

# In Case of Emergency (ICE) Form



Client Name:

## Incapacitation

### Health Care Matters

#### Healthcare Proxy or Medical Power of Attorney

Name	Date (MM/DD/YYYY)	Successor
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#### HIPPA Release

Date (MM/DD/YYYY)

#### Living Will

Do you have a Living Will (i.e. Health Care Treatment Instructions)?

If "Yes", date:

Yes

No

### Financial Matters

#### Financial Power of Attorney

Name	Date (MM/DD/YYYY)	Successor
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Other Notes:

## Death - Letter of Instruction

### Personal Information

Primary Address

Secondary Address

Post Office Boxes

Pets (Names and Contact Information of Caregivers)

Plan for Immediate Care of Pets

### Notify the Following Individuals (Name and Contact Information)

Family Members

Friends

Accountant

Attorney

## Death - Letter of Instruction - Continued

### Notify the Following Individuals (Name and Contact Information) - Continued

**Business Associates**

**Co-Executors**

**Co-Trustees**

**Dentist**

**Doctor(s)**

**Funeral Director**

**New Edge Wealth Team**

**Insurance Agent(s)**

**Present and/or Former Employer(s)**

**Property and Liability Insurance Agent(s)**

**Veterinarian**

### Notify the Following Organizations (Name and Contact Information)

**Other**

### Notify the Following Residential Service Providers (Name and Contact Information)

**Caretaker/General Maintenance**

**Plumber**

**Electrician**

**Home Security**

**House Cleaning**

**Access to Property and Keys - List All**

## Cemetery and Funeral

**Funeral Arrangements**

## Cemetery and Funeral - Continued

### Funeral Home

Name of Funeral Home

Telephone

Address

Prearrangements have been made?      Yes      No

If "Yes", documentation is located:

### Information for the Funeral Director

Full Name

Residence

Since (MM/DD/YYYY)

Marital Status

Spouse's Name

Date of Birth

Birthplace

Father's Name

Birthplace

Mother's Maiden Name

Birthplace

Length of Residence in State

In United States

Military Record

Social Security Number

Life Insurance Insurer (Bring policy if proceeds will be use for funeral expenses.)

Policy Number

### Cemetery Plot

Location

Date Purchased (MM/DD/YYYY)

Deed Number

Location of Deed

Other Information

### Obituary Information

Schools

Dates (MM/DD/YYYY)

Degrees

Employment

Length of Time at Current Residence

Special Honors/Awards

Community Activities

Professional & Other Memberships

Volunteer Activities

Other Information

# Cemetery and Funeral - Continued

## Funeral Preferences

Check All of the Applicable Services :

**Funeral (Before Disposition) Church:**

**Memorial (After Disposition) Place:**

**Graveside Cemetery:**

**Mortuary Name:**

**Other:**

**Service Preferences Include:**

**Eulogy:** Yes No

**Readings**

**Music**

**Other**

**Simple Arrangements - Check All That Apply:**

**No Embalming**

**No Public Viewing**

**Immediate Disposition**

**Remains Should Be - Check One**

**Interred - Cemetery:**

**Cremated and the Ashes - Scattered Place:**

**or Buried Place:**

**Donated - Arrangements Made On:**

**with:**

**Documentation Located:**

**Disposed of as Follows:**

**Memorial Gift To:**

**Autopsy if Doctor or Family Requests:** Yes No

**Donate These Organs:**

**Location of Organ Donor Card:**

## Special Wishes

**List All That Apply:**

# Estate Planning Documents

## Location of Important Documents

### Safety Deposit Box

Location

Contents

### Home Safe

Location

Combination

Contents

### Personal Documents

#### Birth Certificate

Location:

#### Marriage Certificate

Location:

#### Gift Tax Returns

Location:

#### Deeds

Location:

#### Passport

Location:

#### Credit Cards & Statements

Location:

#### School Diplomas

Location:

#### Income Tax Returns

Location:

#### Insurance Policies

Location:

#### Social Security Card

Location:

#### Certificates of Deposit (CDs)

Location:

#### Other

Location:

### Estate Planning Documents

#### Living Will

Location:

#### Medical Power of Attorney or Health Proxy

Location:

#### Will and Trust Agreements

Location:

#### Pre-planned Funeral Agreement/Burial Plot Information

Location:

#### Health Care Power of Attorney

Location:

#### HIPPA Release

Location:

#### Memorandum

Location:

#### Other

Location:

### Other Documents

#### Stock Certificates - Copies

(Not held in brokerage/investment account)

Location:

#### Buy/Sell Agreement - Copy

Location:

#### Annuities - Copies of Contracts

Location:

#### Business Interest/Options and or Closely Held Stock

(Documents, Valuation, Company Contact, Shares, Vesting Schedule)

Location:

#### Deferred Compensation - Documentation

Location:

#### Private Investments Summary

Location:

### Debts, Liabilities, and Expenses

List of bank credit cards, store credit cards, mortgages, and other liabilities.

## Estate Planning Documents - Continued

### Key Provisions in Estate Plan

**Real Property:**

**Tangible Personal Property:**

**Specific Outright Bequests:**

**Other:**

## Assets & Financial Information

### Property

**Real Estate - Name, Copies of Deeds, Tax Bills, Property Insurance**

**Automobiles - Location, Titles, Lease Agreements, Insurance**

**Tangible Personal Property - Location, Inventory, Current Appraisal**

### Checking & Savings Accounts

**Bank Name, Account Number, Account Type**

### Brokerage/Investment Accounts

**Name of Broker, Account Number, Account Type, Copy of Recent Statement**

### Insurance

**Life Insurance - Policy Number, Insurer's Name & Address, Type of Policy, Benefit Amount, Agent, Beneficiaries**

**Homeowner's - Coverage, Insurer's Name & Address, Policy Number, Term, Agent**

**Automobile - Coverage, Insurer's Name & Address, Policy Number, Term, Agent**

## Assets & Financial Information - Continued

### Insurance - Continued

Medical - Coverage, Insurer's Name & Address, Policy Number, Term, Agent

Disability - Any Applicable Information

Other Insurance (Personal or Liability) - Any Applicable Information

### Retirement Accounts

IRA, 401(k), 403(b), Other - Account Type, Name of Broker, Copy of Recent Statement, Beneficiary Designations

### Social Security

IRA, 401(k), 403(b), Other - Account Type, Name of Broker, Copy of Recent Statement, Beneficiary Designations

## Utilities, Subscriptions, & Household Items

### Gas

Company Name:

Account #:

Telephone:

### Electric

Company Name:

Account #:

Telephone:

### Telephone

Company Name:

Account #:

Telephone:

### Cable

Company Name:

Account #:

Telephone:

### Internet

Provider Name:

Account #:

Telephone:

## Utilities, Subscriptions, & Household Items - Continued

### Newspapers

**Publisher Name:**

**Account #:**

**Telephone:**

**Publisher Name:**

**Account #:**

**Telephone:**

**Publisher Name:**

**Account #:**

**Telephone:**

### Magazines

**Publisher Name:**

**Account #:**

**Telephone:**

**Publisher Name:**

**Account #:**

**Telephone:**

**Publisher Name:**

**Account #:**

**Telephone:**

### Other Accounts to Cancel

**Company Name:**

**Account #:**

**Telephone:**

**Company Name:**

**Account #:**

**Telephone:**

**Company Name:**

**Account #:**

**Telephone:**

### Household Contents

**Location of Inventory:**

**Location of Appraisals:**

## Automobiles

### Vehicle Information

**Year, Make, and Model:**

**Body Type**

**Cylinders**

**Color:**

**Identification Number:**

**Location of Papers**

(e.g. Title, Registration, etc.)



## Personal Effects (or Memorandum)

### Item/Recipient

The following mementos and personal effects should be given to the person(s) named below:

**Recipient:**

**Item**

**Recipient:**

**Item**

**Recipient:**

**Item**

**Recipient:**

**Item**

**Recipient:**

**Item**

**Recipient:**

**Item**

**Recipient:**

**Item**

### Notes