area Contact				
Emergency			911 or 1-911	
Fire				
Ambulance or Paramedics				
Police/Sheriff				
Family Doctor				
Poison Control				
Hospital				
Pharmacy				
Utilities / Providers				
Electric Power				
Gas Co.				
Water Co.				
Sanitation				
Telephone Co.				
Insurance Agent				
Babysitter				

INDIVIDUAL FAMILY MEMBER RECORDS

Record or Document	Location of Records					
	Name	Name	Name	Name	Name	Name
Birth Certificate						
Adoption Records						
Marriage License						
Social Security Card						
Passport & Visas						
Citizenship Records						
Driver's License						
Military Records						
Retirement Accounts						
Academic Records						
Health Records						
Immunization Records						
Disability Records						
Medications						
Eyeglass Rx						
Church Records						
Will						
Living Will (DNR)						
Other						

LOCATION OF FAMILY DOCUMENTS

Record or Document	Location / Details
Abstract of title for home or other real estate	
Vehicle Titles	
Vehicle Registrations	
Other Vehicle Titles & Registrations	
Bank Statements	
Church Records: <ul style="list-style-type: none"> ▪ Baptism ▪ Confirmation ▪ Membership 	
Cemetery Plot / Deed	
Contracts	
Guarantees / Warranties	
Income Property	



Records	
Insurance Policies <ul style="list-style-type: none">▪ Life▪ Pension Plan▪ Disability▪ Health▪ Other	
Keys to Properties	
Keys to Safe Deposit Box	
Keys to Storage Facility or Other Places	
Marriage / Divorce Records	
Military Service Records	
Mortgage Docs	
Pedigrees for Livestock & Pets	
Property Deeds	



Receipts / Tax Records	
Savings Accounts & Passbooks	
Social Security Records	
Stocks & Bonds / Certificates	
Trusts Records & Information	
Unemployment Benefits Records	
Wills	
Other Documents	



HEALTH & HOSPITALIZATION INSURANCE

Insurance Co. (Local Agent)	Insured Name	Policy No.	Type of Coverage	Premium		Benefits
				Pay Date	Amt.	

ACCIDENT & DISABILITY INSURANCE

Insurance Co. (Local Agent)	Insured Name	Policy No.	Policy Type	Premium		Benefits & Coverage
				Pay Date	Amt.	

BANK ACCOUNTS

Account Name	Bank/Credit Union Address & Phone	Account ID	Account Type	Account Manager	Signatories

FINANCIAL ADVISORS

Name	Address	Phone #
Accountant		
Attorney		
Banker		
Executor of Will(s)		
Life Insurance Agent		
Health Insurance Agent		
Stock Broker		
Other		



PROPERTY & HOUSEHOLD INVENTORY

Tips for Inventory:

In case of destruction of or stolen property, knowing exactly what you own will be extremely important in determining how much insurance is needed to protect your belongings.

Estimate values if you don't know the exact prices. (Don't forget your food storage and survival supplies.)

Inventory Methods:

- Manually – Print out the sheet below and write down everything. Inventory one room at a time and tag each item with a sticky label when the item is accounted for and all values are determined.
- Take photos of each item or area and write the names, purchase dates, costs, or current price, or value when purchased on the back of the photo. Or number the photos and use an audio recording to describe what is in each photo.
- Use a video recording. Include everything: jewelry, clothing, toys, in the garage, on walls, in closets – anything that has value. If you don't own a video recorder, borrow or rent one for a weekend. Use the audio feature to record your descriptions and prices.

Store the written inventory documents, photos or videos in a safe deposit box, if possible.

(Continue to form on the next page.)



GUIDELINES FOR SURVIVORS

Final Disposition Information & Guidelines

Name: _____
First
Middle
Last

When I die, please contact: _____
Name
Relationship

Address
Phone#

My important papers are located at: _____

Information for Death Certificate & Filing for Death Benefits

My address is _____
Street
City
County
State
Zip Code

Citizen of _____ Birthplace _____ Date of Birth _____

Social Security Number ____ - ____ - ____ Occupation/type of business: _____

Veteran of: _____
Branch of Service
Serial Number
Rank

Date & Place Entered Service
Date Discharged
Benefits/Entitlements

I was: married widowed separated divorced remarried

Spouse's full (maiden) name: _____

Next of Kin (other than spouse): _____ Relationship: _____

Address: _____

Father's full name and birthplace: _____

Mother's maiden name and birthplace: _____

Siblings – names and birthplaces: _____

FINAL DISPOSITION INFORMATION & GUIDELINES

Preferences After Death:

Autopsy if doctor or family deems it necessary.

Disposition of Body

Donate my body's organs: Arrangements made on _____ with _____
date organization

Cremation Scatter ashes: _____

Bury container: _____
Location

Funeral Arrangements: Simple No public viewing Least expensive burial
or cremation container Immediate disposition Bury at: _____

Services: Memorial (after disposition) Funeral (before disposition)

Graveside ceremony at: My church Mortuary _____ Other _____

Memorial gifts to: _____ Omit flowers

I have made pre-arrangements with: _____
Name/Address of Mortuary

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Additional Disposition Instructions

Complete a copy of this form for each family member.