

**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 <input type="checkbox"/> Automatically <input type="checkbox"/> Manually Name on Account: _____ Membership/Account Number: _____ Contact: _____ Address: _____ _____	Name of Payee: _____ Payment made <input type="checkbox"/> Automatically <input type="checkbox"/> 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](mailto:ddh@hawaiilawyer.com)  
 Douglas Smith [dcs@hawaiilawyer.com](mailto:dcs@hawaiilawyer.com)  
 Madeleine Young - [mmvy@hawaiilawyer.com](mailto:mmvy@hawaiilawyer.com)  
 Ross Uehara-Tilton - [rut@hawaiilawyer.com](mailto:rut@hawaiilawyer.com)

Phone: (808) 531-8031  
 Website: [www.hawaiilawyer.com](http://www.hawaiilawyer.com)