EMERGENCY CONTACT INFORMATION

Name:_____

Do you have a Will Yes_____ No_____

If Yes, who is your Personal Representative:_____

Address:_____

Phone_____Relationship_____

If No, Who would handle your affairs in case of death or emergency:

Name:_____

Address_____

Phone_____Relationship_____

If you have a Trust who are the Successor Trustees and their contact information:

Name:_____

Address_____

Phone_____Relationship_____

Any other prominent family members or friends who would handle your affairs in case of Death or emergency:

Name:_____

Address_____

Phone_____Relationship_____

Have you executed a Power of Attorney? If yes, who is the person named to act on your behalf?

Name:_____

Address_____

Phone_____Relationship_____

_____Dated this_____day of_____2017.
Signature

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