

FAMILY PREPAREDNESS BOOKLET

*Information your loved ones need
in the event of an emergency.*

To protect your privacy, we recommend that you save this PDF in a password-protected location. If you plan to print and fill out by hand, make sure to store it in a secure place (a safety deposit box or home safe).



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Suggestions and Guide for Death of a Family Member

(Informational only; see disclosures at bottom of list)

Initially

- Contact funeral home and clergy to make arrangements.
- Request 15-20 Death Certificates from the funeral home.
- Notify loved ones (let friends help with notification of broader group).
- If applicable, notify Veteran Affairs (VA) to apply for burial allowance, flag, government headstone or marker, and to stop any monthly benefits.
- Write obituary and send to local newspaper. Make several copies of the published obituary.
- Alert employers, unions, or organizations, with which deceased was involved.
- Arrange for care of any dependents and pets.
- Arrange for disposal of any perishables left in deceased's home.
- Contact your own employer to request bereavement leave.
- Get a notebook to keep track of anyone who provides gifts and support.
- If applicable, notify the agent under Power of Attorney and the Executor of Will.
- If you qualify as Executor, request several Court Qualifications from Clerk of Court (it is needed by financial firms and good for 60 days).
- Locate important documents (Phase Four, page 24).

In Transition

- Notify and consult with your attorney regarding the probate of the estate.
- Establish an estate checking account to pay for and track all expenses.
- Keep three months worth of cash available to pay bills.
- Change joint bank, mutual fund and brokerage accounts into your name (Phase Three, pages 12-13).
- Secure and inventory household goods and personal items so that they can be accounted for and properly distributed.
- If home is unoccupied, cancel prescriptions, newspaper, cable, etc.
- Alert Post Office to forward deceased's mail if necessary.
- Notify the Registrar of Voters.
- Meet with accountant to discuss estate taxes.
- Arrange to retrieve belongings from workplace, collect any salary, vacation or sick pay owed, and ask Human Resources about insurance coverage and survivor benefits.
- Notify the Social Security Administration (do not cash any Social Security checks received by mail - return all checks as soon as possible), inquire about survival benefits, apply for the death benefit, confirm the new benefit amount if you are currently collecting social security.

- Contact past employers, custodians or trustees of retirement accounts or plans. Review beneficiaries and distribution options.
- Confirm that all health, life and other insurance premiums are paid and current through the date of death. Contact all insurance companies to file claims. At a minimum, policy numbers and death certificates will be needed (Phase Three, page 16).
- Cancel disability income insurance as of the date of death and request return of unused premiums or other balances available.
- Cancel long-term care insurance. Ask provider if remaining unused benefit can be allocated to surviving spouse. Confirm the new premium for surviving spouse.
- Do NOT cancel personal property insurance until property is sold or transferred.
- Contact all credit card companies and cancel all cards unless you are named on card and wish to retain it (Phase Three, page 15).
- Retitle jointly held property: real estate with the Clerk of Court (make an appointment), automobiles with the DMV (requires title and death certificate), safe deposit box with bank (contact bank to determine access requirements).
- Notify credit reporting agencies and obtain a current copy of deceased's credit report.
- Notify decedent's creditors by mail and by placing a notice in newspaper.

Specific to You

- If you are not covered by your own health insurance, apply for it. You may be able to keep your spouse's employer plan under COBRA (paying the entire premium). Contact the employer to discuss.
- Review your own insurance (life, homeowners, automobile, etc.) and change beneficiaries as appropriate.
- If you do not currently have long-term care, consider whether it would be beneficial for you.
- Have a Financial Advisor review the suitability of your investments and run a financial plan for you.

The material contained herein is for informational purposes only and is not intended to be specific to any particular situation. This material has been compiled from sources believed to be reliable at the time prepared; however, Davenport does not guarantee or warrant its accuracy or completeness. Actual settlement of an estate involves additional steps, documents and responsibilities not detailed in this list. Changes may take place in the future that are not reflected in this material. Any opinions expressed here are statements of judgment on this date and are subject to future change without notice. Davenport does not render tax, legal or estate advice. No one should act upon any information herein without consulting a tax professional and/or attorney.

PHASE ONE

Personal Information
Emergency Contacts

Personal Information

Date of last update: _____

Self

Spouse

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

Doctor Location _____

Emergency Contacts

Date of last update: _____

	Name	Relationship	Phone #	Email
Family	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

	Name	Phone #	Email
Friends	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Executor 1	_____	_____	_____
------------	-------	-------	-------

Executor 2	_____	_____	_____
------------	-------	-------	-------

Legal Guardian 1	_____	_____	_____
------------------	-------	-------	-------

Legal Guardian 2	_____	_____	_____
------------------	-------	-------	-------

Power of Attorney 1	_____	_____	_____
---------------------	-------	-------	-------

Power of Attorney 2	_____	_____	_____
---------------------	-------	-------	-------

Medical Power of Attorney #1	_____	_____	_____
------------------------------	-------	-------	-------

Medical Power of Attorney #2	_____	_____	_____
------------------------------	-------	-------	-------

Trustee 1	_____	_____	_____
-----------	-------	-------	-------

Trustee 2	_____	_____	_____
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PHASE TWO

Important Household Bills
Sensitive Data

Important Household Bills

Date of last update: _____

	Company	Frequency/ Payment Method	Phone #	Account #
Mortgage 1	_____	_____	_____	_____
Mortgage 2	_____	_____	_____	_____
Natural Gas/Oil	_____	_____	_____	_____
Electric	_____	_____	_____	_____
Water	_____	_____	_____	_____
Home Security	_____	_____	_____	_____
Cable	_____	_____	_____	_____
Home Phone	_____	_____	_____	_____
Cell Phone 1	_____	_____	_____	_____
Cell Phone 2	_____	_____	_____	_____
Internet	_____	_____	_____	_____
Lawn Service	_____	_____	_____	_____
Irrigation Service	_____	_____	_____	_____
Trash Pick Up	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____
Pool Service	_____	_____	_____	_____
Cleaning Service	_____	_____	_____	_____
Gym Membership	_____	_____	_____	_____
HOA Assessments	_____	_____	_____	_____
HOA Dues	_____	_____	_____	_____
Auto Loan 1	_____	_____	_____	_____
Auto Loan 2	_____	_____	_____	_____
AAA/Motorist Assist	_____	_____	_____	_____
Long-term Care 1	_____	_____	_____	_____
Long-term Care 2	_____	_____	_____	_____

Sensitive Data

Date of last update: _____

	Self	Spouse	Child 1	Child 2*
Social Security #	_____	_____	_____	_____
Driver's License #	_____	_____	_____	_____
Driver's License Expiration Date	_____	_____	_____	_____

**Note: Additional children can be added on the Notes page at the end of this section.*

<u>Combo/Codes</u>	Self	Spouse	Child 1	Child 2
Cell Phone	_____	_____	_____	_____
Home Computer	_____	_____	_____	_____
Home Safe	_____	_____	_____	_____
Home Security 1	_____	_____	_____	_____
Home Security 2	_____	_____	_____	_____
iPad	_____	_____	_____	_____
Laptop Computer	_____	_____	_____	_____
Safe Deposit Box 1	_____	_____	_____	_____
Safe Deposit Box 2	_____	_____	_____	_____
Storage Unit 1	_____	_____	_____	_____
Storage Unit 2	_____	_____	_____	_____

<u>Online Access</u>	Owner	Address	User Name	Password
E-Mail 1	_____	_____	_____	_____
E-Mail 2	_____	_____	_____	_____
E-Mail 3	_____	_____	_____	_____
E-Mail 4	_____	_____	_____	_____

Sensitive Data (2)

Date of last update: _____

<u>Online Access</u>	Address	User Name	Password
Website 1	_____	_____	_____
Website 2	_____	_____	_____
Website 3	_____	_____	_____
Website 4	_____	_____	_____
Website 5	_____	_____	_____
Website 6	_____	_____	_____
Website 7	_____	_____	_____
Website 8	_____	_____	_____
Website 9	_____	_____	_____
Website 10	_____	_____	_____
Website 11	_____	_____	_____
Website 12	_____	_____	_____
Website 13	_____	_____	_____
Website 14	_____	_____	_____
Website 15	_____	_____	_____
Website 16	_____	_____	_____
Website 17	_____	_____	_____
Website 18	_____	_____	_____
Website 19	_____	_____	_____
Website 20	_____	_____	_____

Notes & Important Information

PHASE THREE

Professional Advisors
Financial Accounts
Real Estate
Other Assets & Liabilities
Insurance Information

Professional Advisors

Date of last update: _____

	Name	Company/Institution	Phone #
Advisor/Broker 1	_____	_____	_____
Advisor/Broker 2	_____	_____	_____
Attorney 1	_____	_____	_____
Attorney 2	_____	_____	_____
CPA/ Tax Professional 1	_____	_____	_____
CPA/ Tax Professional 2	_____	_____	_____
Banker 1	_____	_____	_____
Banker 2	_____	_____	_____
Credit Union 1	_____	_____	_____
Credit Union 2	_____	_____	_____
Estate Settlement Advisor	_____	_____	_____
Life Insurance Agent 1	_____	_____	_____
Life Insurance Agent 2	_____	_____	_____
Real Estate Agent	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Financial Accounts (2)

Date of last update: _____

Credit Union 1

Acct. Type*	Owner(s)	Company/Institution
Phone #	Account #	Beneficiary

Credit Union 2

Acct. Type*	Owner(s)	Company/Institution
Phone #	Account #	Beneficiary

Credit Union 3

Acct. Type*	Owner(s)	Company/Institution
Phone #	Account #	Beneficiary

**(Individual or joint) checking, savings, money market account, certificate of deposit, 401k, 403b, 457, IRA, annuity, dividend reinvestment plan, 529, paper certificates, savings bonds*

Real Estate

Date of last update: _____

Property 1

Address		Estimated Value	Tax Locality	Type*
Institution	Balance Due	Account #	Contact Name	Contact #
1st Lien				
2nd Lien				
HOA				

Property Manager

Name	Contact #
------	-----------

Property 2

Address		Estimated Value	Tax Locality	Type*
Institution	Balance Due	Account #	Contact Name	Contact #
1st Lien				
2nd Lien				
HOA				

Property Manager

Name	Contact #
------	-----------

Property 3

Address		Estimated Value	Tax Locality	Type*
Institution	Balance Due	Account #	Contact Name	Contact #
1st Lien				
2nd Lien				
HOA				

Property Manager

Name	Contact #
------	-----------

Property 4

Address		Estimated Value	Tax Locality	Type*
Institution	Balance Due	Account #	Contact Name	Contact #
1st Lien				
2nd Lien				
HOA				

Property Manager

Name	Contact #
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*primary, 2nd home, investment, rental, time share, vacation

Other Assets & Liabilities

Date of last update: _____

<u>Vehicles</u>	Year	Make	Model	Lien Holder	Loan #	Phone #
Auto	_____	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____	_____	_____
RV	_____	_____	_____	_____	_____	_____
Trailer	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

<u>Revolving Credit</u>	Type	Company/ Institution	Owner	Account #	Phone #
Credit Card 1	_____	_____	_____	_____	_____
Credit Card 2	_____	_____	_____	_____	_____
Credit Card 3	_____	_____	_____	_____	_____
Credit Card 4	_____	_____	_____	_____	_____
Credit Card 5	_____	_____	_____	_____	_____
Credit Card 6	_____	_____	_____	_____	_____
Credit Card 7	_____	_____	_____	_____	_____
Credit Card 8	_____	_____	_____	_____	_____

<u>Loans & Notes</u>	Type	Company/ Institution	Owner	Account #	Phone #
College Loan 1	_____	_____	_____	_____	_____
College Loan 2	_____	_____	_____	_____	_____
College Loan 3	_____	_____	_____	_____	_____
College Loan 4	_____	_____	_____	_____	_____
College Loan 5	_____	_____	_____	_____	_____
College Loan 6	_____	_____	_____	_____	_____
Personal Loans You Owe	_____	_____	_____	_____	_____
Loans Owed To You	_____	_____	_____	_____	_____

Insurance Information

Date of last update: _____

	Company	Agent/Contact	Phone #	Policy #	Beneficiary
<u>Property/Casualty</u>					
Auto	_____	_____	_____	_____	_____
Boat	_____	_____	_____	_____	_____
RV	_____	_____	_____	_____	_____
Flood	_____	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____	_____
Rental Property 1	_____	_____	_____	_____	_____
Rental Property 2	_____	_____	_____	_____	_____
Umbrella Liability	_____	_____	_____	_____	_____
Vacation Home	_____	_____	_____	_____	_____

		Company	Agent/Contact	Phone #	Policy #	Beneficiary
<u>Life Insurance, Disability Insurance & Long-term Care</u>						
Accidental	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Disability	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Group Life	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Life 1	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Life 2	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Life 3	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Life 4	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____
Long-term Care	Self	_____	_____	_____	_____	_____
	Spouse	_____	_____	_____	_____	_____

	Company	Agent/Contact	Phone #	Policy #	Beneficiary
<u>Medicare</u>					
Part C	_____	_____	_____	_____	_____
Part D	_____	_____	_____	_____	_____
Medigap	_____	_____	_____	_____	_____

Notes & Important Information

PHASE FOUR

Children's Information
Other Dependents
Miscellaneous Property & Pets
Document & Property Locator

Children's Information

Date of last update: _____

Child 1

Child 2

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

Doctor Location _____

Children's Information (2)

Date of last update: _____

Child 3

Child 4

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

No

Doctor Location _____

Children's Information (3)

Date of last update: _____

Child 5

Child 6

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

Doctor Location _____

Other Dependents

Date of last update: _____

Dependent 1

Dependent 2

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

Yes

No

Doctor Location _____

Other Dependents (2)

Date of last update: _____

Dependent 3

Dependent 4

Full Legal Name _____

Address _____

Date of Birth _____

Place of Birth _____

Home Phone _____

Cell Phone _____

Employer _____

Supervisor/HR _____

Phone # _____

Health Insurance _____

Group # _____

Plan ID # _____

Contact # _____

Blood Type _____

Allergies/Conditions _____

Dietary Restrictions _____

Name

Phone

Name

Phone

Primary Care Physician _____

Dentist _____

Medical Specialist 1 _____

Medical Specialist 2 _____

Pharmacy _____

Name

Dosage

Prescriber

Name

Dosage

Prescriber

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Do Not Resuscitate Yes No

Doctor Location _____

Miscellaneous Property & Pets

Date of last update: _____

	Description	Value	Appraisal Docs (Y/N?)	Location
Art	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Jewelry	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Collectibles	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<u>Pets</u>	Type	Name	Vet Name	Vet #	Insurance (Y/N?)	Chipped (Y/N?)
Animal 1	_____	_____	_____	_____	_____	_____
Animal 2	_____	_____	_____	_____	_____	_____
Animal 3	_____	_____	_____	_____	_____	_____
Animal 4	_____	_____	_____	_____	_____	_____

Document & Property Locator

Date of last update: _____

Location

Notes

Bills & Statements	_____	_____
Insurance Policies	_____	_____
Appraisal Documents	_____	_____
Mortgage Documents	_____	_____
Vehicle Titles	_____	_____
Auto Loan Documents	_____	_____
Private Mortgage Info	_____	_____
Real Estate Deeds	_____	_____
Rental/Lease Contracts	_____	_____
Adoption Papers	_____	_____
Marriage/Birth Certificates	_____	_____
Pre/Post Nuptial Agreements	_____	_____
Divorce Decrees	_____	_____
Health/Medical Records	_____	_____
Medical Directive (self)	_____	_____
(spouse)	_____	_____
Organ Donation Cards	_____	_____
Funeral Arrangements	_____	_____
Will (self)	_____	_____
(spouse)	_____	_____
Codicils to the Will	_____	_____
Burial Plot	_____	_____
Power of Attorney	_____	_____
Inventory/Video of Assets	_____	_____
Trust (self)	_____	_____
(spouse)	_____	_____
Home Safe	_____	_____
Keys & Combinations	_____	_____
P.O. Box	_____	_____
Safety Deposit Box	_____	_____
Safety Deposit Box Key	_____	_____
Storage Units	_____	_____
Business Agreements	_____	_____
Tax Returns	_____	_____
Military DD-214	_____	_____
Passports	_____	_____

Notes & Important Information
