

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.

- Diane Hastert - ddh@hawaiilawyer.com
- Douglas Smith dcs@hawaiilawyer.com
- Madeleine Young - mmvy@hawaiilawyer.com
- Megan Lim - mlml@hawaiilawyer.com
- Ross Uehara-Tilton - rut@hawaiilawyer.com

Phone: (808) 531-8031
Website: www.hawaiilawyer.com