

LAW OFFICES
**MILLER, MONSON, PESHEL,
POLACEK & HOSHAW**

A PARTNERSHIP OF PROFESSIONAL LAW CORPORATIONS
501 WEST BROADWAY, SUITE 700
SAN DIEGO, CALIFORNIA 92101-3563
TELEPHONE: (619) 239-7777

Date Filled In: _____

IN CASE OF EMERGENCY (ICE)

Fill in desired information and keep in an envelope
in an easily accessible place at home.

ICE INSTRUCTIONS: In the event of accident, illness, death or other emergency affecting me, please contact the appropriate persons and institutions listed below for such instructions or services as the circumstances seem to require.

Physician: _____
Phone: _____

Spouse Physician: _____
Phone: _____

Hospital preferred: _____
Phone: _____
Address: _____

Spiritual/Faith Representative: _____
Phone: _____
Address: _____

Mortuary/Cemetery: _____
Phone: _____
Address: _____

CPA/Accountant: _____
Phone: _____
Address: _____

Financial Advisor: _____
Phone: _____
Address: _____

Bank/Financial Institution: _____
Phone: _____
Address: _____

Relative: _____
Phone: _____
Address: _____

Friend/Neighbor (circle): _____
Phone: _____
Address: _____

Vital Statistics

(Information needed for death certificate)

Client name: _____

Spouse name: _____

Address: _____

Phone(s): _____

Spouse: _____

Social Security Number: _____

Spouse: _____

Date of Birth: _____ Spouse: _____

State of Birth: _____ Spouse: _____

Occupation: _____ Years: _____

Spouse: _____ Years: _____

Military Service: Yes No | Spouse: Yes No

Years education completed: _____ Spouse: _____

Father's Name: _____

State of Birth: _____

Mother's Name: _____

State of Birth: _____

Spouse: _____

Father's Name: _____

State of Birth: _____

Mother's Name: _____

State of Birth: _____

Location of Will/Trust & related documents:

Health Care Directive:

Document Location: _____

Agent Name: _____

Phone: _____

Agent Name: _____

Phone: _____

Power of Attorney:

Document Location: _____

Agent Name: _____

Phone: _____

Agent Name: _____

Phone: _____