**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)** | | | | | | | | |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **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:** |  |  | | | | | | | | | |  | |
|  | |  | | | | | | | |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **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** | |  |  |  | | | |  | | | |  | |
| **CREDIT CARDS** | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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.)** | | | | | | | | |
|  | | | | |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **WILL Location** | **Executor** | **Trust Location** | **Trustees** | |  |  |  |  | | **Item** | **Who for?** | **Circumstances (death of self, spouse, or both)** |  | |  |  |  |  | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PET RECORDS** | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | | **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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