

Emergency Estate Protection Kit™



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How can this Protection Kit help you?

When an emergency hits, the last thing you want is to make things harder for your family. Completing this Emergency Estate Protection Kit simplifies decisions for your family so you can show them you love them when they need it most.

When you fill out this toolkit, you'll be able to quickly:

- Identify **legal decision makers** and **legal documents** that need to be completed or updated.
- Identify your **healthcare providers** and important information such as **prescriptions, medical conditions, and insurance providers.**
- Identify who will serve as **emergency guardians** for minor or disabled children or pets.
- Provide information for a **trusted person** to be able to **access your usernames and passwords.**

About Elevated Estate Planning, P.S.

At Elevated Estate Planning, we know that you want an estate plan that makes sure your assets are taken care of, managed, and distributed the way you want. The problem is, it's uncomfortable thinking about what will happen if you are incapacitated or after you die. And that makes you feel like you just want to avoid it altogether.

We believe you deserve to be in control of everything you've worked so hard for. We know this can be an uncomfortable topic and it's tempting to just not do anything. For over 30 years, we have simplified the estate planning process for over 20,000 clients, giving them the freedom to move on with their lives, knowing they've done it right.

If you need assistance with your estate plan, here is our process:

1. Have you attend a free seminar or call our office at (509) 328-2150 for an appointment.
2. Create your estate plan.
3. Make sure it's done right.

So, attend a free seminar, and in the meantime, complete this Emergency Estate Protection Kit, so that you can avoid worrying about whether you will leave a mess for your family and instead, have peace of mind knowing you will show your family you love them when they need it the most.



About You

Whose Kit is this?

In an emergency situation, it is often helpful to have some personal and family demographics available. Write down your information below.

Your Name:	_____	DOB:	_____
Address:	_____		

Spouse:	_____		

Children

It can be useful to have the information for your children and close contacts available when you need them. This information can help the people handling your affairs keep your family reasonably informed as you wish. Write down their information below.

Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Address:	_____	Address:	_____
	_____		_____
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Address:	_____	Address:	_____
	_____		_____
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Address:	_____	Address:	_____
	_____		_____

Legal Documents

Why do you need legal documents?

Even if you have been married for years, have responsible adult children or another close family member, there may come a time when you need someone to act on your behalf. Making sure that you have legal documents which appoint an person to act on your behalf, gives that person the authority to handle your affairs without filing a legal action to get custody.

Powers of Attorney

A Durable Power of Attorney is a document that allows you to appoint a person to manage your financial or medical affairs if you become unable to do so. The document must specify what powers you are granting to your agent.

Financial Agents

If you are incapacitated, who is legally appointed to make financial decisions for you? Decide on a primary person, but also choose alternates in case they are not available.

Primary	Alternate #1	Alternate #2
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____

Document Review Checklist:

Do you have a Durable Power of Attorney for Finances? Yes No

Does the document say if it is effective immediately, or only upon incapacity? Yes No

Is the document dated withing the last 2 years? Yes No

Is the document signed and notarized? Yes No

Document location: _____

Legal Documents (Continued)

Healthcare Agents

If you are incapacitated, who is legally appointed to make healthcare decisions for you? Decide on a primary person, but also choose alternates in case they are not available.

Primary	Alternate #1	Alternate #2
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____

Document Review Checklist:

Do you have a Durable Power of Attorney for Healthcare? Yes No

Does the document include HIPAA authorization? Yes No

Is the document signed and notarized? Yes No

Document location: _____

Living Will (Advance Healthcare Directive)

If you are no longer able to communicate and the provision of medical treatment will only prolong the moment of your death (i.e. no hope for recovery), what kind of medical treatment do you want?

Document Review Checklist:

Do you have a Living Will? Yes No

Is the document signed and notarized / witnessed? Yes No

Do you want artificial nutrition (tube feeding)? Yes No

Do you want artificial intravenous hydration? Yes No

Document location: _____

Legal Documents (Continued)

Last Will and Testament / Living Trust

Life changes all the time. It's important to know where these documents are and to make sure they reflect your current wishes.

Document Review Checklist:

Do you have a Last Will and Testament? Yes No

Do you have a Living Trust? Yes No

Do you have a Community Property Agreement? Yes No

Are the Executor / Trustee designations up to date? Yes No

Are the beneficiary designations up to date? Yes No

Have you made provisions for minors or disabled people that might inherit? Yes No

Have you made provision for pets? Yes No

Have you created a separate writing for the disposition of tangible personal property? Yes No

Do you have separate accounts that will pass according to a beneficiary designation (e.g. IRAs or Life Insurance)? Yes No

What is your preference regarding the disposition of your body? Funeral / Burial
 Cremation
 Other _____

Notes: _____

Document(s) location(s): _____

Healthcare

In the event of an emergency, it is critical that a loved one is able to easily access information about your physician, prescriptions, insurance, and medical conditions / sensitivities.

Healthcare information can change regularly. Be sure to set a yearly reminder for yourself to update this section.

Medical Care Provider Information

Include any kind of medical care providers you see regularly (primary care physician, mental health practitioners, specialists, etc.)

Primary Care Provider

Name: _____

Phone: _____

Notes: _____

Other Provider / Specialist

Name: _____

Phone: _____

Notes: _____

Other Provider / Specialist

Name: _____

Phone: _____

Notes: _____

Other Provider / Specialist

Name: _____

Phone: _____

Notes: _____

Other Provider / Specialist

Name: _____

Phone: _____

Notes: _____

Other Provider / Specialist

Name: _____

Phone: _____

Notes: _____

Healthcare (Continued)

Prescriptions

In addition to listing any prescription medications you take, include the reason you take them in the notes section.

Having this information on hand can prevent harmful drug interactions and make sure you get the medication you need if you are not able to communicate.

Pharmacy Name: _____

Phone: _____

Address: _____

Notes: _____

Prescription Name: _____ Prescription Name: _____

Notes: _____ Notes: _____

Prescription Name: _____ Prescription Name: _____

Notes: _____ Notes: _____

Prescription Name: _____ Prescription Name: _____

Notes: _____ Notes: _____

Healthcare (Continued)

Health Insurance

Having insurance provider information handy can save time and ensure faster check-ins and provision of care services.

Medicare Identification Number: _____	Part D Provider: _____ ID Number _____ _____
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Insurance Provider: _____ ID Number: _____ Plan/Group: _____ _____ _____	Insurance Provider: _____ ID Number: _____ Plan/Group: _____ _____ _____
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Allergies / Important Medical Information

Knowing about allergies or potential complications due to known medical conditions can help your health care providers keep you safe.

Financial

Make it easy for loved ones to access important financial information when the time comes.

Accountant

Name: _____

Phone: _____

Notes: _____

Financial Advisor

Name: _____

Phone: _____

Notes: _____

Financial Institutions

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Name: _____

Account Type: _____

Notes: _____

Personal (Continued)

Username and Passwords

In the event of an emergency, who will you trust with your username and password logins to access online information?

Be sure that whoever you give this information to keeps it in a secure location.

Name: _____

Instructions for accessing location of stored usernames and passwords: _____

Congratulations on completing your Emergency Estate Protection Kit!

This is such an important way to show your loved ones how much you love them when they need it the most.

Look, we know it's uncomfortable thinking about what will happen if you are incapacitated or after you die. But you have taken a huge step here toward having an estate plan that makes sure your assets are taken care of, managed, and distributed the way you want.

If you realized you need some help completing this and getting everything legally drafted and executed, we are here to simplify the process for you so you can move on with your life, knowing you've done it right.

**No matter what happens in life,
you deserve to be in control of everything
you've worked so hard for.**



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