

Emergency & Estate Directory



Name:

Date:

Next Review:

This Emergency & Estate Directory is designed to help you organize your important information to assist others in locating your family, friends, advisors, and important documents in the event of an emergency, disability, or death. You should review and update this document regularly to ensure it always contains the current information.

EMERGENCY CONTACTS

| <i>Contact 1</i> | <i>Contact 2</i> |
|----------------------|----------------------|
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |
| Relationship: | Relationship: |

PERSONAL INFORMATION

| | |
|-----------------------------------|-----------------------------------|
| Name: | Name: |
| Allergies: | Allergies: |
| Medication: | Medication: |
| Birthday: | Birthday: |
| Birthplace: | Birthplace: |
| Social Insurance #: | Social Insurance #: |
| Passport #: | Passport #: |
| Address: | Address: |
| Email: | Email: |
| Phone: | Phone: |
| Children's Guardian: | Children's Guardian: |
| Employer: | Employer: |
| Employer Phone: | Employer Phone: |
| Employer Benefits Plan ID: | Employer Benefits Plan ID: |
| Employer Benefits Phone: | Employer Benefits Phone: |
| Power of Attorney Name: | Power of Attorney Name: |
| Personal Directives Name: | Personal Directives Name: |
| Organ Donation: | Organ Donation: |
| Body: | Body: |
| Funeral Arrangements: | Funeral Arrangements: |
| If yes, where: | If yes, where: |

CHILDREN

| | |
|------------------|------------------|
| Name: | Name: |
| Birthday: | Birthday: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

| | |
|------------------|------------------|
| Name: | Name: |
| Birthday: | Birthday: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

RELATIVES TO NOTIFY

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|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

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|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

| | |
|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

FRIENDS TO NOTIFY

| | |
|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

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|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

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|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

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|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

PROFESSIONALS TO NOTIFY

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|--|---------------------------------------|
| <i>Investment Advisor</i> | <i>Insurance Advisor</i> |
| Company: Aligned Capital Partners | Company: MRG Wealth Management |
| Name: Ryan Gubic | Name: Ryan Gubic |
| Phone: 403-999-4500 | Phone: 403-999-4500 |
| Email: rgubic@mrgwealth.com | Email: rgubic@mrgwealth.com |
| Address: Calgary, AB | Address: Calgary, AB |

| | |
|----------------------|--------------------------|
| <i>Lawyer</i> | <i>Accountant</i> |
| Company: | Company: |
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

| | |
|----------------------|----------------------|
| <i>Other:</i> | <i>Other:</i> |
| Company: | Company: |
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |

LOCATION OF IMPORTANT DOCUMENTS

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|-------------------------------------|
| Documents in my home are located: |
| Documents in my office are located: |
| My safety deposit box is located: |

| | Home | Office | SD Box | Other |
|-------------------------------|------|--------|--------|-------|
| My will dated: _____ | | | | |
| Spouse's will dated: _____ | | | | |
| Power of attorney | | | | |
| Personal directives | | | | |
| Personal insurance | | | | |
| Birth certificate | | | | |
| Passport | | | | |
| Real estate documents | | | | |
| Marriage documents | | | | |
| Business agreements | | | | |
| Funeral arrangement documents | | | | |

INSURANCE POLICIES

| Owner | Type | Provider | Policy # | Coverage | Beneficiary | Insured |
|-------|------|----------|----------|----------|-------------|---------|
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INVESTMENT/BANK ACCOUNTS

| Owner | Institution | Account Type | Account # |
|-------|-------------|--------------|-----------|
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REAL ESTATE

| Owner | Property Type | Address |
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OTHER INVESTMENTS/ASSETS/PENSION

| Owner | Investment/Asset | Details |
|-------|------------------|---------|
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