IMPORTANT INFORMATION ORGANIZER

| NAME | INFORMATION CURRENT AS OF |
|--------------|---------------------------|
| ADDRESS | DATE OF BIRTH |
| PHONE NUMBER | SOCIAL SECURITY NUMBER |

| EMERGENCY CONTACT INFORMATION | | | |
|-------------------------------|------|--------------|---------------|
| Role | Name | Phone Number | Email Address |
| PRIMARY CARE DOCTOR | | | |
| ATTORNEY | | | |
| FINANCIAL PLANNER/ADVISOR | | | |
| ACCOUNTANT | | | |
| TRUSTED FAMILY MEMBER/FRIEND | | | |
| OTHER | | | |
| OTHER | | | |

| MEDICAL INFORMATION | | |
|---------------------|--------|--|
| Medications | Dosage | |
| | | |
| | | |
| Allergies | | |
| | | |
| | | |
| Medical Devices | | |
| | | |
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cristina@futureperfect.nyc 646 543 8065

| LEGAL DOCUMENTS | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|---|
| WILL | POWER OF ATTORNEY | HEALTHCARE PROXY | LIVING WILL/ADVANCE DIRECTIVE |
| ☐ Is in place | □ Is in place | □ Is in place | □ Is in place |
| ☐ Is not in place | ☐ Is not in place | □ Is not in place | □ Is not in place |
| If yes, where can the original be | If yes, where can the original be | If yes, where can the original be | If yes, where can the original be found? |
| found? | found? | found? | |
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| Describe other important docum | ents and where they are located (ex l | | ificates; passports; adoption paperwork; leases and |
| | | property deeds) | |
| | | | |
| | | | |
| | FIN | ANCIAL DOCUMENTS | |
| | | BANK ACCOUNTS | |
| Type of account (eg checking, | | | |
| savings, CD) | Title of Account | Institution Name | Account Number |
| 501111.gs/ 62/ | The divided in | octation name | /iccount it and it |
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| | INV | ESTMENT ACCOUNTS | | | | |
|-------------------------------------|-------------------------|----------------------|----------------|--|--|--|
| Type of account (eg IRA, Roth IRA, | | | | | | |
| 401k, 403b, SEP, individual or | | | | | | |
| joint brokerage account) | Title of Account | Institution Name | Account Number | | | |
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| | Hee | INCLIDANCE DOLLCIEC | | | | |
| | LIFE INSURANCE POLICIES | | | | | |
| Type of policy (eg term, universal, | | | | | | |
| whole, hybrid) | Insurer | Beneficiary | Policy Number | | | |
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| | | | | | | |
| | | R INSURANCE POLICIES | | | | |
| Type of policy | Insurer | P | olicy Number | | | |
| LONG TERM CARE | | | | | | |
| AUTO | | | | | | |
| HOMEOWNERS/RENTERS | | | | | | |
| UMBRELLA | | | | | | |
| HEALTH | | | | | | |
| DENTAL | | | | | | |
| OTHER | | | | | | |

| OUTSTANDING LIABILITIES | | | |
|---|-------------|------------------------|----------------|
| Type (eg mortgage; credit card; | | | |
| line of credit; student, personal, | | | |
| auto, business Ioan) | Loan Holder | Approximate Amount Due | Account Number |
| | | | |
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| OTHER INFORMATION | | | |
| If there is other information that will be important for people to know in case of emergency (ex location of spare keys, how to access the safe, children's school contacts, computer or phone passwords, pet care information, etc.), please use the space below | | | |
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