

**JUST-IN-CASE INSTRUCTIONS**

**For \_\_\_\_\_ of \_\_\_\_\_, Arizona**

Created on \_\_\_\_\_

Signature \_\_\_\_\_

This document is intended to make it easier for anyone to manage my affairs in the event I become incapacitated or to manage my estate when death occurs. I created it for my family and anyone I have appointed as a representative, agent, or executor.

This document is not intended to be interpreted as a Last Will and Testament or Living Will. These guidelines are only intended to help family and caregivers manage my affairs.

## **Residence**

### **Address**

1. Address: \_\_\_\_\_

### **Alarm System**

2. I do not have an alarm system.

### **Mail**

3. Delivered to: My front door

## **Real Estate**

1. I do not own any additional real estate.

## **Vehicle**

1. I have the following vehicle:
  - a. Make and Model: \_\_\_\_\_  
Key Location: \_\_\_\_\_

## **Employment**

1. I am not currently employed.

## **Dependent**

### **Dependent**

1. Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

## **Dependent Documents**

2. Important documents, such as birth certificates and passports, for my dependents are in the following location: \_\_\_\_\_

## **Emergency and Medical Care**

3. In the event of an emergency, the following person has agreed to care for my dependents:
  - a. Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
4. I am not including information about medical care for my dependents.

## **Pet**

1. I do not have any pets.

## **Health**

## **Insurance**

1. I hold the following insurance policy:
  - a. Type: \_\_\_\_\_  
Company: \_\_\_\_\_  
Broker Name: NA  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Copies of my insurance policy are kept in the following location: \_\_\_\_\_

## **Medications and Pharmacy**

2. I have not included information about medication I may be taking.

## **Financial Information**

## **Banking**

1. I have the following account:

a. \_\_\_\_\_

Account Type: \_\_\_\_\_

Location of Statements: \_\_\_\_\_

## **Investment**

2. I have not included information about investments.

## **Bill**

3. All of my bills are automatically paid.

## **Taxes**

4. I keep my previous year's tax returns in my \_\_\_\_\_

## **Debt**

5. I do not have any outstanding debts.

## **Debtor**

6. I am not owed any money.

## **Important Documents**

1. My **birth certificate** is kept in \_\_\_\_\_

2. My **social security card** is kept in \_\_\_\_\_

3. My **passport** is kept in \_\_\_\_\_

### Secure Storage

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Instructions for Access:

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### Devices and Online Accounts

## **Personal Devices**

1. I prefer not to include information about accessing my personal devices.

## **Online Accounts**

2. It's important you're able to access my online accounts. My accounts and passwords are on a file on my computer. The document path for the file is: \_\_\_\_\_