

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
