**JUST IN CASE … ARE YOU PREPARED FOR AN EMERGENCY?**

Fire, flood, theft, sudden injury or illness…are you prepared? Organize and prepare so that you minimize the impact quickly. Store **originals** in a safe place (safety deposit box) and securely keep **copies** in a fire + water proof portable box. Create a **Master Checklist** with location of document info and store with your will. Give checklist copy to adult children, or close relative. Keep a copy with your grab & go emergency kit.

**IMPORTANT DOCUMENTS**

You need to organize: **Personal** records, **Health** records, **Financial** records, **Home and Property** records, **Auto** records, **Electronic** records and **Pet** records.

Consider scanning to store documents electronically on an external hard drive or CD but be aware that confidential and private information MUST be protected from theft and stored securely.

 **PERSONAL CHECKLIST of IMPORTANT DOCUMENTS**

|  |  |
| --- | --- |
| **Document** | **Location** |
| Birth Certificate / Citizenship Papers |  |
| Marriage Certificate, Divorce decree(s) |  |
| Custody papers |  |
| SIN |  |
| Passport |  |
| Baptismal & Confirmation records |  |
| Will, trust documents, funeral plan and burial site info |  |
| Power of Attorney for Personal Care |  |
| Power of Attorney for Property |  |
| Recent Income tax return |  |
| List of Prescriptions: name of medication, dosage, doctor |  |
| Safety Deposit box & Key + Inventory List |  |

**PERSONAL INFORMATION**

(You, spouse, partner, children, parents)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **NAME** | **CURRENT ADDRESS** | **HM PHONE** | **WRK PHONE** | **CELL** |
|  |  |  |  |  |
| **BIRTHDATE** | **BIRTHPLACE** | **SIN** | **DR. LICENSE #** | **EMAIL ADDRESS** |
|  |  |  |  |  |
| **OFFICE ADDRESS** | **OFFICE contact name**  | **PHONE #** | **Passport #** |  |
|  |  |  |  |  |

**Power of Attorney for PERSONAL CARE****Power of Attorney for PROPERTY**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE** | **CELL** | **EMAIL** |
|  |  |  |  |  |
| **LOCATION of Original Document** |  | **LOCATION of Copy** |  |  |

**Provide Info for: Lawyer, Physician(s), Accountant, Clergy, Insurance Agent:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE** | **CELL** | **EMAIL** |
|  |  |  |  |  |
| **LOCATION of WILL** | **LIFE Insurance Policy Info** | **Property Ins Policy Info** |  |  |
|  |  |  |  |  |

**EMERGENCY PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **Meeting Location 1** |  |
| **Meeting Location 2** |  |
| **Emergency grab list location** |  |
| **Water shutdown location** |  |
| **Gas shutdown location** |  |
| **Burglar Alarm Code** |  |
| **Alarm Company contact Phone #** |  |
| **Emergency Contact Phone #** |  |
| **Emergency Contact Phone #** |  |
| **Emergency Cash Location** |  |

**HEALTH INSURANCE POLICIES (includes Prescription drugs, and possibly Dental)** |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Who covered** | **Insurer** | **Policy #** | **Contact Info phone**  |
|  |  |  |  |
| **Co Pay amount?** | **Cost/month** |  | **Web ID & Password** |
|  |  |  |  |
| **OHIP Card #** |  |  |  |
| **Health Issues – Allergies etc.** |  |  |  |
| **ATTACH dated list of**  | **Rx Meds:** |  |  |

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| --- | --- | --- | --- | --- |
| **Vehicle** | **YEAR** | **Colour** | **Make/ Model** | **LICENSE PLATE** |
|  |  |  |  |  |
| **VIN** | **INSURER** | **CONTACT #** | **POLICY #** | **DEDUCTIBLE** |
|  |  |  |  |  |
| **COVERAGE** | **SPARE KEY** |  |  |  |
|  |  |  |  |  |

**CAR, MOTORCYCLE, BOAT, RV INSURANCE** |
| **HOMEOWNERS / RENTERS INSURANCE** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSURER** | **Phone #** | **Email** | **Address** | **Policy #** |
| **Deductible** | **Location of Policy** |  |  |  |

 |  |  |  |  |
| **PROPERTY DEED, REAL ESTATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Deed Location** | **Address** | **Mortgage**  | **Mortgage Details** |
|  |  |  |  |
| **Home Improvement Records** |  |  |  |
|  |  |  |  |
| **Other Real Estate Documents** | **Address** | **Mortgage** | **Details** |
|  |  |  |  |

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| --- | --- | --- | --- |
| **EMAIL ACCOUNT** | **EMAIL ADDRESS** | **USER NAME/ID** | **PASSWORD** |
|  |  |  |  |
| **WEBSITE** | **WEB ID** | **PASSWORD** |  |
|  |  |  |  |
| **Computer USER Name** | **PASSWORD** |  |  |
|  |  |  |  |
| **PENSION Plan website** | **USER ID & PASSWORD** | **BENEFICIARY**  | **PENSION PLAN #** |
|  |  |  |  |

**DATA BACKUP PLANS (services, thumb drives, external hard drives, DVDs)**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE/Description** | **ID LOGIN-if needed** | **PASSWORD** | **LOCATION** |
|  |  |  |  |
| **How to Restore** |  |  |  |
|  |  |  |  |

**FINANCIAL RECORDS****ELECTRONIC RECORDS (Include Library card online info)**

|  |  |  |
| --- | --- | --- |
| **BANK ACCOUNTS/Credit Union** |  |  |
| **TYPE** | **INSTITUTION** | **ACCOUNT #** |
|  |  |  |
| **OWNERS of Account** | **Bank Contact info** |  |
|  |  |  |
| **Statements sent to physical or email address** | **Automated payments from:** |  |
|  |  |  |
| **Checks & Checkbook location** | **ATM & debit cards for account** | **ATM PIN** |
|  |  |  |
| **DEBT/LOAN Agreement(s)** | **Payment Details** |  |
|  |  |  |
| **INVESTMENTS – RSP Accounts, stocks, bonds, GICs** | **Details** | **Beneficiaries** |
|  |  |  |

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| **CREDIT CARDS** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **ISSUING BANK** | **NAME on CARD** | **CARD #** | **EXPIRY DATE** |
|  |  |  |  |  |
| **WEBSITE** | **WEB ID** | **WEB Password** | **Cust. Service Phone #** |  |
|  |  |  |  |  |
| **TYPE** | **ISSUING BANK** | **NAME on CARD** | **CARD #** | **EXPIRY DATE** |
|  |  |  |  |  |
| **WEBSITE** | **WEB ID** | **WEB Password** | **Cust. Service Phone #** |  |
|  |  |  |  |  |

**ACCOUNT NUMBERS (Utilities, Mortgage, Cable, Lawn, Cell Phone, Cleaning, Household Warranties etc.)** |
|  |  |
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| --- | --- | --- | --- | --- |
| **Account Type** | **Account number** | **Company** | **Phone** | **Website ID** |
|  |  |  |  |  |
| **Account Type** | **Account number** | **Company** | **Phone** | **Website ID** |
|  |  |  |  |  |
| **Warranty Item** | **Dates** | **Length of Warranty** |  |  |
|  |  |  |  |  |

**LIFE INSURANCE POLICIES Includes AD&D, & LTD**

|  |  |  |
| --- | --- | --- |
| **Policy Holder** | **Policy Number** | **Policy Amount** |
|  |  |  |
| **Policy Holder Contact Info** | **Beneficiaries** |  |
|  |  |  |

**FINAL ARRANGEMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Institution to handle arrangements** | **Time on Life Support?** | **DNR?** | **Date Updated** |
|  |  |  |  |  |
| **Casket/Container** | **Open or Closed?** | **Burial/Cremation**  |  | **Where interred?** |
|  |  |  |  |  |
| **Who performs ceremony?** | **Pallbearers** | **Grave/Burial Marker?** | **Music?** | **Flowers/Donations** |
|  |  |  |  |  |
| **Eulogy Notes**  | **Milestones of Life** |  |  |  |
| **Personal Letters Location** | **Who is letter for?** |  |  |  |
|  |  |  |  |  |

 |
| **ESTATE PLANS & GIFTS** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **WILL Location** | **Executor** | **Trust Location** | **Trustees** |
|  |  |  |  |
| **Item** | **Who for?** | **Circumstances (death of self, spouse, or both)** |  |
|  |  |  |  |

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| **PET RECORDS** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **PET NAME** | **BIRTHDATE** | **VETINARY** | **VET CONTACT INFO** |
|  |  |  |  |
| **Location of Records** | **Medications** |  |  |
|  |  |  |  |

 |  |  |
| **Notifications in case of death** |  |  |
| 1. **Financial Institutions: Notify all. A copy of the Will and Death certificate will be required.**

**Safety deposit boxes held jointly are not frozen. Joint accounts can be transferred to the** **surviving spouse’s name alone. Executors can open an estate account to settle the estate.**1. **Ontario Teachers’ Pension Plan or OMERS, Old Age Security pension plan, private plan.**
2. **Income tax – Canada Customs & Revenue Agency. A final income tax return must be filed no**

 **later than April 30th of the year following death or 6 months following death whichever is later.** |  |  |
| 1. **Veteran Affairs Canada**
2. **Canada Pension Plan Benefits – Human Resources Development Canada.**

**Applications for CPP Survivor Benefits (pension) and death benefit.**1. **Cancel deceased’s Social Insurance Card and Passport.**
2. **Notify to remove deceased’s name from:**
* **Utility companies-gas, hydro, water, telephone, cable, internet**
* **Credit card companies**
* **Tax department**
* **Ministry of Health – OHIP Health card**
* **Ministry of Transportation – vehicle ownership, driver’s license**
* **Lawyer**
* **Magazine subscriptions, other organizations**
 |  |  |
| **PHOTOCOPY WALLET CONTENTS** |
| **Driver’s license, Vehicle Ownership & Insurance, Donor Card, OHIP Health card, Medical Insurance card, Credit cards, Debit cards, Library card.** |  |  |  |  |
| **Membership cards: gym, rewards cards, grocery store loyalty cards, air miles, clubs cards** |  |  |  |  |
| **Place as many cards as will fit on the screen, photocopy, then flip cards over and do the other****side.****Store in a secure location.** |  |
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