

# 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: \_\_\_\_\_

## Military Service (if applicable)

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

War/Conflict: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

# 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

- 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

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

---

---

---

---

---