

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Location of last five years' tax returns.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FINANCIAL ADVISORS & INVESTMENTS**

**List each of your financial advisors and their contact information.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**List each investment account and account contact information.**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Login: \_\_\_\_\_  
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: \_\_\_\_\_

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

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

### **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  Automatically  Manually

Payment made  Automatically  Manually

Name on Account: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Membership/Account Number: \_\_\_\_\_

Membership/Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Payee: \_\_\_\_\_  
Payment made  Automatically  Manually  
Name on Account: \_\_\_\_\_  
Membership/Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Payee: \_\_\_\_\_  
Payment made  Automatically  Manually  
Name on Account: \_\_\_\_\_  
Membership/Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## DOCTORS

Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Doctor: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Doctor: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Doctor: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Doctor: \_\_\_\_\_

## FUNERAL INFORMATION

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

## SOCIAL MEDIA

Provider: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Provider: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

*For more information, please contact one of the attorneys listed below, or refer to the website.*

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