

# Family Emergency Binder

*A map for the people who depend on you*

**This binder belongs to:** \_\_\_\_\_

**Last updated (date):** \_\_\_\_\_ **Next review (date):** \_\_\_\_\_

**Where this binder is kept:** \_\_\_\_\_

**People who know where it is:** \_\_\_\_\_

**⚠ Never write passwords, PINs, account numbers, or Social Security numbers here.**

This binder is a map, not a vault. It tells your family *who to call* and *where to look*, not how to log in. If it's lost, stolen, or read by the wrong person, it should give them nothing they can use. Write "Chase, checking, call the branch on Main St." Never write the account number. Your family can get account details from the institution once they're legally able to act for you.

## How to use this binder

1. Fill in what you know. Skip what you don't. A half-filled binder beats a blank one.
2. Start with the **Who to Call First** page. It's the page your family will reach for first.
3. Tell at least two people where the binder is kept. The most common failure isn't a missing binder. It's a binder nobody can find.
4. Review it once a year, and after any big change: a move, a new job, a new doctor, a new insurance policy.

# Who to Call First

---

*If something happens to me, start here. Call these people in this order.*

| # | Name | Relationship / role | Phone | Why call them |
|---|------|---------------------|-------|---------------|
| 1 |      |                     |       |               |
| 2 |      |                     |       |               |
| 3 |      |                     |       |               |
| 4 |      |                     |       |               |
| 5 |      |                     |       |               |

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Accountant / tax preparer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Financial advisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Life insurance company + agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**My employer / HR contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Who can take the pets / kids today:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Spare house key is:** \_\_\_\_\_

**Allergies or conditions a hospital must know:** \_\_\_\_\_

**The full binder is kept at:** \_\_\_\_\_

# 1. People

---

*The people your family will need, and what each one knows or handles.*

## Family and close contacts

| Name | Relationship | Phone | Email | Notes |
|------|--------------|-------|-------|-------|
|      |              |       |       |       |
|      |              |       |       |       |
|      |              |       |       |       |
|      |              |       |       |       |

## Professionals

| Role                       | Name | Firm / office | Phone | Notes |
|----------------------------|------|---------------|-------|-------|
| Primary doctor             |      |               |       |       |
| Attorney                   |      |               |       |       |
| Accountant / tax preparer  |      |               |       |       |
| Financial advisor          |      |               |       |       |
| Insurance agent            |      |               |       |       |
| Clergy / spiritual advisor |      |               |       |       |
| Other                      |      |               |       |       |

## Legal roles (if you have them)

| Role                          | Name | Phone | Where the document is kept |
|-------------------------------|------|-------|----------------------------|
| Executor of my will           |      |       |                            |
| Power of attorney (financial) |      |       |                            |
| Health care proxy / agent     |      |       |                            |
| Guardian for children         |      |       |                            |

## 2. Access Clues

---

*Where your accounts are and who to contact. Institution names and contacts only. No passwords, PINs, account numbers, or card numbers.*

### Banks and credit unions

| Institution | Type (checking, savings...) | Branch / who to contact | Notes (joint? paperless?) |
|-------------|-----------------------------|-------------------------|---------------------------|
|             |                             |                         |                           |
|             |                             |                         |                           |
|             |                             |                         |                           |

### Retirement and investments

| Institution | Type (401(k), IRA, brokerage...) | Who to contact (HR, advisor...) | Notes |
|-------------|----------------------------------|---------------------------------|-------|
|             |                                  |                                 |       |
|             |                                  |                                 |       |
|             |                                  |                                 |       |

### Insurance

| Insurer | Type (life, home, auto, disability...) | Agent / phone | Where the policy paperwork is kept |
|---------|----------------------------------------|---------------|------------------------------------|
|         |                                        |               |                                    |
|         |                                        |               |                                    |
|         |                                        |               |                                    |

## Property, vehicles, and debts

| What                             | Institution / lender | Who to contact | Where paperwork is kept |
|----------------------------------|----------------------|----------------|-------------------------|
| Home / mortgage or lease         |                      |                |                         |
| Vehicle(s)                       |                      |                |                         |
| Credit cards (issuer names only) |                      |                |                         |
| Other loans                      |                      |                |                         |

## Important documents: where they are

| Document                                   | Where it is (drawer, safe, attorney's office...) |
|--------------------------------------------|--------------------------------------------------|
| Will / trust                               |                                                  |
| Birth and marriage certificates            |                                                  |
| Passports                                  |                                                  |
| Deeds and titles                           |                                                  |
| Recent tax returns                         |                                                  |
| Safe deposit box (bank + where the key is) |                                                  |

## Digital life

*Don't write logins here. Write where your family should look, and which built-in legacy tools you've set up.*

**Password manager (name only):** \_\_\_\_\_ **Emergency access for:** \_\_\_\_\_

**Phone/computer: who can unlock them:** \_\_\_\_\_

**Email and cloud accounts (provider names):** \_\_\_\_\_

**Legacy-contact settings turned on (Apple, Google, etc.):** \_\_\_\_\_

**Subscriptions and recurring bills to cancel (names only):** \_\_\_\_\_

### 3. Household

---

*The things only you know about the house.*

| Item                                  | Where / how |
|---------------------------------------|-------------|
| Spare house key                       |             |
| Spare car key                         |             |
| Water main shutoff                    |             |
| Gas shutoff                           |             |
| Electrical panel / breaker box        |             |
| Wi-Fi clue (a hint, not the password) |             |
| Alarm company + phone                 |             |
| Garage / gate: who can help           |             |
| Trash & recycling days                |             |
| Mail / packages: who can collect      |             |

#### Home services

| Service               | Company / person | Phone |
|-----------------------|------------------|-------|
| Plumber               |                  |       |
| Electrician           |                  |       |
| HVAC                  |                  |       |
| Handyman              |                  |       |
| Neighbor who can help |                  |       |

#### Pets

| Pet name | Vet + phone | Food / meds / routine | Who takes them |
|----------|-------------|-----------------------|----------------|
|          |             |                       |                |
|          |             |                       |                |

## 4. Health

---

*What a hospital, or the person sitting next to you in the waiting room, needs to know.*

**Allergies (medications, food, other):** \_\_\_\_\_

**Medical conditions:** \_\_\_\_\_

**Blood type (if known):** \_\_\_\_\_

### Medications

| Medication | Dose | How often | Prescribed by |
|------------|------|-----------|---------------|
|            |      |           |               |
|            |      |           |               |
|            |      |           |               |
|            |      |           |               |

### Doctors and care

| Role               | Name | Phone | Notes |
|--------------------|------|-------|-------|
| Primary doctor     |      |       |       |
| Specialist         |      |       |       |
| Dentist            |      |       |       |
| Preferred hospital |      |       |       |
| Pharmacy           |      |       |       |

**Health insurer (name only):** \_\_\_\_\_ **Where the card is kept:** \_\_\_\_\_

**Advance directive / living will is kept at:** \_\_\_\_\_

**Organ donor?** ☐ Yes ☐ No ☐ Not decided **Noted on:** ☐ Driver's license ☐ State registry

## 5. Wishes

---

*Not a legal document. Your will and directives are what count legally. This page helps your family understand what you'd want.*

**If I'm seriously ill, what matters most to me:**

---

---

**Burial, cremation, or other:** \_\_\_\_\_

**Service or gathering (place, faith, music, readings, who should speak):**

---

---

**Prepaid funeral arrangements (funeral home name + phone):**

---

**Obituary notes (things I'd want mentioned):**

---

**Personal items I'd like specific people to have:**

| Item | Who | Where it is |
|------|-----|-------------|
|      |     |             |
|      |     |             |
|      |     |             |

**Charities or causes for donations in my name:**

---

## 6. Personal Note

*Write what you'd want them to read. It doesn't have to be long.*

To: \_\_\_\_\_

[illegible]

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Update log

| Date | What changed | Who I told |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |

# About this template

---

This binder follows the same core structure as DearFile, a private family file I built after my dad died and we couldn't find the black bag where he kept everything, even though it was in the house. Paper works. It's also easy to forget, hard to update, and useful only to whoever is standing next to it. If you'd rather keep it online, DearFile keeps it current and shares it with the people you choose (after they confirm their role). You choose how often to check in, and your trusted contacts are notified if you go quiet. The Legacy plan and the annual Ready plan include an encrypted offline copy your family can open even without DearFile. You can start free by answering five questions at **dearfile.com**.

*This template is not legal, financial, or medical advice. Free to print, copy, and share.*