

My Life & Legacy Planner

End-of-Life Planning Guide

This form is designed to be filled out by hand

Please use a pen and write clearly



Prepared for (Full Name): _____

Date Prepared: _____

Table of Contents

Checklist	3
My Instructions	4
My Personal Information	5
About Me	7
Key Contacts to Notify	8
Preferred Vendors	10
My Funeral & Memorial Wishes	11
Financial Life	13
Insurance	14
My Property	15
My Pets	16
Digital World	17
Legal	18
Messages to Loved Ones	19
Revisions & Approvals	23

Checklist

Important tasks you want your loved ones to complete.

- Contact funeral home and arrange services
- Notify close family members and friends
- Locate will, trust documents, and insurance policies
- Contact attorney or executor of estate
- Notify employer (if applicable) and request benefits information
- Contact life insurance companies
- Notify banks and financial institutions
- Cancel subscriptions and recurring services
- Handle social media and digital accounts
- File for death certificate copies
- Contact Social Security Administration
- Notify mortgage company and property insurance
- Review and settle outstanding debts
- Transfer vehicle titles and registrations

Custom Tasks:

My Instructions

Important information about where to find documents, access codes, and special instructions.

My General Instructions:

My Personal Information

Basic information to help family and officials process your arrangements.

Full Legal Name: _____

Nicknames (if any): _____

Maiden Name (if applicable): _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Citizenship: _____

Address & Contact

Current Address:

Phone: _____

Email: _____

My Personal Information (continued)

Family Information

Marital Status: _____

Spouse/Partner Name: _____

Spouse/Partner Phone: _____

Spouse/Partner Email: _____

Former Spouse Name (if applicable): _____

Religion/Faith: _____

Father's Information

Father's Name: _____

Father's Phone: _____

Father's Email: _____

Mother's Information

Mother's Name: _____

Mother's Phone: _____

Mother's Email: _____

Children's Information

Children's names, phone numbers, and email addresses:

About Me

Share your story, values, and what made your life meaningful.

My Story & Legacy:

Key Contacts to Notify

List important people who should be contacted when the time comes.

Contact 1

Name: _____

Relationship: _____

Phone/Email: _____

Contact 2

Name: _____

Relationship: _____

Phone/Email: _____

Contact 3

Name: _____

Relationship: _____

Phone/Email: _____

Contact 4

Name: _____

Relationship: _____

Phone/Email: _____

Contact 5

Name: _____

Relationship: _____

Phone/Email: _____

Key Contacts to Notify (continued)

Contact 6

Name: _____

Relationship: _____

Phone/Email: _____

Contact 7

Name: _____

Relationship: _____

Phone/Email: _____

Contact 8

Name: _____

Relationship: _____

Phone/Email: _____

Contact 9

Name: _____

Relationship: _____

Phone/Email: _____

Contact 10

Name: _____

Relationship: _____

Phone/Email: _____

Preferred Vendors

Funeral homes, florists, or other service providers you'd like your family to use.

Vendor 1

Type (e.g., Funeral Home, Florist): _____

Business Name: _____

Contact Info: _____

Notes: _____

Vendor 2

Type: _____

Business Name: _____

Contact Info: _____

Notes: _____

Additional Vendors:

My Funeral & Memorial Wishes

This section details your specific wishes for your funeral or memorial arrangements.

Funeral Preference (If Any):

Final Disposition Preference

- Burial Cremation Body/Organ Donation

Cemetery Plot Details:

Final Disposition Notes:

Pre-Arranged or Prepaid Items/Services

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Funeral Packet | <input type="checkbox"/> Headstone |
| <input type="checkbox"/> Flowers | |
| <input type="checkbox"/> Get a quote from Everlasting Funeral Advisors | |

My Funeral & Memorial Wishes (continued)

Service Preferences

- Religious service
- Secular/Non-religious service
- Celebration of life
- No formal service

Additional Preferences

- Open casket
- Visitation/viewing
- Military honors
- Pre-paid funeral plan

Flower Preferences:

Memorial Donations to Charity:

Preferred Location:

Music Selections:

Readings or Poems:

Speakers / Officiants:

Financial Life

Important details about your financial accounts.

Bank Accounts

Institution: _____

Account Type & Number: _____

Investment Accounts

Institution: _____

Account Details: _____

Additional Financial Information:

Insurance

Information about your insurance policies.

Life Insurance Policy 1

Insurance Company: _____

Policy Number: _____

Agent Name & Phone: _____

Life Insurance Policy 2

Insurance Company: _____

Policy Number: _____

Agent Name & Phone: _____

Other Insurance (Health, Auto, etc.):

My Property

Real estate, vehicles, and valuable possessions.

Property I Own

- Primary residence Vacation home
 - Investment property Land or lots
 - Vehicles Boats or RVs
 - Business ownership Jewelry, art, collectibles

Property 1

Type: _____

Address/Description: _____

Location of Deed/Title: _____

Property 2

Type: _____

Address/Description: _____

Location of Deed/Title: _____

Additional Properties:

My Pets

Care instructions and arrangements for your beloved pets.

Type of Pets I Have

- | | | |
|--------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | <input type="checkbox"/> Bird |
| <input type="checkbox"/> Snake | <input type="checkbox"/> Fish | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Other | | |

Care Instructions (who to leave pets with, how to care for them, etc.):

Digital World

Online accounts, digital assets, and access information.

Digital Assets I Have

- Social media accounts
 - Email accounts
 - Cloud storage
 - Streaming services
 - Shopping accounts
 - Photo sharing sites
 - Domain names/websites
 - Password manager

Phone/Device Access (passcodes, PIN):

Account Details & Access Instructions:

Legal

Location and details of important legal documents.

Important Documents

- Will Trust Power of Attorney
 Advance Healthcare Directive Living Will

Location of Documents:

Attorney Name & Contact:

Special Legal Instructions:

Messages to Loved Ones

Use this space to write personal messages or final thoughts for your loved ones.

To (Name/Relationship):

Message:

Messages to Loved Ones (continued)

To (Name/Relationship):

Message:

Messages to Loved Ones (continued)

To (Name/Relationship):

Message:

Messages to Loved Ones (continued)

To (Name/Relationship):

Message:

Revisions & Approvals

Document updates and approvals to this plan.

Revision 1

Prepared By: _____

Date: _____

Signature:

Revision 2

Prepared By: _____

Date: _____

Signature:

Additional Notes:
