

Emergency Plan



FOR (Name/s)

DATE

LOCATION OF IMPORTANT DOCUMENTS

Will

Power of Attorney

Personal Insurance policies

EMERGENCY NUMBERS Fire, Police, Ambulance: 000

EMERGENCY CONTACT PERSON:

Name

Phone

FAMILY DOCTORS' (names and phone numbers)

FINANCIAL PLANNER

Name

Phone

ACCOUNTANT

Name

Phone

LAWYER

Name

Phone

MORTGAGE BROKER

Name

Phone