



# FAMILY EMERGENCY WORKBOOK

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An informative resource during a time of need.

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**ADDITIONAL NOTES**

Horizontal lines for additional notes.

**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.

**RESOURCES**

- SOCIAL SECURITY ADMINISTRATION:** 800.772.1213 | ssa.gov
- IRS:** 800.829.1040 | irs.gov
- FEMA (Federal Emergency Management Association):** 800.621.FEMA(3362) | fema.gov
- Administration on Aging:** 202.619.0724 | aoa.gov

# 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 \_\_\_\_\_

# 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 \_\_\_\_\_

## 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 \_\_\_\_\_  
\_\_\_\_\_

# 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 \_\_\_\_\_

# 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 \_\_\_\_\_

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 \_\_\_\_\_

# 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 \_\_\_\_\_