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**Joel Agler, C.P.A.**  
**Stanley M. Hochhauser, C.P.A.**

**January 2021**

**Dear Client:**

**Enclosed is an attachment containing a collection of documents that we feel are important for every family to have. When assembled, the attached document forms a booklet that provides an easy way to organize and identify all of your important records in one place. We advise you to fill out the sections of these forms that are applicable to you and keep the booklet in a place known only to you and your family.**

**We hope this tool will be of assistance to you if you should be confronted with an emergency or important decision. We value the trust you place in us and welcome the opportunity to act as trusted conversation partners concerning your financial decisions.**

**Sincerely,**

**Joel Agler, C.P.A.**  
**Stanley M. Hochhauser, C.P.A.**

# First Things First

Finding time to complete a detailed inventory of important documents may seem like an impossible luxury. Have you got 30 minutes? That's all it should take to fill out this executive summary—a quick collection of critical details. If you need more room for one of the categories below, use the second page of this form.

| <b>Emergency Contact Information:</b> | Personal Contact | Employer Contact |
|---------------------------------------|------------------|------------------|
| Name:                                 |                  |                  |
| Street Address:                       |                  |                  |
| City, State, ZIP:                     |                  |                  |
| Phone:                                |                  |                  |
| Phone:                                |                  |                  |
| E-mail:                               |                  |                  |

| <b>Banks:</b> |                    |                   |                        |                   |
|---------------|--------------------|-------------------|------------------------|-------------------|
| Bank Name     | Checking Account # | Savings Account # | Location of Statements | Login for Banking |
|               |                    |                   |                        |                   |
|               |                    |                   |                        |                   |

| <b>Loans:</b> |                |                 |          |                        |
|---------------|----------------|-----------------|----------|------------------------|
| Bank Name     | Account Number | Monthly Payment | Due Date | Location of Statements |
|               |                |                 |          |                        |
|               |                |                 |          |                        |

| <b>Credit Cards:</b> |                |                  |                        |
|----------------------|----------------|------------------|------------------------|
| Issuer Name          | Account Number | Payment Due Date | Location of Statements |
|                      |                |                  |                        |
|                      |                |                  |                        |

| <b>Investments:</b>   |                    |                |                        |
|-----------------------|--------------------|----------------|------------------------|
| Financial Institution | Type of Investment | Account Number | Location of Statements |
|                       |                    |                |                        |
|                       |                    |                |                        |

| <b>Insurance Policies:</b> |                |                  |               |                    |
|----------------------------|----------------|------------------|---------------|--------------------|
| Company/Agent              | Type of Policy | Premium Due Date | Policy Number | Location of Policy |
|                            |                |                  |               |                    |
|                            |                |                  |               |                    |

| <b>Legal Information:</b>  |   |
|----------------------------|---|
|                            | Location, including additional information such as the executor or attorney |
| Will:                      |   |
| Power of Attorney:         |   |
| Passport:                  |   |
| Marriage Certificate:      |   |
| Divorce/Separation Papers: |   |

# First Things First, Page 2

Use this second page of the "First Things First" form if you do not have enough room on the first page.

| <b>Emergency Contact Information:</b> | Personal Contact | Employer Contact |
|---------------------------------------|------------------|------------------|
| Name:                                 |                  |                  |
| Street Address:                       |                  |                  |
| City, State, ZIP:                     |                  |                  |
| Phone:                                |                  |                  |
| Phone:                                |                  |                  |
| E-mail:                               |                  |                  |

| <b>Banks:</b> |                    |                   |                        |                   |
|---------------|--------------------|-------------------|------------------------|-------------------|
| Bank Name     | Checking Account # | Savings Account # | Location of Statements | Login for Banking |
|               |                    |                   |                        |                   |
|               |                    |                   |                        |                   |

| <b>Loans:</b> |                |                 |          |                        |
|---------------|----------------|-----------------|----------|------------------------|
| Bank Name     | Account Number | Monthly Payment | Due Date | Location of Statements |
|               |                |                 |          |                        |
|               |                |                 |          |                        |

| <b>Credit Cards:</b> |                |                  |                        |
|----------------------|----------------|------------------|------------------------|
| Issuer Name          | Account Number | Payment Due Date | Location of Statements |
|                      |                |                  |                        |
|                      |                |                  |                        |

| <b>Investments:</b>   |                    |                |                        |
|-----------------------|--------------------|----------------|------------------------|
| Financial Institution | Type of Investment | Account Number | Location of Statements |
|                       |                    |                |                        |
|                       |                    |                |                        |

| <b>Insurance Policies:</b> |                |                  |               |                    |
|----------------------------|----------------|------------------|---------------|--------------------|
| Company/Agent              | Type of Policy | Premium Due Date | Policy Number | Location of Policy |
|                            |                |                  |               |                    |
|                            |                |                  |               |                    |

| <b>Legal Information:</b>  |   |
|----------------------------|---|
|                            | Location, including additional information such as the executor or attorney |
| Will:                      |   |
| Power of Attorney:         |   |
| Passport:                  |   |
| Marriage Certificate:      |   |
| Divorce/Separation Papers: |   |

# Financial Data

This form provides a snapshot of your short-term cash flow. List your bank and credit union accounts by name, address, type, number and location. Include any automatic deductions from or deposits to these accounts. Then record your credit card numbers and a home equity line if you have one.

Finally, record where you keep information about your latest federal, state and local tax returns, along with the name and contact information of your tax preparer or accountant.

## Bank / Credit-Union Accounts

| Name / Address / Phone | Account Type & Number | Location of Statements |
|------------------------|-----------------------|------------------------|
|                        |                       |                        |
|                        |                       |                        |
|                        |                       |                        |
|                        |                       |                        |
|                        |                       |                        |
|                        |                       |                        |

## Automatic Deductions or Deposits

| Name / Address / Phone | Account Number | Due Date | Location of Records |
|------------------------|----------------|----------|---------------------|
|                        |                |          |                     |
|                        |                |          |                     |
|                        |                |          |                     |
|                        |                |          |                     |
|                        |                |          |                     |
|                        |                |          |                     |

## Credit / Charge-Card Accounts

| Bank or Store Address / Phone | Account Number | Location of Statements |
|-------------------------------|----------------|------------------------|
|                               |                |                        |
|                               |                |                        |
|                               |                |                        |
|                               |                |                        |
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|                               |                |                        |
|                               |                |                        |
|                               |                |                        |

## Home Equity Loans

| Bank / Address | Account Number | Due Date | Location of Statements / Payment Book |
|----------------|----------------|----------|---------------------------------------|
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |

## Auto Loans

| Bank / Address | Account Number | Due Date | Location of Statements / Payment Book |
|----------------|----------------|----------|---------------------------------------|
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |

| Bank / Address | Account Number | Due Date | Location of Statements / Payment Book |
|----------------|----------------|----------|---------------------------------------|
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |
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|                |                |          |                                       |
|                |                |          |                                       |
|                |                |          |                                       |

## Tax Information

|                     | Tax Preparer or Accountant |
|---------------------|----------------------------|
| Name                |                            |
| Street Address      |                            |
| City, State, ZIP    |                            |
| Phone               |                            |
| Cell Phone          |                            |
| Fax                 |                            |
| E-mail              |                            |
| Location of Returns |                            |

# Cash Assets

List your certificates of deposit and treasury notes and bills. Note where you keep them—by account number, amount, maturity date and location. Also list all money market funds, any promissory notes and any other cash assets you have.

## Certificates of Deposit & Treasury Bills

| Financial Institution / Address | Account Number | Amount | Maturity Date | Location of Document |
|---------------------------------|----------------|--------|---------------|----------------------|
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |
|                                 |                |        |               |                      |

## Money Market Funds

| Financial Institution | Account Number | Balance |
|-----------------------|----------------|---------|
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |

## Promissory Notes

| Due From | Amount | Due Date | Location of Note |
|----------|--------|----------|------------------|
|          |        |          |                  |
|          |        |          |                  |
|          |        |          |                  |
|          |        |          |                  |

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# Funeral Arrangements

This is a task no one wants to think about, but making these arrangements will ease your family's burdens.

Write a letter of preferences stating whether you would like burial or cremation. Detail where and how you would like services to be conducted. Note where you keep the letter and give copies to your lawyer and executor. Indicate your choice of cemetery and where you may have a plot. Include the location of documents verifying prepayment of funeral expenses. Consider drafting a death notice and obituary, and name a charity for donations in lieu of flowers.

## Location

|                                 |  |
|---------------------------------|--|
| Letter of Preference            |  |
| Draft Death Notice and Obituary |  |
| Desired Service Details         |  |
| Prepaid Funeral Documents       |  |

## Mortuary

|                  |  |       |  |
|------------------|--|-------|--|
| Name             |  | Phone |  |
| Address          |  |       |  |
| City, State, ZIP |  |       |  |

## Cemetery or Memorial Park

|                       |  |       |  |
|-----------------------|--|-------|--|
| Name                  |  | Phone |  |
| Address               |  |       |  |
| City, State, ZIP      |  |       |  |
| Plot or Deed location |  |       |  |

## Charities for Donations in Lieu of Flowers

|                  |  |       |  |
|------------------|--|-------|--|
| Name             |  | Phone |  |
| Address          |  |       |  |
| City, State, ZIP |  |       |  |

|                  |  |       |  |
|------------------|--|-------|--|
| Name             |  | Phone |  |
| Address          |  |       |  |
| City, State, ZIP |  |       |  |

|                  |  |       |  |
|------------------|--|-------|--|
| Name             |  | Phone |  |
| Address          |  |       |  |
| City, State, ZIP |  |       |  |
|                  |  |       |  |
|                  |  |       |  |
|                  |  |       |  |

# Contact Information

This is your “calling list” for letting people know what has happened, and for gathering information from your personal and professional advisers. It should start with those family members who are not already listed on the emergency instructions form.

This form should include doctors, clergy, employer(s) and business associates, as well as your attorney, accountant, financial adviser and life insurance agent.

| <b>Family Member #1</b> |                      |
|-------------------------|----------------------|
| Name                    | <input type="text"/> |
| Street Address          | <input type="text"/> |
| City, State, ZIP        | <input type="text"/> |
| Phone                   | <input type="text"/> |
| Cell Phone              | <input type="text"/> |
| Fax                     | <input type="text"/> |
| E-mail                  | <input type="text"/> |

| <b>Family Member #2</b> |                      |
|-------------------------|----------------------|
| Name                    | <input type="text"/> |
| Street Address          | <input type="text"/> |
| City, State, ZIP        | <input type="text"/> |
| Phone                   | <input type="text"/> |
| Cell Phone              | <input type="text"/> |
| Fax                     | <input type="text"/> |
| E-mail                  | <input type="text"/> |

| <b>Family Member #3</b> |                      |
|-------------------------|----------------------|
| Name                    | <input type="text"/> |
| Street Address          | <input type="text"/> |
| City, State, ZIP        | <input type="text"/> |
| Phone                   | <input type="text"/> |
| Cell Phone              | <input type="text"/> |
| Fax                     | <input type="text"/> |
| E-mail                  | <input type="text"/> |

| <b>Family Member #4</b> |                      |
|-------------------------|----------------------|
| Name                    | <input type="text"/> |
| Street Address          | <input type="text"/> |
| City, State, ZIP        | <input type="text"/> |
| Phone                   | <input type="text"/> |
| Cell Phone              | <input type="text"/> |
| Fax                     | <input type="text"/> |
| E-mail                  | <input type="text"/> |



# Contact Information, Page 2

## Physician #1

Name  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Physician #2

Name  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Clergy

Name  
Place of Worship  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Attorney

Name  
Firm  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Employer / Supervisor

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

## Accountant / Tax Preparer

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

## Financial Adviser

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

## Life Insurance Agent

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

# Contact Information, Page 4

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

|                  |  |
|------------------|--|
| Name             |  |
| Company Name     |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Cell Phone       |  |
| Fax              |  |
| E-mail           |  |

# Insurance Policies

Foremost in this category are your life insurance policies, but don't overlook your medical, dental and disability policies. This is also a good place to keep track of your car insurance and any general liability and long-term care policies. And make sure to note where you keep the actual policies.

Mergers might make it difficult for you to know which insurance company actually holds your policy. The National Association of Insurance Commissioners ([www.naic.org](http://www.naic.org); 816-783-8250) can help you track down what happened to the company that issued your policy.

## Life

| Company / Agent / Phone | Type | Policy # | Premium Due Date | Location of Policy |
|-------------------------|------|----------|------------------|--------------------|
|                         |      |          |                  |                    |
|                         |      |          |                  |                    |
|                         |      |          |                  |                    |
|                         |      |          |                  |                    |
|                         |      |          |                  |                    |

## Medical / Dental

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |
|                         |          |                  |                    |
|                         |          |                  |                    |
|                         |          |                  |                    |
|                         |          |                  |                    |

## Disability

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

## Mortgage

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

## Long-Term Care

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

## Automobile

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |
|                         |          |                  |                    |

# Insurance Policies, Page 2

## Liability

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

| Company / Agent / Phone | Policy # | Premium Due Date | Location of Policy |
|-------------------------|----------|------------------|--------------------|
|                         |          |                  |                    |

# Emergency Information / Your Emergency Preparedness Kit

This key form includes your vital statistics and provides a one-stop summary for your loved ones or advisers, if needed. This form should include two types of information.

First, fill in the basic information, then list the people who should be provided access to this *Organizer* in the event of an emergency. Include their relationship to you. Let the people on the list know about the existence of the *Organizer*, how to access it, and their roles and responsibilities.

In addition to this information, also include where you keep a letter of instruction that describes what you want done in case of an emergency, who should do it and who should be notified. Your Emergency Preparedness Kit lists follow page 2 of the form.

## Your Name and Address

|                  |                      |
|------------------|----------------------|
| Name             | <input type="text"/> |
| Street Address   | <input type="text"/> |
| City, State, ZIP | <input type="text"/> |
| Phone            | <input type="text"/> |
| Cell Phone       | <input type="text"/> |
| Fax              | <input type="text"/> |
| E-mail           | <input type="text"/> |

## Identification Numbers

|                  |                      |
|------------------|----------------------|
| Social Security  | <input type="text"/> |
| Driver's License | <input type="text"/> |
| Passport         | <input type="text"/> |
| Veteran Affairs  | <input type="text"/> |

## Letter of Instruction

|          |                      |
|----------|----------------------|
| Location | <input type="text"/> |
|----------|----------------------|

## Emergency Contact #1 (to be provided access to this *Organizer* in an emergency)

|                  |                      |
|------------------|----------------------|
| Name             | <input type="text"/> |
| Relationship     | <input type="text"/> |
| Street Address   | <input type="text"/> |
| City, State, ZIP | <input type="text"/> |
| Phone            | <input type="text"/> |
| Cell Phone       | <input type="text"/> |
| Fax              | <input type="text"/> |
| E-mail           | <input type="text"/> |

# Emergency Information / Your Emergency Preparedness Kit, Page 2

## Emergency Contact #2 (to be provided access to this *Organizer* in an emergency)

Name  
Relationship  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Emergency Contact #3 (to be provided access to this *Organizer* in an emergency)

Name  
Relationship  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Emergency Contact #4 (to be provided access to this *Organizer* in an emergency)

Name  
Relationship  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Emergency Contact #5 (to be provided access to this *Organizer* in an emergency)

Name  
Relationship  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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# Emergency Information / Your Emergency Preparedness Kit, Page 3

Once you've filled in the forms in Your Family Records Organizer, you'll have a well-organized record of where you keep all of your important documents and an easy-to-use list of key contacts. The primary purpose of having this information in one place is to help you and others find information and locate key people in times of emergency.

Your Emergency Preparedness Kit includes the following lists, which are adapted from those created by the U.S. Department of Homeland Security for its web site ([www.ready.gov](http://www.ready.gov)). The lists provided here will help you be prepared in case of an emergency—natural, such as flood, fire, hurricane, earthquake, etc., or man-made, such as a terrorist attack.

|                     |           |
|---------------------|-----------|
| WATER & FOOD        | Page 3    |
| CLEAN AIR           | Page 4    |
| FIRST AID KIT       | Page 5    |
| SUPPLY CHECKLISTS   | Pages 6-7 |
| SPECIAL NEEDS ITEMS | Pages 7-8 |

## WATER & FOOD

### Water

- One gallon of water per person per day, for drinking and sanitation.
- Keep at least a three-day supply of water per person.
- Children, nursing mothers, and sick people may need more water.
- If you live in a warm-weather climate more water may be necessary.
- Store water tightly in clean plastic containers such as soft-drink bottles.

### Food

- Store at least a three-day supply of non-perishable food.
- Select foods that require no refrigeration, preparation or cooking and little or no water.
- Pack a manual can opener and eating utensils.
- Choose foods your family will eat.
 

|   |                                   |
|---|-----------------------------------|
| • Ready-to-eat canned meats, fruits and | • Canned juices                   |
| • Protein or fruit bars                 | • Non-perishable pasteurized milk |
| • Dry cereal or granola                 | • High-energy foods               |
| • Peanut butter                         | • Vitamins                        |
| • Dried fruit                           | • Food for infants                |
| • Nuts                                  | • Comfort/stress foods            |
| • Crackers                              |                                   |



# Emergency Information / Your Emergency Preparedness Kit, Page 4

## CLEAN AIR

Many potential terrorist attacks could send tiny microscopic “junk” into the air. For example, an explosion may release very fine debris that can cause lung damage. A biological attack may release germs that can make you sick if inhaled or absorbed through open cuts. Many of these agents can hurt you only if they get into your body, so think about creating a barrier between yourself and any contamination.

### Nose and Mouth Protection

Ideally, you should have a face mask specifically fit for each member of the family. You might have to get by with the best fit possible for children.

There are also a variety of face masks readily available in hardware stores that are rated based on how small a particle they can filter in an industrial setting. Given the different types of attacks that could occur, there is not one solution for masking. For instance, simple cloth face masks can filter some of the airborne “junk” or germs you might breathe into your body, but will probably not protect you from chemical gases. **Still, something over your nose and mouth in an emergency is better than nothing.** Limiting how much “junk” gets into your body may impact whether or not you get sick or develop a disease.

In the absence of face masks, be prepared to improvise with what you have on hand to protect your nose, mouth, eyes and cuts in your skin. Anything that fits snugly over your nose and mouth, including any dense-weave cotton material, can help filter contaminants in an emergency. It is very important that most of the air you breathe comes through the mask or cloth, not around it.

### Other Barriers

- Heavyweight plastic garbage bags **or** plastic sheeting
- Duct tape
- Scissors

Use available information to **assess the situation**. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as “**shelter-in-place**,” can be a matter of survival. You can use the items listed above to tape up windows, doors and air vents if you need to seal off a room. Consider precutting and labeling these materials. Anything you can do in advance will save time when it counts.

### HEPA (High-Efficiency Particulate Air Filtration) Filter Fans

Even if you have sealed a room creating a barrier between you and any contaminants that may be outside, be aware that no seal is perfect and some leakage is likely. In addition, you may find yourself in a space that is already contaminated to some degree.

Consider a **portable air purifier**, with a **HEPA filter**, to help remove contaminants from the room where you are sheltering. These highly efficient filters have small sieves that can capture very tiny particles, including some biological agents. Once trapped within a HEPA filter, contaminants cannot get into your body and make you sick. However, while these filters are excellent at filtering dander, dust, molds, smoke, biological agents and other contaminants, they will not stop chemical gases.

# Emergency Information / Your Emergency Preparedness Kit, Page 5

## FIRST AID KIT

In any emergency, you or a family member may be cut, burned or suffer other injuries. If you have these basic supplies, you are better prepared to help your loved ones when they are hurt. Remember, many injuries are not life threatening and do not require immediate medical attention. Knowing how to treat minor injuries can make a difference in an emergency. Consider taking a first aid class, but simply having the following things can help you stop bleeding, prevent infection and assist in decontamination.

### Things you should have:

- Two pairs of latex or other sterile gloves (if you are allergic to latex).
- Sterile dressings to stop bleeding.
- Cleansing agent/soap and antibiotic towelettes to disinfect.
- Antibiotic ointment to prevent infection.
- Burn ointment to prevent infection.
- Adhesive bandages in a variety of sizes.
- Eye wash solution to flush the eyes or as general decontaminant.
- Thermometer.
- Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
- Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies.

### Things it may be good to have:

- Cell phone
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant

### Non-prescription drugs:

- Potassium iodide
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for upset stomach)
- Syrup of ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)

# Emergency Information / Your Emergency Preparedness Kit, Page 6

## SUPPLY CHECKLISTS

The basics of survival: **water**, **food** and **clean air** are essential, but some of the following items may make a time of crisis more comfortable. For more information on supplies, see “Your Family Disaster Supply Kit” from the American Red Cross and Federal Emergency Management Agency.

### Basic Supplies

- Flashlight and extra batteries
- Battery powered radio and extra batteries
- First aid kit
- Map of the area for evacuation or for locating shelters
- A whistle to signal for help
- Moist towelettes
- Set of car and house keys

### Clothing and Bedding

If you live in a cold weather climate, think about warmth. It is possible that the power will be out and you will not have heat. Check your clothing and bedding supplies once a year to account for growing children and other family changes.

Have at least one complete change of warm clothing and shoes per person, including:

- A jacket or coat
- Long pants
- A long-sleeved shirt
- Sturdy shoes
- A hat and gloves
- A sleeping bag or warm blanket for each person

### Tools

- Emergency reference material such as a first aid book or a printout of this information
- Mess kits, or paper cups, plates and plastic utensils
- Cash or traveler's checks, change
- Non-electric can opener, utility knife
- Paper towels
- Fire extinguisher: small canister, ABC type
- Tube tent
- Pliers
- Compass
- Aluminum foil
- Plastic storage containers
- Matches in a waterproof container

(Continued)

# Emergency Information / Your Emergency Preparedness Kit, Page 7

## Tools (Continued)

- Signal flare
- Paper, pencils
- Medicine dropper
- Shut-off wrench, to turn off household gas and water

## Sanitation

- Toilet paper
- Feminine supplies
- Personal hygiene items
- Plastic garbage bags, ties (for personal sanitation uses)
- Plastic bucket with tight lid
- Disinfectant
- Household chlorine bleach

You can use bleach as a disinfectant (diluted nine parts water to one part bleach), or in an emergency you can also use it to purify water. Use 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color-safe bleach or bleaches with added cleaners.

## Important Family Documents

Keep a copy of Your Family Records Organizer, in print and on disc, along with any documents you might need immediately when the emergency is over, in a waterproof, portable container.

## SPECIAL NEEDS ITEMS

Remember the special needs of your family members. **Infants**, the **elderly** and **persons with disabilities** need the same planning as everyone else, and sometimes a little more, to be prepared for an emergency.

### For Baby:

- Formula
- Diapers
- Bottles
- Powdered milk
- Medications
- Moist towelettes
- Diaper rash ointment
- Toys (and remember some for any young children, too)

# Emergency Information / Your Emergency Preparedness Kit, Page 8

## For Adults:

- Ask your doctor about storing prescription medications such as heart and high blood pressure medication, insulin and other prescription drugs.
- Denture needs
- Contact lenses and supplies
- Extra eye glasses

## For Seniors:

- Plan how you will evacuate or signal for help.
- Plan emergency procedures with home health care agencies or workers.
- Tell others where you keep your emergency supplies.
- Teach others how to operate necessary equipment.
- Label equipment such as wheelchairs, canes or walkers.
- Make sure you have these supplies for seniors:
  - List of prescription medications, including dosage in your supply kits. Include any allergies.
  - Extra eyeglasses and hearing-aid batteries.
  - Extra wheelchair batteries or other special equipment in your supply kit.
  - A list of the style and serial numbers of medical devices, such as pacemakers, in your emergency supply kits.
  - Copies of medical insurance and Medicare cards.
  - List of doctors and emergency contacts.

## If You Have a Disability:

- Create a support network to help in an emergency.
- Tell these people where you keep your emergency supplies.
- Give one member of your support network a key to your house or apartment.
- Contact your city or county government's emergency-information management office. Many local offices keep lists of people with disabilities so they can be located quickly in a sudden emergency.
- Wear medical alert tags or bracelets to help identify your disability.
- If you are dependent on dialysis or other life-sustaining treatment, know the location and availability of more than one facility.
- Show others how to operate your wheelchair.
- Know the size and weight of your wheelchair, in addition to whether or not it is collapsible, in case it has to be transported.
- Make sure you have these supplies:
  - Prescription medicines, list of medications including dosage, list of any allergies.
  - Extra eyeglasses and hearing-aid batteries.
  - Extra wheelchair batteries, oxygen.
  - A list of the style and serial number of medical devices.
  - Medical insurance and Medicare cards.
  - List of doctors, relatives or friends who should be notified if you are hurt.

For more information on special needs, see "Disaster Preparedness for People with Disabilities" from FEMA, and "Disaster Preparedness for Seniors by Seniors" from the American Red Cross.





## Limited Partnerships

| Name / Phone | Description | Value | Location of Documents |
|--------------|-------------|-------|-----------------------|
|              |             |       |                       |
|              |             |       |                       |

## Investment Clubs

| Name / Phone | Description | Value | Location of Documents |
|--------------|-------------|-------|-----------------------|
|              |             |       |                       |
|              |             |       |                       |

| Name / Phone | Description | Value | Location of Documents |
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| Name / Phone | Description | Value | Location of Documents |
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| Name / Phone | Description | Value | Location of Documents |
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| Name / Phone | Description | Value | Location of Documents |
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| Name / Phone | Description | Value | Location of Documents |
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| Name / Phone | Description | Value | Location of Documents |
|--------------|-------------|-------|-----------------------|
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# Real Estate Records

List here a description of real estate you own by location and type: residence, vacation or investment property. Also include information regarding who holds your mortgage, a second mortgage or home-equity line. List your real estate agents and any property managers, and indicate where you keep other documents such as the deeds, property tax records and homeowner's association documents. Keep deeds or titles in a safe deposit box. Also list here information on where investment-property records are kept, or list them in the sections for business information or investments.

Make a copy of this form for each property you own by creating a new "user" on the disk.

## Property Description

| Legal Description | Address | Type                                |
|-------------------|---------|-------------------------------------|
|                   |         | <input type="checkbox"/> Residence  |
|                   |         | <input type="checkbox"/> Investment |
|                   |         | <input type="checkbox"/> Vacation   |
|                   |         | <input type="checkbox"/> Other      |

## Location

|                                   |  |
|-----------------------------------|--|
| Deed                              |  |
| Insurance Policy                  |  |
| Property Purchase Records         |  |
| Property Tax Records              |  |
| Homeowner's Association Documents |  |
| Homeowner's Warranties            |  |
|                                   |  |
|                                   |  |
|                                   |  |

## Mortgage Holder

|                  |  |
|------------------|--|
| Name             |  |
| Loan Number      |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Fax              |  |
| E-mail           |  |

## Home Equity Line

|                  |  |
|------------------|--|
| Name             |  |
| Loan Number      |  |
| Street Address   |  |
| City, State, ZIP |  |
| Phone            |  |
| Fax              |  |
| E-mail           |  |

## Homeowners Association

Name  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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## Real Estate Agent

Name  
Street Address  
City, State, ZIP  
Phone  
Call Phone  
Fax  
E-mail

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## Property Manager

Name  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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Name  
Street Address  
City, State, ZIP  
Phone  
Cell Phone  
Fax  
E-mail

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**Attorney**

|                    |  |
|--------------------|--|
| Name               |  |
| Firm               |  |
| Street Address     |  |
| City / State / ZIP |  |
| Phone              |  |
| Cell Phone         |  |
| Fax                |  |
| E-mail             |  |

**Executor**

|                    |  |
|--------------------|--|
| Name               |  |
| Street Address     |  |
| City / State / ZIP |  |
| Phone              |  |
| Cell Phone         |  |
| Fax                |  |
| E-mail             |  |

**Trustee**

|                    |  |
|--------------------|--|
| Name               |  |
| Street Address     |  |
| City / State / ZIP |  |
| Phone              |  |
| Cell Phone         |  |
| Fax                |  |
| E-mail             |  |

**Guardian**

|                    |  |
|--------------------|--|
| Name               |  |
| Street Address     |  |
| City / State / ZIP |  |
| Phone              |  |
| Cell Phone         |  |
| Fax                |  |
| E-mail             |  |

# Safe Deposit Box

The safe deposit box is the traditional repository for important documents. Since most of these boxes are relatively small, work through this list and decide which documents should go in the box and which you want to keep elsewhere. When you determine where that is, record the location on the appropriate form. Some people prefer to keep documents at home in a fireproof safe or a fireproof file cabinet.

In most cases you would want to keep original documents and personal valuables in the safe deposit box and copies elsewhere.

## Bank Address

|                  |                      |
|------------------|----------------------|
| Name             | <input type="text"/> |
| Street Address   | <input type="text"/> |
| City, State, ZIP | <input type="text"/> |
| Phone            | <input type="text"/> |

Location of Your Key  
Password

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

## People with Keys

|      |                      |       |                      |
|------|----------------------|-------|----------------------|
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |

## Check Items That Are in the Box

|                          |                      |                          |                             |                          |        |
|--------------------------|----------------------|--------------------------|-----------------------------|--------------------------|--------|
| <input type="checkbox"/> | Wills                | <input type="checkbox"/> | Prenuptial Agreement        | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Power of Attorney    | <input type="checkbox"/> | Divorce / Separation Papers | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Trust Agreements     | <input type="checkbox"/> | Notes Payable / Receivable  | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Mortgages            | <input type="checkbox"/> | Naturalization Papers       | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Property Deeds       | <input type="checkbox"/> | Tax Returns                 | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Car Titles / Deeds   | <input type="checkbox"/> | Military Documents          | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Stock certificates   | <input type="checkbox"/> | Insurance Policies          | <input type="checkbox"/> |        |
| <input type="checkbox"/> | U.S. Savings Bonds   | <input type="checkbox"/> | Copyrights / Patents / Etc. | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Adoption Papers      | <input type="checkbox"/> | Important Contracts         | <input type="checkbox"/> |        |
| <input type="checkbox"/> | Marriage Certificate | <input type="checkbox"/> | Jewelry                     | <input type="checkbox"/> |        |



## Primary-Care Physician

Name  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Dentist

Name  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Physician

Name  
Specialty  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Physician

Name  
Specialty  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Physician

Name  
Specialty  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Pharmacy

Name  
Address  
City, State, ZIP  
Phone  
Fax  
E-mail

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## Primary Insurance Plan

Insurer / Agent  
Address  
City, State, ZIP  
Policy Number  
Phone  
Fax  
E-mail

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## Secondary Insurance Plan

Insurer / Agent  
Address  
City, State, ZIP  
Policy Number  
Phone  
Fax  
E-mail

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## Long-Term Care Insurance Plan

Insurer / Agent  
Address  
City, State, ZIP  
Policy Number  
Phone  
Fax  
E-mail

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## Medicare Information

### Traditional Medicare

|  |  |
|--|--|
| Policy Number (social security number) |  |
|--|--|

### Medicare Advantage

|              |               |
|--------------|---------------|
| Insurer Name | Policy Number |
|              |               |

### Medicare Supplemental Plan

|              |               |
|--------------|---------------|
| Insurer Name | Policy Number |
|              |               |

### Medicare Part D Prescription Drug Plan

|              |               |
|--------------|---------------|
| Insurer Name | Policy Number |
|              |               |