



FAMILY EMERGENCY WORKBOOK

An informative resource during a time of need.



INSTRUCTIONS

This is an important document meant to keep your Trustee and chosen loved ones up to date regarding your important documents, contacts and personal information.

- Please complete as much information as pertains to your personal situation.
- Keep a copy for yourself and share with your Trustee and close loved ones.
- Be sure to review annually. Share any updates with your Trustee and close loved ones.
- The information contained in this document is very confidential. Be sure to keep in a safe, secure place.

PERSONAL

SELF

Full Legal Name _____
Address _____
Cell Phone # _____ Cell Phone Carrier _____
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 _____
HR Contact Name & Phone _____
Supervisor Name & Phone _____
High School Attended _____ College Attended _____
Church Attended _____
Pastor/Priest Name _____ Phone # _____
Organizations/Clubs _____ Phone # _____
Organizations/Clubs _____ Phone # _____

SPOUSE

Full Legal Name _____
Address _____
Cell Phone # _____ Cell Phone Carrier _____
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 _____
HR Contact Name & Phone _____
Supervisor Name & Phone _____
High School Attended _____ College Attended _____
Church Attended _____
Pastor/Priest Name _____ Phone # _____
Organizations/Clubs _____ Phone # _____
Organizations/Clubs _____ Phone # _____

PERSONAL

EMERGENCY CONTACT LIST

Name _____ Home Phone _____ Cell Phone _____
Name _____ Home Phone _____ Cell Phone _____
Name _____ Home Phone _____ Cell Phone _____

CHILDREN

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 _____

Pediatrician 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

Husband Wife

Insurance Company Name _____

Address _____ Phone _____

Life Insurance Policy # _____ Disability Policy # _____

Death Benefits _____ Beneficiary _____

Long-term Care Policy # _____ Policy Location _____

Husband Wife

Insurance Company Name _____

Address _____ Phone _____

Homeowner Policy # _____ Auto Policy # _____

Umbrella Policy # _____ Policy Location _____

Husband Wife

Insurance Company Name _____

Address _____ Phone _____

Life insurance Policy # _____ Disability Policy # _____

Death Benefits _____ Beneficiary _____

Long-term Care Policy # _____ Policy Location _____

Husband Wife

Insurance Company Name _____

Address _____ Phone _____

Homeowner Policy # _____ Auto Policy # _____

Umbrella Policy # _____ Policy Location _____

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Insurance Company Name _____

Address _____ Phone _____

Life insurance Policy # _____ Disability Policy # _____

Death Benefits _____ Beneficiary _____

Long-term Care Policy # _____ Policy Location _____

Husband Wife

Insurance Company Name _____

Address _____ Phone _____

Homeowner Policy # _____ Auto Policy # _____

Umbrella Policy # _____ Policy Location _____

FINANCIAL

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 _____

Address _____ Phone _____

Checking # _____ User Name _____ Password _____

Savings # _____ User Name _____ Password _____

ATM Check Card # _____ PIN # _____

Certificates of Deposit

Amount _____ Amount _____

Amount _____ Amount _____

Bank Name _____

Address _____ Phone _____

Checking # _____ User Name _____ Password _____

Savings # _____ User Name _____ Password _____

ATM Check Card # _____ PIN # _____

Certificates of Deposit

Amount _____ Amount _____

Amount _____ Amount _____

FINANCIAL

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 _____

Second Car Loan Holder _____

Address _____ Phone _____

Account # _____ Interest Rate _____

Miscellaneous 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 _____

Credit Card: Visa AMEX MasterCard Discover Other

Billing Address _____ Phone _____

Account # _____ Interest Rate _____

FINANCIAL

OTHER FINANCIAL ASSETS

Mutual Funds, Stock, Bonds, 529 Plans, Collectables, Antiques, etc.

Type/Description _____

Company Name _____ Phone _____

Type/Description _____

Company Name _____ Phone _____

Type/Description _____

Company Name _____ Phone _____

Type/Description _____

Company Name _____ Phone _____

Type/Description _____

Company Name _____ Phone _____

SAFE DEPOSIT BOX

Yes No

Address of Box Location _____

Location of Key to Box _____

Box Number _____

HOME SAFE

Yes No

Location _____ 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:

1. _____ 2. _____
3. _____ 4. _____
4. _____ 5. _____

Physician _____

Treats Me for _____

Clinic Name and Address _____ Phone _____

Physician _____

Treats Me for _____

Clinic Name and Address _____ Phone _____

Physician _____

Treats Me for _____

Clinic Name and Address _____ Phone _____

I have a Living Will Yes No Location of Document _____

Additional Remarks _____

DNR Instruction Yes No Location of Document _____

Additional Remarks _____

I am an Organ Donor Yes No

Additional Remarks _____

OTHER INFORMATION

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 _____

Trustee _____

Personal Representative _____

Executor of Estate _____

Other _____

NEIGHBORS OR FRIENDS

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



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