
Family Emergency Workbook

An informative resource during a time of need

Our firm does not provide tax or legal advice. All decisions regarding the tax or legal implications of your investments should be made in connection with your independent tax or legal advisor.

Personal

SELF

Full legal name _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____ Place of birth _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications & dosage _____

Dentist name & phone _____

Employer & address _____

Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

SPOUSE

Full legal name _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____ Place of birth _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications and dosage _____

Dentist name & phone _____

Employer & address _____

Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

EMERGENCY CONTACT LIST

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Personal *(Continued)*

CHILDREN/GRANDCHILDREN

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Doctor name & phone _____

Address _____

Dentist name & phone _____

Address _____

Specialist name & phone _____

Address _____

Daycare provider & phone _____

Address _____

PETS

Veterinarian name & phone _____

Pet(s) Name _____

Special considerations _____

Personal *(Continued)*

CHILDREN/GRANDCHILDREN

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Birth date _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Doctor name & phone _____

Address _____

Dentist name & phone _____

Address _____

Specialist name & phone _____

Address _____

Daycare provider & phone _____

Address _____

PETS

Veterinarian name & phone _____

Pet(s) Name _____

Special considerations _____

Financial

INSURANCE

Self Spouse **Insurance company name** _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Death benefits _____ Beneficiary _____

Long-term care policy # _____ Policy location _____

Self Spouse

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Policy location _____

Self Spouse **Insurance company name** _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Death benefits _____ Beneficiary _____

Long-term care policy # _____ Policy location _____

Self Spouse

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Policy location _____

Self Spouse **Insurance company name** _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Death benefits _____ Beneficiary _____

Long-term care policy # _____ Policy location _____

Self Spouse

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Policy location _____

Financial *(Continued)*

FINANCIAL

Financial professional name _____ Phone _____

Firm name & address _____

Statement location _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____

Statement location _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

OTHER PROFESSIONALS

Attorney name _____ Phone _____

Firm name & address _____

Will/Trust location _____

Tax professional name _____ Phone _____

Firm name & address _____

Tax return location _____

Other _____

BANK

Bank name _____ **Bank name** _____

Address _____ Address _____

Phone _____ Phone _____

Website _____ Website _____

Checking # _____ Checking # _____

User name _____ Password _____ User name _____ Password _____

Savings # _____ Savings # _____

User name _____ Password _____ User name _____ Password _____

ATM check card # _____ ATM check card # _____

PIN number _____ PIN number _____

Certificates of Deposit

Amount _____ Amount _____ Amount _____ Amount _____

Amount _____ Amount _____ Amount _____ Amount _____

Financial *(Continued)*

LOANS AND CREDIT

Mortgage holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Second mortgage holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Home equity holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Car loan

Holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Car loan

Holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Miscellaneous loan

Holder _____

Address _____ Phone _____

Account # _____ Interest rate _____

Credit card Visa AMEX MasterCard Discover Other _____

Billing address _____ Phone _____

Account # _____ Interest rate _____

Credit card Visa AMEX MasterCard Discover Other _____

Billing address _____ Phone _____

Account # _____ Interest rate _____

Credit card Visa AMEX MasterCard Discover Other _____

Billing address _____ Phone _____

Account # _____ Interest rate _____

Financial *(Continued)*

OTHER FINANCIAL ASSETS

Mutual Funds, Stock, Bonds, Collectables, Antiques, etc.

Type/Description _____

Location _____

Type/Description _____

Location _____

Type/Description _____

Location _____

Type/Description _____

Location _____

SAFE DEPOSIT BOX

Yes No

Address of box location _____

Location of key to box _____

Box number _____

HOME SAFE

Yes No

Location and combination _____

LOCKER

Gym Country Club Other _____

Member Name _____

Name and address of facility _____

Locker # _____ Lock combination _____

Gym Country Club Other _____

Member Name _____

Name and address of facility _____

Locker # _____ Lock combination _____

Gym Country Club Other _____

Member Name _____

Name and address of facility _____

Locker # _____ Lock combination _____

Medical History

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for

- Cancer _____
- Tuberculosis _____
- Kidney Disorder _____
- Diabetes _____
- Circulatory Problems _____
- Heart _____
- Arthritis _____
- Dementia _____
- Other _____
- Other _____

I am allergic to the following drugs:

- 1. _____ 3. _____
- 2. _____ 4. _____

Physician _____

Treats me for _____

Address/Clinic _____ Phone _____

Physician _____

Treats me for _____

Address/Clinic _____ Phone _____

Physician _____

Treats me for _____

Address/Clinic _____ Phone _____

I have a Living Will Yes No Location of document _____

DNR Instruction Yes No Location of document _____

Additional Remarks _____

I am an Organ Donor Yes No

Additional Remarks _____

Notes

ADDITIONAL REAL ESTATE HOLDINGS

Type of Real Estate _____ Address _____

Deed Location _____ Name on Deed _____

Type of Real Estate _____ Address _____

Deed Location _____ Name on Deed _____

Type of Real Estate _____ Address _____

Deed Location _____ Name on Deed _____

Type of Real Estate _____ Address _____

Deed Location _____ Name on Deed _____

SPECIAL REQUESTS

Type of Burial Mausoleum Lawn Crypt Ground Burial Cremation with Memorial

Obituary Reading _____

Tombstone/Cremation Memorial Plaque Inscription _____

Pallbearers _____

Donations in Lieu of Flowers _____

Music _____

Poetry _____

Religion _____

Minister/Rabbi _____

Other _____

NEIGHBORS OR FRIENDS

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Resources

GLOSSARY

Beneficiary - a person (or organization or charity) who receives a benefit under a will or trust

Capital Gain - profit realized on the sale of an asset or the profit deemed to be realized if the asset has been sold at the time of the owner's death

Codicil - a formal amendment which modifies the terms of a will

Estate - the sum total of a person's assets

Executor - the person or trust company appointed in a will to control and protect the estate's assets, pay off any debts and distribute property as directed by the will

Guardian - the person or person(s) appointed in a will or by the court to have custody of minor children or an incapacitated individual.

Inter Vivos Trust (living trust) - a trust created by a trust deed to take effect during the lifetime of the creator of the trust

Intestate - dying with a will or the person who dies without a will

Issue - descendants of a person, including not only children but grandchildren, great grandchildren and more remote descendants

Personal Property - all property except for real estate and buildings; also known as "personality" (as opposed to "real property" or "realty")

Personal Representative - the individual administering the estate, whether an executor or administrator

Probate - the official confirmation of a will by the courts, confirming the executor's legal right

Real Property - land and buildings; also known as "real estate" or "realty"

Residuary Beneficiary - the beneficiary to whom the residue of the estate is left

Residue - that portion of an estate remaining after all debts, taxes and expenses have been paid and all specific bequests and specific devises have been made

Specific Bequest - a gift under a will of a specific item of personal property or a specific amount of cash

Specific Devise - a gift under a will of a specific parcel of real property

Testator or Testatrix - the person who makes the will

Testamentary Trust - a trust created by a will

Trustee - one who manages property or money for another pursuant to a trust agreement

Will - the legal statement of a person's wishes concerning the disposal of his or her property after death

GOVERNMENT ORGANIZATIONS

SOCIAL SECURITY ADMINISTRATION:

1-800-772-1213 • www.ssa.gov

IRS

1-800-829-1040 • www.irs.gov

FEMA (*Federal Emergency Management Association*)

1-800-621-FEMA (3362) • www.fema.gov

Administration on Aging

(202) 619-0724 • www.aoa.gov

© 2011 RBC Capital Markets, LLC, Member NYSE/FINRA/SIPC. All rights reserved.

RBC Correspondent Services and/or RBC Advisor Services, divisions of RBC Capital Markets, LLC, may provide custody services for accounts managed by your Financial Advisor. The referenced product or service is available through that relationship.