

# ~~ I.C.E. ~~ IN CASE OF EMERGENCY

#### A PERSONAL ASSISTANT TO HELP OTHERS MANAGE YOUR LIFE WHILE YOU ARE UNABLE TO.

### BY JAY NYKOLUK WWW.LEFTY-LUCY.ORG

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### TO INCLUDE - UPDATE - OR ADD TO THIS GUIDE, PLEASE CONTACT US.



# THIS BOOKLET AND ITS INTENDED USAGE.

INITIALLY WE HOPE THAT THIS BOOKLET DOES NOT BECOME NECESSARY UNLESS YOU ARE ON VACATION HAVING THE TIME OF YOUR LIFE OR.... IN THE EVENT THAT YOU HAPPEN TO BECOME ILL, FALL DOWN, BUMP YOUR NOODLE, OR ARE OTHERWISE INCAPACITATED TO TEND TO YOUR DAILY LIFE.

This guide will help those who care about you to locate and maintain your day to day so upon your return, you can focus on healing and not worrying about late bills or utilities that have been shut off.

#### BUT KEEP IN MIND

IN NO WAY IS THIS BOOKLET CONSIDERED LEGAL OR BINDING, NOR SHOULD THIS BE USED TO BE THE EXECUTOR OF YOUR ESTATE.

FURTHERMORE, YOU SHOULD PROTECT YOURSELF AT ALL TIMES, PASSCODES, PIN NUMBERS, AND ACCESS REQUIREMENTS SHOULD ALWAYS BE MAINTAINED IN A SAFE AND SECURE ENVIRONMENT, AND ONLY GIVEN OUT IN THE UTMOST EMERGENCY AND TO A PERSON WHO YOU TRUST WITH MANAGING POSSIBLE CHANGES IN YOUR DAILY LIFE.

### THIS IS YOUR LIFE THINGS WILL CHANGE.

WHETHER YOU ARE FILLING THIS OUT FOR YOURSELF, OR RECOMMENDING THIS TO AN ELDERLY LOVED ONE, OR EVEN USING THIS AS A LIFE TOOL FOR A YOUNGER GENERATION. IT IS IMPORTANT TO KEEP THIS UPDATED. IT IS RECOMMENDED THAT YOU COLLECT YOUR INFORMATION WHILE IT IS AVAILABLE, AND UPDATE IT REGULARLY

#### TAX SEASON

WHILE YOU ALREADY ARE SHUFFLING THROUGH PILES OF PAPERWORK, BILLS, AND OTHER DEDUCTIONS. IT IS A GREAT TIME TO VERIFY AND KEEP THINGS UP TO DATE.

WE ARE PROVIDING THIS AS A FREE RESOURCE. THE LATESTS AND GREATEST VERSION CAN BE DOWNLOADED / PRINTED FROM OUR WEBSITE. IF YOU FIND THAT WE ARE LACKING INFORMATION, WOULD LIKE TO SEE A MORE DETAILED BOOKLET, OR HAVE IDEAS FOR ANOTHER VERSION. PLEASE CONTACT US, WE WOULD LOVE TO WORK WITH YOU TO BETTER OURSELVES, AND OUR FELLOW MAN.

#### THE PRINCIPAL PARTY

For you who are filling out the information in this booklet, Keep in mind that it is up to you to put in the information that is needed for others to accurately maintain your life. Use the additional sheets to make notes, inform others what accounts pay what bills.

BUT REMEMBER, THERE IS A POSSIBILITY THAT THINGS WILL NOT BE MANAGED IN A WAY THAT IS NOT AGREEABLE TO YOU. DO NOT BE TOO HARD ON THE INDIVIDUAL WHO HAS TAKEN IT UPON THEMSELVES TO HELP YOU DURING YOUR TROUBLED TIMES OF NEED.

#### THE TRUSTED INDIVIDUAL

BEING SOMEONE WHO HAS THE PRINCIPAL PARTIES BEST INTERESTS IN MIND, IT IS A GREAT RESPONSIBILITY TO MAINTAIN AND BE TRUSTED DURING THIS CRITICAL HOUR. REMEMBER "NO GOOD DEED GOES UNPUNISHED". YOU PROBABLY WILL NOT BE REWARDED IN A MANNER YOU ARE HOPING, SO WE WILL SAY IT NOW .... THANK YOU FOR SHOWING YOUR CARE AND CONCERN.

KEEP IN MIND THIS IS NOT YOUR FREE TICKET TO MANAGE, MAKE CHANGES, OR TAKE CONTROL OF THESE FINANCES. IT IS THE GOAL FOR YOU TO HAVE THIS INFORMATION THE PARTIES TO WHICH THE PRINCIPAL HAS AN ACCOUNT, INFORM MANAGEMENT OR THE CURRENT SITUATION, AND FIGURE OUT MEANS TO MAKE EXTENSIONS IN PAYMENTS OR PAUSE IN SERVICES. IF ALL ATTEMPTS OR MEANS TO INTERRUPT SERVICE OR DELAY THE PAYMENT, CAN YOU PROCEED TO TALK TO ACCOUNTS MANAGER AT THE BANKS WHERE ACCOUNTS ARE HELD. CASHIERS CHECKS CAN BE WRITTEN FROM THE INDIVIDUALS ACCOUNT. BE FOREWARNED, FINANCIAL INSTITUTIONS MAY REQUIRE SIGNATURE CARDS, DOCTORS NOTES, OR OTHER LEGAL PAPERWORK FOR YOU TO MANAGE THEM.

IT IS NOT YOUR RESPONSIBILITY TO PAY BILLS FROM YOUR OWN ACCOUNT, AND SHOULD NOT FEEL OBLIGATED TO DO SO.

REMEMBER Your here to help, not take on or create problems for yourself.

### CHAPTER ONE -Personal Info

Name	Last	First	Middle

### OCCUPATION

			_

### Addresses

Home		
Work		
PO Box		

### PHONE

Mobile		
Home		
Work		

RELIGIOUS PREFERENCE - NEXT OF KIN CONTACT INFO

### EMERGENCY CONTACT INFO

NEXT OF KIN - SPOUSE - FRIENDS - CAREGIVER

Name	Address	Phone

#### **PROFESSIONAL CONTACT INFO**

#### EMPLOYER - MEDICAL PROVIDERS - CAREGIVER

Name	Address	Phone

### MEDICAL CONTACT INFO

#### DOCTOR - SPECIALISTS - PROVIDER - CAREGIVER

Name	Address	Phone

MEDICATIONS - DOSES - TIMES - SYMPTOMS - EMERGENCY #

# CHAPTER TWO -BANKING INFO

Institute Name	Routing Number
Closest Bank - Satellite Location	

### ACCOUNTS

	Account Number	Amount	Due Date
Checking			
Savings			
Credit			

EXPECTED RECEIVABLE - PAYABLES - DIRECT DEPOSITS

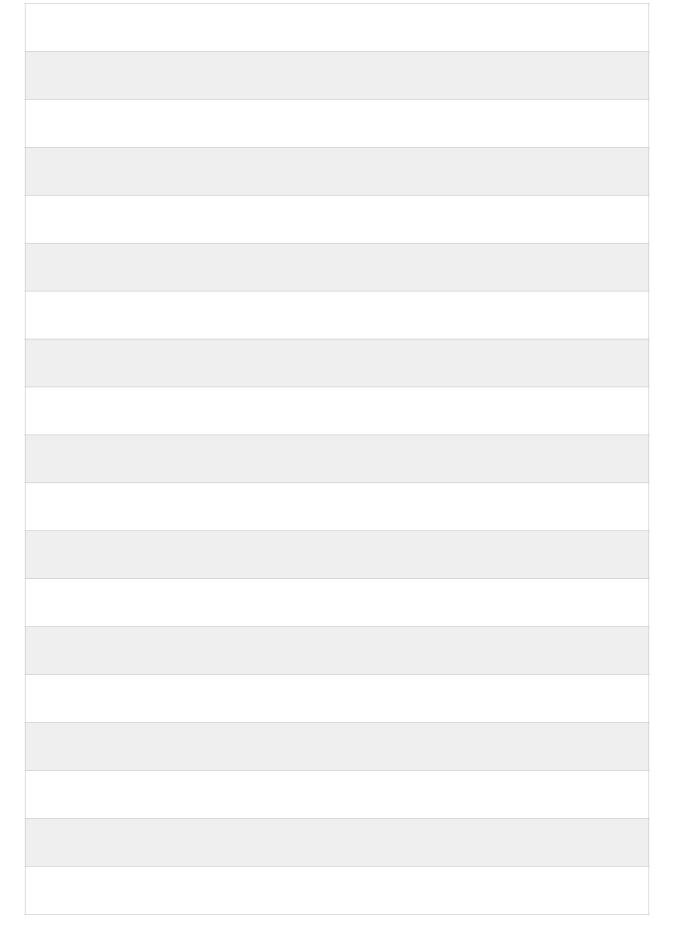
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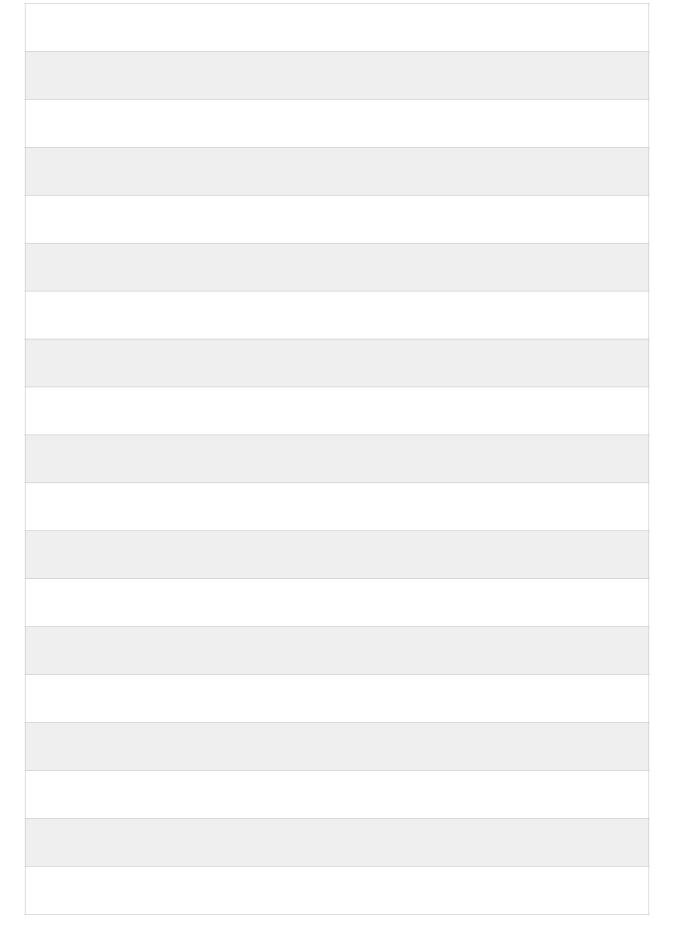
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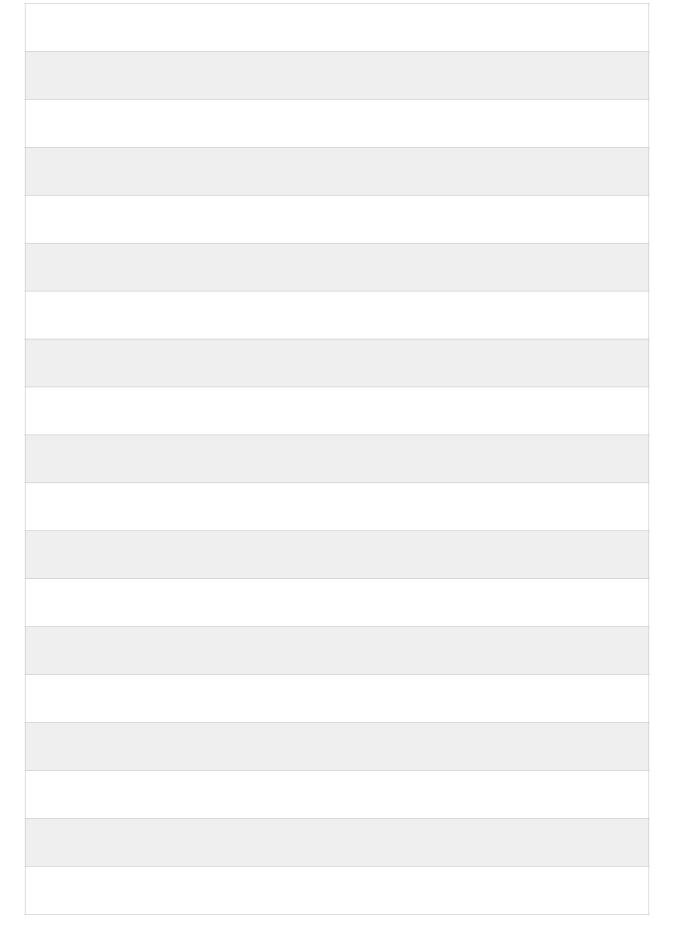
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# CHAPTER THREE -REOCCURRING BILLS

### PERSONAL

	Company	Account Number	Amount	/	Due
Life					
Medical					
Dental					
Cell					
Gym					
Loans					
Storage					

### HOME - HOUSEHOLD

	Company	Account Number	Amount / Due
Mortgage Rent			
Insurance			
Electric			
Water			
Trash			
Cable			
Internet			
Alarm			
Pet			
Gardening			
Pool			

### CAR - AUTO

	Title Company	Account Number	Amount /	Du
Car 1				
Insurance				
Car 2				
Insurance				
Motorhome				
Insurance				
Bike				
Insurance				
Additional				

### CREDIT CARDS - MEMBERSHIPS

Company	Account Number	Amount	/	Due

# CHAPTER FOUR -SOCIAL IDENTITY

### PERSONAL

### PETS

### PLANTS - YARD

### **OTHER RELEVANT INFORMATION**