

**DAMON KEY LEONG KUPCHAK HASTERT
PERSONAL PREPAREDNESS CHECKLIST**

PEOPLE

Who should be notified when you are incapacitated or die?

Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-Mail Address: _____	E-Mail Address: _____
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-Mail Address: _____	E-Mail Address: _____
Relationship: _____	Relationship: _____

PERSONAL IDENTIFYING INFORMATION

Birth Certificate: Location _____
(Where is original or copy?) Address: _____

Passport: Issuing Country: _____ Location _____
Number: _____ Address: _____

Social Security: Number: _____ Name: _____

Driver's License: Issuing State: _____ Number: _____

Global Entry Number: _____

Military Identification Number: _____

DD-214 entitling former military to burial benefits location?
Name: _____
Address: _____
Phone Number: _____ Relationship: _____

ATTORNEYS

List each of your attorneys and their contact information.

Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

Location of your current Will, Trust, Durable Power of Attorney, and Advanced Care Directive?

Name: _____
Address: _____
Phone Number: _____

ACCOUNTANT/TAX PREPARER

List each of your accountants and tax preparers and their contact information.

Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

Location of last five years' tax returns.

Name: _____
Address: _____
Address: _____
Phone Number: _____

FINANCIAL ADVISORS & INVESTMENTS

List each of financial advisor and their contact information.

Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

List each investment account and account contact information.

Company: _____	Company: _____
Contact: _____	Contact: _____
Account Number: _____	Account Number: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Login: _____	Login: _____
Password: _____	Password: _____

Company: _____	Company: _____
Contact: _____	Contact: _____
Account Number: _____	Account Number: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Login: _____	Login: _____
Password: _____	Password: _____

BANK/CREDIT/FINANCIAL INSTITUTION ACCOUNTS

Name of Institution: _____
 Branch where account was opened: _____
 Name(s) on account: _____
 Account Number: _____
 Type of Account: _____
 Log in: _____
 Password: _____
 PIN Number: _____

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 Name(s) on account: _____
 Account Number: _____
 Type of Account: _____
 Log in: _____
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REAL PROPERTY

For each interest in real property:

Address: _____
 Tenants in Common Tenants by the Entirety Other: _____
 Other owners on Title: _____
 Location of copy of Deed: _____

Address: _____
 Tenants in Common Tenants by the Entirety Other: _____
 Other owners on Title: _____
 Location of copy of Deed: _____

Address: _____

Tenants in Common Tenants by the Entirety Other: _____

Other owners on Title: _____

Location of copy of Deed: _____

SECURED STORAGE

Safe Deposit Box:

Location/Address: _____

Names on box: _____

Location of key: _____

Safe:

Location/Address: _____

Combination: _____

Location of key: _____

Storage Unit:

Location/Address: _____

Combination: _____

Access Code: _____

Location of key: _____

INSURANCE POLICIES

Name of Carrier: _____

Type of Policy: _____

Policy Number: _____

Contact: _____

Address: _____

Location of copy of policy: _____

Name of Carrier: _____

Type of Policy: _____

Policy Number: _____

Contact: _____

Address: _____

Location of copy of policy: _____

AUTOMOBILE TITLE

Make: _____ Model: _____ Year: _____

Location of vehicle/keys: _____

Location of original title: _____

Make: _____ Model: _____ Year: _____
Location of vehicle/keys: _____
Location of original title: _____

CELL PHONE/TABLET ACCOUNTS

Type of Device: _____	Type of Device: _____
Telephone Number: _____	Telephone Number: _____
Account Holder: _____	Account Holder: _____
Carrier: _____	Carrier: _____
PIN/Password: _____	PIN/Password: _____

MORTGAGE/LONG OR SHORT TERM DEBT

Holder of Debt: _____
Contact: _____
Address: _____
Location of promissory notes, mortgages, deeds, etc.: _____

Holder of Debt: _____
Contact: _____
Address: _____
Location of promissory notes, mortgages, deeds, etc.: _____

CHARGE ACCOUNTS

Name of Issuer: _____	Name of Issuer: _____
Name on Account: _____	Name on Account: _____
Account Number: _____	Account Number: _____
Contact Information: _____	Contact Information: _____

Name of Issuer: _____	Name of Issuer: _____
Name on Account: _____	Name on Account: _____
Account Number: _____	Account Number: _____
Contact Information: _____	Contact Information: _____

RECURRING OBLIGATIONS/MEMBERSHIPS/SUBSCRIPTIONS

Name of Payee: _____	Name of Payee: _____
Payment made <input type="checkbox"/> Automatically <input type="checkbox"/> Manually	Payment made <input type="checkbox"/> Automatically <input type="checkbox"/> Manually
Name on Account: _____	Name on Account: _____
Membership/Account Number: _____	Membership/Account Number: _____
Contact: _____	Contact: _____
Address: _____	Address: _____

Name of Payee: _____	Name of Payee: _____
Payment made <input type="checkbox"/> Automatically <input type="checkbox"/> Manually	Payment made <input type="checkbox"/> Automatically <input type="checkbox"/> Manually
Name on Account: _____	Name on Account: _____
Membership/Account Number: _____	Membership/Account Number: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
_____	_____

DOCTORS

Doctor's Name: _____	Doctor's Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Type of Doctor: _____	Type of Doctor: _____
Doctor's Name: _____	Doctor's Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Type of Doctor: _____	Type of Doctor: _____

FUNERAL INFORMATION

Funeral Plan with: _____
Funeral Plot location: _____
Contact Name: _____
Address: _____
Phone Number: _____
Location of Documentation: _____

SOCIAL MEDIA

Provider: _____	Provider: _____
Login: _____	Login: _____
Password: _____	Password: _____
Special Instructions: _____	Special Instructions: _____
_____	_____

For more information, please contact one of the attorneys listed below:

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