



LIFE

IN

MOTION

A GUIDE

FOR GATHERING LIFE'S
VITAL INFORMATION

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PERSONAL INFORMATION

Name

Date of Birth

Phone Lock Code

Primary Language Spoken

Phone Number



EMERGENCY CONTACTS

Healthcare Agent / Proxy

Relationship

Cell Phone Number

Other Phone Number

Primary Care Physician Name

Practice Name or Name of Healthcare Facility

Emergency Phone Number

Other Phone Number

Name

Relationship

Cell Phone Number

Other Phone Number

SPECIAL HEALTH CONCERNS *List any critical information or instructions for first responders. (Or simply refer to the documentation in the Health section if medical needs are complex.)*



HOUSEHOLD ROUTINES Describe key routines (what time you take meals, bedtime activities, etc.)

| |
|----------------------|
| THE BASICS |
| Wake Up Time _____ |
| Breakfast Time _____ |
| Lunch Time _____ |
| Dinner Time _____ |
| Nap Time(s) _____ |

NOTES

WI-FI PASSWORD

FAVORITE FOODS Describe foods or meals that your family prefers.

RULES Describe any house rules.



PET CARE NOTES *Describe mobility or temperament issues, or other special care notes here.*



HOUSEHOLD AND PROPERTY ACCESS

Primary Residence Address

Emergency Contact / Property Access

Name

Phone Number

Has Spare Keys Yes No

If No, Property Access Instructions

Landlord

Name

Account Number, if applicable

Phone Number

Email

Property Manager

Name

Account Number

Phone Number

Email

Vehicle Info *If primary vehicle is not in regular spot, check these locations.*

Primary Vehicle Location (Include access instructions, if necessary.)

Parking Location (Work, Train Station, School, etc.)

Phone Number

Parking Location (Work, Train Station, School, etc.)

Phone Number



DISASTER READINESS *Preparing for an emergency includes making a communication, shelter in place, and evacuation plan in case of a natural disaster or power emergency.*

Meetup Locations *Choose where your family meet up in case of separation during a disaster.*

Indoor Location

Neighborhood Location

Outside of Neighborhood Location

Out of Town Location

Out of Town Contact *Person willing to be your family's central point of contact to help you reconnect.*

Name

Cell / Emergency Number

Address

Shelter Plan *Where and how you will seek shelter in a natural disaster.*

Evacuation Plan *Where you will go and how you will get there if you are advised to evacuate.*



NEXT STEPS

If you got this far, you've got a pretty comprehensive emergency plan in place! Congratulations. Here are a few additional steps to consider:

- ◆ **Research** rehabilitation facilities in your area. Hospital discharge can happen quickly and without a lot of warning, so thinking in advance about where you might want to go if you need rehab can reduce stress.
- ◆ **Build an emergency kit** for your home and car. Ready.gov's Build a Kit page has more information. (<https://www.ready.gov/build-a-kit>)
- ◆ **Sign up for alerts.** Many government and community organizations now have the means to communicate information by text in case of emergency. Sign up to stay receive alerts and warnings about critical weather or other emergencies affecting your community.
- ◆ **Practice** with your family and others who will help in an emergency. If your are dependent on supplies and equipment that relies on power, this may be especially important. Read <https://lifeinmotionguide.com/power-emergency-plan/> for tips.



REAL ESTATE SUMMARY

Real Estate Summary “Type” includes residence, investment property, land, timeshare, or other.

| TYPE | NAME AND/OR LOCATION |
|------|----------------------|
| | |
| | |
| | |
| | |

Storage Unit Auto-pay? Yes No

Key location _____

Provider / Location

Account Number / Unit Number

Phone Number

Address

Post Office Box Auto-pay? Yes No

Key location _____

Provider

Account / Box Number

Phone Number

Address

Home Safe Not Applicable

Location

Name of Person Who Has Access

Landlord and/or Property Manager contact information is recorded in the *Emergency* section.



ACCOUNTS

Property Location _____

Electric Not Applicable

Provider _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Username _____

Water Not Applicable

Provider _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Username _____

Gas / Oil Not Applicable

Provider _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Username _____

Internet Not Applicable

Provider _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Username _____

Loan Info Not Applicable

Loan Servicer _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Username _____



ACCOUNTS

Property Location

Insurance *Include renter's, homeowner's, or other property-related policies. There is space to record disability and long term care insurance in the Finances section, and health insurance in the Personal Health Record section.*

Name of Carrier Auto-pay? Yes No

Type of Policy

Policy Number

Username

Agent Name

Phone Number

Name of Carrier Auto-pay? Yes No

Type of Policy

Policy Number

Username

Agent Name

Phone Number

Name of Carrier

Type of Policy

Policy Number

Username

Agent Name

Phone Number

Name of Carrier

Type of Policy

Policy Number

Username

Agent Name

Phone Number



ACCOUNTS

Property Location _____

Security

Name _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Installation Location _____

Medical Alert System

Provider _____ Auto-pay? Yes No

Account Number _____

Phone Number _____

Installation Location _____

Cleaning Service / Housekeeper

Provider _____ Auto-pay? Yes No

Provider _____ Auto-pay? Yes No

Phone Number _____

Phone Number _____

Account Number _____

Account Number _____

Lawn Service

Other

Provider _____ Auto-pay? Yes No

Provider _____ Auto-pay? Yes No

Phone Number _____

Phone Number _____

Account Number _____

Account Number _____



SERVICES

Location _____

Plumber

Provider

Phone Number

Account Number

Electrician

Provider

Phone Number

Account Number

HVAC Service

Name

Phone Number

Account Number

Painter

Name

Phone Number

Account Number

Real Estate Agent

Name

Phone Number

Account Number

Other

Name

Phone Number

Account Number



VEHICLES

Description

VIN Number

Plate Number, State Issued

Title Number

Location of Keys

Title Location

Beneficiary Designated? Yes No

Insurance Not Applicable

Provider Auto-pay? Yes No

Account Number

Phone Number

Username

Loan Not Applicable

Company Auto-pay? Yes No

Account Number

Phone Number

Username

Toll Tag Not Applicable

Provider Auto-pay? Yes No

Account Number / Device ID

Phone Number

Username

Storage Not Applicable

Location Auto-pay? Yes No

Account Number (if applicable)

Phone Number



ASSET INFORMATION

Asset Summary Asset types to include: retirement plans, 401(k)s, bank and investment accounts, annuities, reverse mortgages, insurance policies, Certificates of Deposit, etc.

| TYPE | INSTITUTION |
|------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Safe Deposit Box Not Applicable

| | | |
|------------------|--|-----------------------------|
| Institution | Auto-pay? <input type="radio"/> Yes <input type="radio"/> No | Account Number / Box Number |
| Phone Number | Address | |
| Joint Owner Name | Phone Number | |

Home Safe See Household and Property section.



INCOME SOURCES

Employer(s) Not Applicable

Employer Name Employed By Retired From

Phone Number

Employee ID Number

Employment Type Benefits Active?
 Yes No

Employer Name Employed By Retired From

Phone Number

Employee ID Number

Employment Type Benefits Active?
 Yes No

Other Income *Other income types might include social security, pensions, annuities, investment or trust income, reverse mortgages, veteran’s compensation benefits, rental income, etc.*

Name

Phone Number

Account Number

Type / Source of Income

How Received (Mail / Direct Deposit / Other)

Where Received (Address or Account Name)

Name

Phone Number

Account Number

Type / Source of Income

How Received (Mail / Direct Deposit / Other)

Where Received (Address or Account Name)



INVESTMENTS *Include individually held stocks, options, and bonds, 529, 401(k), or IRA accounts, money market funds, Treasury bonds, or other investments. Use the quick summary to determine how many copies you need before starting – you'll need one copy per institution.*

Institution

Phone Number

Investment Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Beneficiaries Designated? Yes No

Investment Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Beneficiaries Designated? Yes No

Investment Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Beneficiaries Designated? Yes No



FINANCIAL ACCOUNTS *Include bank accounts or digital payment platform account information. You'll need one copy per institution.*

Institution

Phone Number

Account Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Account Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Account Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name

Account Type

Sole Ownership? Yes No

Account Number

Username

Additional Account Owner Name

Additional Account Owner Name



PERSONAL INSURANCE *Include whole, term, disability, long term care, or other personal insurance. Record property-related insurance policy information in the Household and Property section and health insurance in the Health section.*

Type of Policy

Name of Insured

Name of Carrier Auto-pay? Yes No

Phone Number

Policy Number

Username

Agent Name

Phone Number

Beneficiaries Designated? Yes No

Type of Policy

Name of Insured

Name of Carrier Auto-pay? Yes No

Phone Number

Policy Number

Username

Agent Name

Phone Number

Beneficiaries Designated? Yes No

Type of Policy

Name of Insured

Name of Carrier Auto-pay? Yes No

Phone Number

Policy Number

Username

Agent Name

Phone Number

Beneficiaries Designated? Yes No



PROFESSIONAL ADVISORS

Accountant Not Applicable

Name

Company / Affiliation

Phone Number

Cell / Emergency Phone Number

Financial Advisor Not Applicable

Name

Company / Affiliation

Phone Number

Cell / Emergency Phone Number

Attorney Not Applicable

Name

Company / Affiliation

Phone Number

Cell / Emergency Phone Number

Banker Not Applicable

Name

Company / Affiliation

Phone Number

Cell / Emergency Phone Number

Insurance Agent Not Applicable

Name

Company / Affiliation

Phone Number

Cell / Emergency Phone Number



FINAL WISHES WORKSHEET

| | Prior Arrangements Made? | | | |
|--|--------------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| Donate my organs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Donate my body | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Publish an obituary | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Announce my death on social media | <input type="radio"/> | <input type="radio"/> | | |
| Arrange for my body to be embalmed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for my body to be buried | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use the cemetery I have already identified | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for my body to be entombed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for my cremation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Observe my religion's mourning events | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for military honors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for veteran's grave marker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for veteran's service medallion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrange for a wake before my funeral | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hold a funeral service (body present) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hold a graveside service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hold a memorial service (body not present) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do not hold a service | <input type="radio"/> | | | |



ORGAN DONATION Yes No

Organ Procurement Organization

Uniform Donor Card Location

Contact Person

Phone Number

BODY DONATION Yes No

Medical School / Research Organization

Location

Contact Person

Phone Number

