

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: _____

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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

- ☐ Funeral Home ☐ Cemetery
☐ Funeral Packet ☐ Headstone
☐ Flowers
☐ Get a quote from Everlasting Funeral Advisors

My Funeral & Memorial Wishes (continued)

Service Preferences

- | | |
|--|--|
| <input type="checkbox"/> Religious service | <input type="checkbox"/> Secular/Non-religious service |
| <input type="checkbox"/> Celebration of life | <input type="checkbox"/> No formal service |

Additional Preferences

- | | |
|--|--|
| <input type="checkbox"/> Open casket | <input type="checkbox"/> Visitation/viewing |
| <input type="checkbox"/> Military honors | <input type="checkbox"/> 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

- | | |
|--|---|
| <input type="checkbox"/> Primary residence | <input type="checkbox"/> Vacation home |
| <input type="checkbox"/> Investment property | <input type="checkbox"/> Land or lots |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Boats or RVs |
| <input type="checkbox"/> Business ownership | <input type="checkbox"/> 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

- ☐ Dog ☐ Cat ☐ Bird
- ☐ Snake ☐ Fish ☐ Rabbit
- ☐ 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

- | | |
|--|--|
| <input type="checkbox"/> Social media accounts | <input type="checkbox"/> Email accounts |
| <input type="checkbox"/> Cloud storage | <input type="checkbox"/> Streaming services |
| <input type="checkbox"/> Shopping accounts | <input type="checkbox"/> Photo sharing sites |
| <input type="checkbox"/> Domain names/websites | <input type="checkbox"/> 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:

Revisions & Approvals

Document updates and approvals to this plan.

Revision 1

Prepared By: _____

Date: _____

Signature:

Revision 2

Prepared By: _____

Date: _____

Signature:

Additional Notes:
