



# **In Case of Emergency Financial Inventory Checklist**



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## Who to call for Help

### **Legal and Financial Advisors:**

- Financial Advisor  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- Estate Planning Attorney  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- Accountant/CPA  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Designated Agents:**

- Health Care Power of Attorney  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location of Document: \_\_\_\_\_
- Financial Power of Attorney  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location of Document: \_\_\_\_\_
- Executor of Estate  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location of Document: \_\_\_\_\_

### **Other:**

- \_\_\_\_\_  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- \_\_\_\_\_  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- \_\_\_\_\_  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## What You Need to Know

### **Social Security Numbers**

- Name: \_\_\_\_\_  
Number: \_\_\_\_\_
- Name: \_\_\_\_\_  
Number: \_\_\_\_\_
- Name: \_\_\_\_\_  
Number: \_\_\_\_\_
- Name: \_\_\_\_\_  
Number: \_\_\_\_\_

## Insurance Policies

### **Life Insurance:**

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Death Benefit amount: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Death Benefit amount: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

### **Accidental Death & Dismemberment (AD&D) Insurance**

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Accidental Benefit amount: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Accidental Benefit amount: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

### **Home and Auto Insurance**

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

### **Umbrella Insurance:**

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Coverage Amount: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

### **Medical Insurance:**

- Name of Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Primary Care Physician:  
\_\_\_\_\_

- Name of Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Primary Care Physician:  
\_\_\_\_\_

### **Long-Term Care:**

- Name of Carrier: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

## Financial Accounts

### ○ **Checking:**

Bank/Financial Institution: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

### ○ **Savings:**

Bank/Financial Institution: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Retirement/IRA Accounts**

#### ○ **Employer:** \_\_\_\_\_

Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

#### ○ **Employer:** \_\_\_\_\_

Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

#### ○ **Employer:** \_\_\_\_\_

Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

### **Brokerage/Investment Accounts**

#### ○ **Custodian:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

#### ○ **Custodian:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

#### ○ **Custodian:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

#### ○ **Custodian:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

### **Mortgage**

#### ○ **Bank/Lender:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

#### ○ **Bank/Lender:** \_\_\_\_\_

Titling: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Credit Cards**

#### ○ **Institution:** \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone: \_\_\_\_\_

#### ○ **Institution:** \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone: \_\_\_\_\_

**Credit Cards:**

- Institution: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
- Institution: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
- Institution: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Important Documents**

- Safe Deposit Box: \_\_\_\_\_  
Location: \_\_\_\_\_  
Box Number: \_\_\_\_\_  
Titling: \_\_\_\_\_

**Estate Documents Locations:**

- Last Will and Testament
- Trust Documents
- Health Care POA
- Financial POA