

# The Emergency Planner Booklet By:



LIANAS  
SENIOR TRANSITION SUPPORT

I have heard the expression “I wish everything was summarized in one place” far too often in my line of work assisting people in their life transitions. It may be due to the death of spouse or a loved one. It could also be an unforeseen event due to health reasons (i.e. stroke, heart attack, accident, etc.) or cognitive decline (i.e. Alzheimer’s or other forms of dementia).

The creation of an Emergency Planner summarizing important documents and information is highly recommended for everyone regardless of age or health status. Here is a list of some of the more important documents that should be accounted for:

Financial information

Insurance

Legal

Digital Assets

Medical Information

A handwritten signature in black ink that reads "Matt Del Vecchio". The signature is written in a cursive, flowing style.

Matt Del Vecchio  
President



# Financial Information



**Financial Advisor(s):**

**Accountant:**

**Financial Institution(s)**

Account number:

Account number 2:

Online Banking Username:

Password:

**RRSP**

Account number:

**TFSA**

Account number:

**RRIF**

Account number:

**Pension Plans**

QPP/CPP:

Company:

Old Age Security(OAS):

Other:

**Investment(s)**

Account #

Contact/Advisor

**Notes:**



# Insurance Information



## **Life Insurance**

Company:

Account number:

List of Beneficiaries:

## **Disability Insurance**

Company:

Account number:

## **Health Insurance**

Company:

Account number:

## **Other Insurances**

Home Insurance:

Automobile Insurance:

Group Insurance:

Long Term Care Insurance:

Other:

## **Notes:**





## **Lawyer**

Name:

Contact Information:

## **Notary**

Name:

Contact Information:

## **Power of Attorney(POA)**

Yes

No

Name:

Contact Information:

## **Protection Mandate(s)**

Yes

No

Name:

Contact Information:

## **Will/Last Will & Testament:**

Yes

No

Executor:



## E-mail Accounts

E-mail Address:

Password:

Security Questions( If applicable):

E-mail Address:

Password:

Security Questions( If applicable):

## Social Media And Websites

### Facebook

Username/E-mail:

Password:

### Other:

Username/E-mail:

Password:

### Amazon:

### Paypal:

### Ebay:

### Other:

### Other:

Username/E-mail:

Password:

### Other:

Username/E-mail:

Password:

**Where have you stored photos or other important documents online?**



## Medical Contacts

Doctor:

Contact Information:

Specialist:

Contact Information:

Pharmacist:

Contact Information:

HomeCare/Caregiver:

Contact Information:

Other:

Contact Information:

## Medications

### Do you wish to have your organs donated?

Yes

No

Please note this booklet does not act as a legal document

