

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 TEL	EPHONE NUMBERS
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	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				
	Utiliti	ies / Provid	ers	-
Electric				
Power				
Gas Co.				
Water Co.				
Sanitation				
Telephone				
Co.				
Insurance				
Agent Babysitter				
Babysitter				

Name of Family Member	Date of Birth	Place of Birth & Where Recorded	Social Security #				

FAMILY INFORMATION

NOTES

Record or	Location of Records					
Document	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				1		
(DNR)						
Other						

INDIVIDUAL FAMILY MEMBER RECORDS

LOCATION OF FAMILY DOCUMENTS

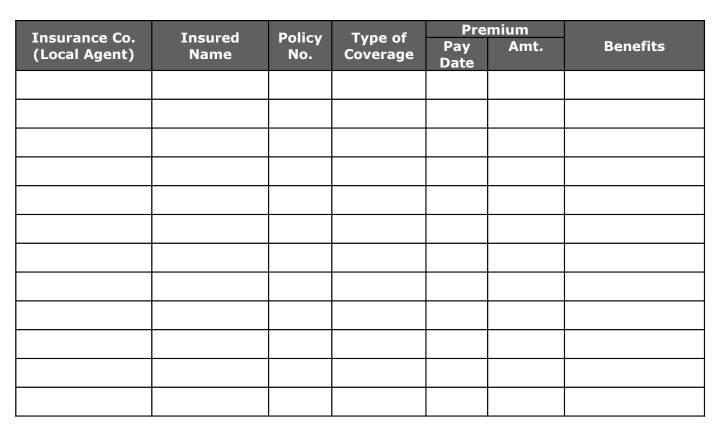
Record or Document	Location / Details
Abstract of title for home or other real estate	
Vehicle Titles	
Vehicle Registrations	
Other Vehicle Titles & Registrations	
Bank Statements	
Church Records: Baptism Confirmation Membership	
Cemetery Plot / Deed	
Contracts	
Guarantees / Warranties	
Income Property	

Descude	
Records	
Insurance Policies • Life	
 Pension Plan 	
Disability	
• Health • Other	
Keys to Properties	
Keys to Safe Deposit Box	
Keys to Storage Facility or Other Places	
· · · · · · · · · · · · · · · · · · ·	
Marriage / Divorce Records	
Milita and Causian	
Military Service Records	
Mortgage Docs	
Pedigrees for Livestock	
& Pets	
Property Deeds	

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

LIFE INSURANCE

Insurance	nsurance Name of Po			Type of	Premiums		Maturit
Company/ Local Agent	Insured	No.	Beneficiary	Coverage	Pay Date	Amt.	y Date
					Dute		
Other Life Insu	irance Informat	tion					



HEALTH & HOSPITALIZATION INSURANCE

ACCIDENT & DISABILITY INSURANCE

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



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		

Name on Acct.	# Cards Issued & to Whom	Account Number	Card Issuer	Address & Telephone #	Expiration Date

RECORD OF CREDIT & DEBIT CARDS

RECORD OF **D**EBTS

Person or Company Owed	Address & Telephone #	Amount Owed	Payment Due Date	Final Payment Date

EQUITIES IN STOCKS, MUTUAL FUNDS, TREASURIES, & CORPORATE BONDS

	Certificate	Purchase	No. of		
Company/Instrument	Serial #(s)	Date	Shares	Cost per Share	Registered To
		Date	Shares	Share	

PRECIOUS METALS & OTHER INVESTMENTS

Name on Account	Account	Name: Bank / Depository /	Account
	Туре	Name: Bank / Depository / Security Company	Number
	•		

	AL ESTATE & PERSONAL PRO				
Insurance Co. & Address	Property Insured (Home/Apt., Furnishings, Vehicle)	Insurance	Coverage		nium
(Local Agent)	Vehicle)	Туре	Amount	Due	Amt.
		-			
-					
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REAL ESTATE & PERSONAL PROPERTY INSURANCE

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.)

PROPERTY & HOUSEHOLD INVENTORY

(Copy this page as needed to complete your inventory.)

Page ____ of ____

Item / Description	Date Acquired	Cost When Purchased	Current Market Value	Source of Valuation
<u></u>				

Album, Tape, or Videotape No.	Property Record (Write or Record Details on Tape)	Room or	Photos / Tapes
Videotape No.	(Muite or Decord Details on Taxe)		
	(write or Record Details on Tape)	Property	Stored at:
+			
├			
├			

PHOTOS & VIDEOS OF PROPERTY & HOUSEHOLD ITEMS

Type of Property (Personal/Business)	Real Estate / Property Description	Location	Documentation Location

REAL ESTATE & PROPERTY DESCRIPTIONS

REAL ESTATE FINANCIALS

Owner(s) & Type of	Date of Original Mortga				Paym	ents	
Ownership	Purchase	Cost	Amount	Interest	Principal	Escrow Amt.	Due Date

Additional Notes on Real Estate Financials	

Name Relationship Address Phone# My important papers are located at:		Final Dispo	sition Info	rmation & Gu	idelines	
First Middle Last When I die, please contact:	Name:					
Name Relationship Address Phone# My important papers are located at:	First		Middl	le		Last
Address Phone# My important papers are located at:	When I die, pleas	e contact:	Name		Pelationshin	
My important papers are located at:			Name		Relationship	
Information for Death Certificate & Filing for Death Benefits My address is	Addres	S		Phone#	:	
My address is	My important pap	ers are locat	ed at:			
My address is						
My address is						
My address is						
My address is						
Street City County State Zip C Citizen of	Informa	tion for Dea	th Certifica	ate & Filing fo	or Death Bene	efits
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/Entitlemen I was: Date and idvorced remarried Spouse's full (maiden) name: Next of Kin (other than spouse): Relationship: Address: Father's full name and birthplace:	My address is				State	Zin Code
Social Security Number Occupation/type of business: Veteran of: Branch of Service Serial Number Rank Date & Place Entered Service Date Discharged Benefits/Entitlemen I was: married widowed separated divorced remarried Spouse's full (maiden) name:						
Veteran of:	Citizen of	Birth	place		_ Date of Birth	
Branch of Service Serial Number Rank Date & Place Entered Service Date Discharged Benefits/Entitlemen I was: □ married □ widowed □ separated □ divorced □ remarried Spouse's full (maiden) name:	Social Security Num	ıber	Occ	cupation/type of	business:	
Date & Place Entered Service Date Discharged Benefits/Entitlemen I was: I married I widowed I separated I divorced I remarried Spouse's full (maiden) name:						
I was: married widowed separated divorced remarried Spouse's full (maiden) name:	Branch	of Service		Serial Number		Rank
Spouse's full (maiden) name: Next of Kin (other than spouse): Relationship: Address: Father's full name and birthplace:	Date & Place En	itered Service	Date	Discharged	Benefits/	Entitlements
Next of Kin (other than spouse):	I was: ם married	widowed	separate	d 🛛 divorced	remarried	
Next of Kin (other than spouse):	Spouse's full (maide	an) name:	-			
Address:		2			Relationshin:	
Father's full name and birthplace:	-				-	
Mother's maiden name and birthplace:						
		me and birthp	lace:			
	Mother's maiden na					
Siblings – names and birthplaces:	Mother's maiden na					

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	organization
Cremation Coatter ashes:	
Bury container: Location	
Location	
□ Funeral Arrangements : □ Simple □ No public viewing □ L or cremation container □ Immediate disposition □ Bury at:	
□ Services: □ Memorial (after disposition) □ Funeral (before disposition)	
Graveside ceremony at: My church Mortuary	□ Other
Memorial gifts to:	D Omit flowers
I have made pre-arrangements with:	,
Signature: Date:	
Witness: Date:	
Witness: Date:	
Additional Disposition Instructions	

Complete a copy of this form for each family member.