

EMERGENCY CONTACT INFORMATION

Name:			
Do you have a Will Yes	No		
If Yes, who is your Personal Representat			
Address:			
	Relationship		
If No, Who would handle your affairs in	case of death or emerge	ency:	
Name:			
Address			
	Relationship		
If you have a Trust who are the Successor	or Trustees and their con	ntact information:	
Name:			
Address			
Phone	Relationship		
Any other prominent family members or Death or emergency:	r friends who would hand	dle your affairs in o	case of
Name:			
Address			
Phone	Relationship		
Have you executed a Power of Attorney	? If yes, who is the perso	n named to act on	your behalf:
Name:			
Address			
Phone	Relationship		
Signature	Dated this	day of	2020.