



## What if I Get Hit By a Bus?

No one likes to think about it, but what would happen if you were not able to conduct the business side of your life due to an unforeseen tragedy? What would your family do? Who could they turn to for help to work through the logistics of taking care of your finances?

In an effort to make this daunting task easier, we have put together an easy-to-use form to organize the information that is necessary for your family to work through during the difficult time without you there.

*Use the space below to enter vital information such as account numbers, PIN numbers, and the locations of important documents. Keep this list someplace secure, but where family members can get to it quickly. Storing it in an encrypted electronic file on a flash drive is a good idea, as long as family members can recall the password for access. Reviewing the contents periodically is also a good idea. Presnell Gage, PLLC, is here to help should you have any questions.*

### **Bank Accounts**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

**Bank Accounts (continued)**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

**Credit Cards**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Type: \_\_\_\_\_

**Investment Accounts**

Firm Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Agent: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Agent: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Agent: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Password: \_\_\_\_\_

PIN: \_\_\_\_\_ Agent: \_\_\_\_\_

**Insurance Policies**

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Lewiston Office: 1216 Idaho Street, Lewiston, ID 83501 (208) 746-8281 Fax: (208) 746-5174  
Moscow Office: 609 South Washington Street, Suite #202, Moscow, ID 83843 (208) 882-2211 Fax: (208) 883-3808  
Pullman Office: 1230 SE Bishop Blvd., Pullman, WA 99163 (509) 332-6541 Fax: (888) 275-1132  
Grangeville Office: 111 South Mill Street, Grangeville, ID 83530 (208) 983-1254 Fax: (208) 983-1406  
Orofino Office: 216 Johnson Avenue, Orofino, ID 83544 (208) 476-3012 Fax: (208) 476-4564  
Eagle Office: 1159 E. Iron Eagle Dr., Suite 100, Eagle, ID 83616 (208) 319-2929 Fax: (208) 883-3808

**Location of Legal Documents**

Will \_\_\_\_\_

Living Will: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Deed(s) and title(s): \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Company Benefits: \_\_\_\_\_

Contact: \_\_\_\_\_

Safe Deposit Box Key:

Bank Name: \_\_\_\_\_

Box #: \_\_\_\_\_ Password: \_\_\_\_\_

**Professionals**

Attorney: \_\_\_\_\_

Phone #: \_\_\_\_\_

Accountant: \_\_\_\_\_

Phone #: \_\_\_\_\_

Minister: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Investment agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Household Inventory**

Location of list or video: \_\_\_\_\_

\_\_\_\_\_