Emergency Personal Data

(update as necessary and date each update)

date: // Emergency contact person: Address: the second states in general states in the second state of the second state of the second state of the second states in the second state of the second states of the second state Phone: Prepaid Funeral Arrangements; Location of Health Care Proxy: Location of Living/Irrevocable Trust: Location of NYS Living Will: Location of Durable Power of Attorney: Location of Power of Attorney: Location of Keys: NYS Retiree ID Number: Location of Medicare and Supplemental Insurance Cards: Location of Driver's License/Registration: Location of Birth Certificate/Adoption Papers: Location of Marriage Certificate/Prenuptial Agreement: Location of Divorce/separation Papers: Location of Military Service Records/DD214: Passport Number and Location: Location of income tax records: Location of Naturalization/Resident Papers: NYSUT Membership Number: Instructions for Care of Pet:

Include an "In Case of Emergency" listing on your cell phone. EMTs look for this information.

NOTE: There is no claim here that this document is complete or satisfies all situations; it contains suggestions that must be intelligently applied and altered as one plans for the

future.

Medical Information

(you might want to put this on a card and carry it in your wallet)

Physician's name and specialty:	Contact information_
Pharmacy:	
Pharmacy:Phone:	
Medications: (keep this list updated)	
Location of medical records:	
9	
Other medical information/instructions:	
Here	
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Banking Information

Primary Checking Account:
Bank Name/Account Number:/
Location of Checkbook:
Address:
Phone:
Other Checking Account:
Bank Name/Account Number:
Location of Checkbook:
Address:
Phone:
Phone:
Bank Name/Account Number:
Location of Checkbook:
Address:
Phone:
Primary Savings Account:
Bank Name/Account Number:
Location of Bankbook:
Address:
Phone:
Oil - Caringa Account:
Other Savings Account: Bank Name/Account Number:
Bank Name/Account Number.
Location of Bankbook:
Address:
Phone:
Special Information Regarding My Bank Accounts:
Special information regarding 127 Bandon
We will a series of the series
Safe Deposit Box #1:
Number:
Location of keys:

Contents of box:	
Safe Deposit Box #2:	
I postad at	
1 10111001.	
Econion of KCAS	The second secon
Contents of box:	
	The second of th
Charge Accounts: Card 1:	
Number:	Evniration Date:
	Exhiration Date: /
Phone:	200 1 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Card 2:	
Issued by:	
Number:	Expiration Date: / /
	The state of the s
Issued by:Number:	
	Hyperparton Data:
Phone:	Expitation Date:
Card 4:	
Issued by:	
Number:	Evaluation Det
Phone:	Expiration Date:/
Card 5:	
Issued by:	
Number:	Eveniustia D. I
Phone:	
Card 6 :	
Issued by: Number:	The second section of the second section is a second section of the second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the s
Phone:	HVnirotion Date.
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Insurance Information

Contact my agent or write directly to life insurance companies to claim proceeds as soon as possible. A copy of the death certificate will be required.

Policies are located:		
	Insurances	
Life Insurance Policy:		
Company:		
Policy Number:	Face Amount	-
Loan Ralance	Amount due on death.	
Agent:	Phone:	
Additional Life Insurance:		
Company:	The state of the s	
Policy Number:	Face Amount	
Loan Balance'	Amount due on death.	
Agent:	Phone:	
Additional Life Insurance:		
Company:	The second of th	
Policy Number:	Face Amount	
Loan Balance:	Amount due on death.	
Agent:	Phone:	
Homeowner's Insurance:		
	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
Daliar Mumber	A SECOND A WINDOWS TO THE PROPERTY OF THE PROP	
Agent:	Phone:	
Medical Insurance:		
	port of the second seco	
Dollar Number		
Agent:	Phone:	
Additional Medical Insurance:		
Company:		
Agent:	71	
Long Term Care Insurance:		
Policy Number:		
Agent	Phone:	

Veteran's Insurance:	
Policy Number: Contact:	
Contact:	Phone:
Liability Umbrella Policy:	
Policy Number:	
A cent	76.1
Agent.	Phone:
Dental Insurance Policy:	
Company:	
Policy Number:	
Agent:	Phone:
Accidental Death Policy:	
Company:	
Policy Number	
A gent:	Phone:
	Phone:
Disability Insurance Policy:	
Company:Policy Number:	
Policy Number:	
Agent:	Phone;
NYSUT Catastrophic Policy (if any):	
Company:	
Policy Number	
Agent.	Phone
	Phone:
Travel Insurance:	
Company:	
Agent:	Phone:
Rental Insurance:	
Company:	
Policy Number:	THE SECTION OF THE SE
Agent:	Phone:
Optical Insurance:	AVAIO.
Commonwe	
Company:	
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Agent:	Phone:
Auto Insurance:	
Company:	
Policy Number:	
Agent:	Phone:
The second state of the se	Fnone:

Financial Information

Stocks, Bonds, Investments:
Stockbroker:
Company:
Phone:
Address:
Title to Stocks and Bonds:
Location of stock/bond certificates:
Location of complete list of stocks and bonds:
Location of Other Financial Records:
Financial Advisor's Name:
Phone Number:
Business Interests:
Description of Business:
A STANDARD - CHO- HIRLY SE LEGIS MEN STANDARD IN SECULO SE
Share of Ownership:
For more information on business matters, contact:
Name:
Phone:
Outstanding Debts Owed to Me:
Description:
Terms:
Polonos:
Balance:
Documentation:
Other Information:
One momentum
Outstanding Debts Owed By Me:
Description:
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Terms:
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Documentation:
Other Information:
Pensions and Other Income
Pension and Retirement Accounts:
I have the following pensions and/or actions and a second
I have the following pensions and/or retirement accounts in addition to the one with the New York State Teachers' Retirement System: (NYSTRS Contact Info: 1-800-348-7298)
37
Administrator:
I HOHE.
Other Notes:
Name: Administrator: Address:
Address:
Address:
r none.
Other Notes:
Name
Administrator:
Address:
Phone: Other Notes:
Other Sources of Income:
Source:
Amount: Special Notes:
F

Source:		Special Notes:
Source:		Special Notes:
.= 300 53811115291120110155		A particular programme demonstrational programme and the second s
<u>Trusts:</u>	in my will	not in my will
Trustee:		
Terms:		generalization between the second control of the second possess.
Trust 2:		not in my will
		- and the second
Phone:		
Beneficiaries:		
Terms:	Control Control of the Control of th	

Social Security Benefits:

To receive Social Security benefits, immediately contact the Social Security office nearest you for further instructions so that payments may be received promptly.

You will need the following: a Social Security card or number; death certificate; a birth certificate for every child under 18, or for those under 22 and attending college, the member's birth certificate and marriage certificate/license.

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Real Estate and Other Property

Property One:		
You will find the deed to this property It is registered in the following names		
It is registered in the following names		
Estimated value: \$ Mortgage balance: \$		ra-
Files on the purchase of the property improvements, at a create the	_ as of .	
It is registered in the following names Estimated value: \$ Mortgage balance: \$ Files on the purchase of the property, improvements, etc., are located:		
An inventory of household furnishings and their real in the inventory of household furnishings and their real in the inventory of household furnishings and their real in the inventory of household furnishings and their real in the inventory of household furnishings and their real in the inventory of household furnishings and their real in the inventory of household furnishings and the inventory of household furnishings are not the inventory of household furnishings and the inventory of household furnishings are not the inventory of household furnishings and the inventory of household furnishings are not the inventory of household furnishings and the inventory of household furnishings are not the inventory of household furnishings and the inventory of household furnishings are not the inventory of household furnishings are not the inventory of household furnishing and the inventory of househol		
Important documents related to this property are located:		
Important documents related to this property are located: Special instructions regarding this property:		
Special instructions regarding this property:		
Property Two:		
You will find the deed to this property It is registered in the following names	-	
It is registered in the following names		
It is registered in the following names Estimated value: \$ Mortgage balance: \$ Files on the purchase of the property, improvements, etc., are located:		
Files on the purchase of the property improvements at a contract.	_ as of _	_/_/
i me property, improvements, etc., are located: _		
An inventory of household furnishings and their value is located: Important documents related to this property are located:		
Important documents related to this property are located: Special instructions regarding this property:		
Special instructions regarding this property:		
1 Joseph Land Property.		
Property Three		
You will find the deed to this property It is registered in the following names		
It is registered in the following names	-	
Estimated value: \$ Mortgage balance: \$		
Files on the purchase of the property, improvements, etc., are located:	_ as of _	/ /
respectly, improvements, etc., are located:		
An inventory of household furnishings and their value is located:	Tall to the State of	
Important documents related to this property are located: Special instructions regarding this property:		
Special instructions regarding this property		
Special instructions regarding this property:		
Property Four		
You will find the deed to this property		
It is registered in the following names		
Estimated value: \$ Mortgage balance: \$	<u> </u>	1 1
Files on the purchase of the property, improvements, etc., are located:	as of _	/ /
An inventory of household furnishings and their value is located:		
		Star Astron
Special instructions regarding this property:		
and property.		

Other Property of Value (boats, cars, jewelry, collectibles, etc.)

Property description:
Location:
Estimated value: _ \$
Location: Estimated value:\$ Special notes and/or instructions regarding this property:
Property description:
Location:
Estimated value: \$
Location: Estimated value: \$ Special notes and/or instructions regarding this property:
Property description:
Location:
Location: Estimated value: \$
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Special notes and/or instructions regarding this property.
Property description:
Location:
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Property description:
Location:
Estimated value: \$_\\$ Special notes and/or instructions regarding this property:
Special notes and/or instructions regarding this property:
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Property description:
Location:
Estimated value: \$Special notes and/or instructions regarding this property:
Special notes and/or instructions regarding this property.

Last Will And Testament

My will is located:		
I have designated		as my executor.
If he/she declines that duty or c	annot serve, my	alternate executor is
Provisions of my will that must	be acted upon in	nmediately:
	Family a	nd Heirs:
Name	Age	Relationship
Attorney		Accountant
Name:		Name
Firm:		
		Firm: Address:
Phone:		

Military Records

Branch of Service:	
Service Number:	
Length of Service: from _	to
Highest Rank Achieved:	
Ido _	do not have a service-related disability.
Location of military reco	rds and special papers:
	owing veterans' association(s):
Name	
And do the	e following:
I am	I am not entitled to a Military Honor Guard at the
Gravesite. Please ask the director about acquiring a free of charge by complet	funeral director to arrange for an Honor Guard. Ask the funeral flag, or one may be acquired at the Post Office or Veterans' Office ing a form
Hee of charge of combice	mg a roim.

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