

# ONE-PAGE EMERGENCY SUMMARY

*This document provides critical information to help a trusted person act quickly in an emergency. It does not contain full account numbers or passwords.*

Full Legal Name:	
Date of Birth:	
Address:	
Primary Phone / Email:	

## WHO TO CONTACT FIRST

Name	Relationship	Phone / Email

## IMPORTANT DOCUMENT LOCATIONS

Document Type	Location
Will / Trust	
Insurance Policies	
Identification	
Financial Records	
Medical Records	

## DIGITAL ACCESS NOTES

Password manager used: \_\_\_\_\_

Primary email account: \_\_\_\_\_

Phone unlock instructions (if applicable): \_\_\_\_\_

## SPECIAL INSTRUCTIONS / NOTES

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