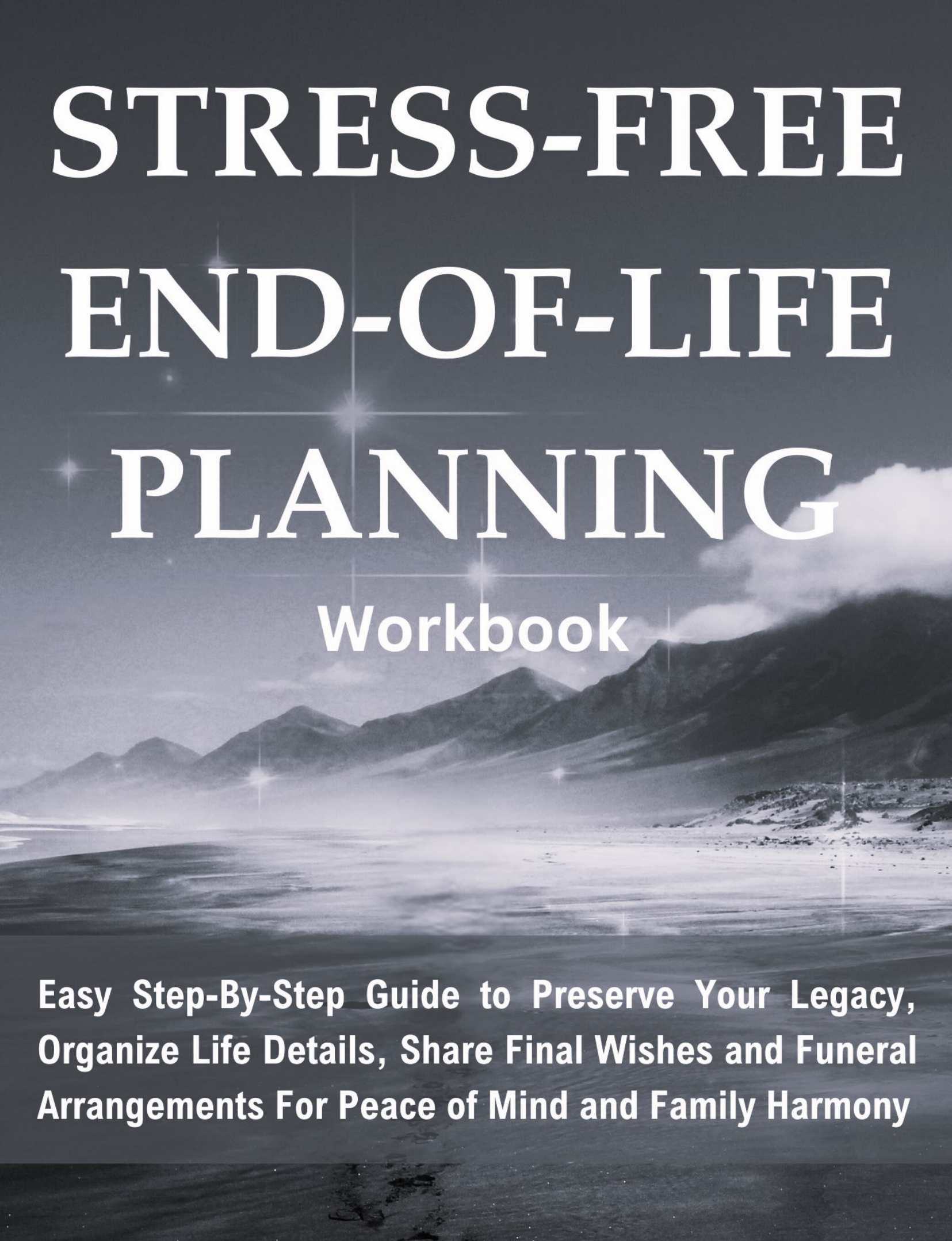

STRESS-FREE END-OF-LIFE PLANNING

Workbook

Easy Step-By-Step Guide to Preserve Your Legacy, Organize Life Details, Share Final Wishes and Funeral Arrangements For Peace of Mind and Family Harmony

Contents

In Loving memory of my father, Donald Pettit,

who was always there for me. Encouraging me to follow my dreams no matter what direction they took me. And yes, they took me in many directions, from baking, mechanical engineering, law enforcement-criminal justice, teaching, pharmacy technician, and even banking before I settled on writing. He believed I could do anything if I set my mind to it. I learned so much from him. One of the things he taught me was the importance of planning and being prepared.

I know he has been with me in my heart and guiding me in writing this book.

I Miss you and Love you, Daddy!

Chapter 1

Introduction

End-of-life planning is a challenging topic. It can feel overwhelming, even frightening. But it is also one of the most loving things you can do for yourself and your family. This workbook can be used alone or can accompany the book I wrote, Stress-Freegather End-of-Life Planning, which aims to make that journey more manageable. It offers a guide to help you organize your life details, share your final wishes, and ensure that your legacy is preserved.

The purpose of this workbook is clear: to provide you with the tools and knowledge to plan your end-of-life arrangements. Whether you are a senior, disabled, terminally ill, or simply someone who wants to ensure peace of mind for your loved ones, this workbook is for you. It will help you through the process of gathering personal, medical, legal, financial, and digital information. It will help you articulate your funeral wishes and legacy messages. It will also provide instructions for the care of your pets and property.

My vision for this workbook stems from a deep passion for helping others navigate the complexities of end-of-life planning. I have seen firsthand the stress and frustration that tears a family apart when nothing has been prepared. However, I have also witnessed the relief and harmony that thoughtful planning can bring to families. This book is designed to be a trusted companion on your journey, offering reputable and easy-to-follow guidance.

As you move through the sections of the workbook, you will find that it is organized into clear sections. We begin with personal information, covering everything from birth certificates to social security numbers.

Next, we delve into medical details, including your health history, medications, and healthcare providers. Legal documents follow, with guidance on wills, power of attorney, and other important papers. Contact information for family, friends, and professionals is next, ensuring that those who need to be informed are easily reachable.

Financial information is another crucial section. This includes your bank accounts, investments, and any debts you have. We also cover your digital footprint, from email accounts to social media profiles. Assets and property information will help you document your belongings, from real estate to personal treasures. If you have military service, a section is dedicated to your service history and benefits.

Personal historical information is a unique part of this book. It allows you to share your life story, achievements, and memories. This is followed by your funeral wishes, where you can outline how you want to be remembered and celebrated. Legacy and personal messages provide a space to leave words of wisdom, love, and encouragement for your loved ones. Instructions for pets, home, and other responsibilities ensure everything is noticed. Finally, the book ends with your final wishes and any other information you want to share.

The tone throughout the book is supportive and empathetic. Planning for the end of life is a deeply personal journey that requires sensitivity and understanding. I aim to provide you with a resource that feels like a helping hand, guiding you through each step with care and compassion. As you go through the book, some items will not be relevant to you so that you can skip over them. You might also find things unique to your family or circumstances you want to add. This is a guide to help you get started so you can adjust as needed to fit your needs.

I understand your challenges, as I have experienced them firsthand. This is what led me to write this workbook. I hope to prevent others

from the frustrations, stress, and additional pain my family has endured because wishes were not presented before a loved one passed away. This book culminates my experience and commitment to making end-of-life planning accessible and manageable for everyone.

Thank you for allowing me to be a part of your journey. Your trust in me is deeply appreciated. Together, we will navigate the complexities of end-of-life planning, ensuring that your legacy is preserved, your wishes are honored, and your loved ones are provided for. This is not just a book but a guide to achieving peace of mind and family harmony. Let us begin this journey together.

PERSONAL INFORMATION

Legal Name: _____

Maiden Name: _____

Date of Birth: _____

Physical Address: _____

_____

Mailing Address (PO BOX Number): _____

PO BOX Key Location: _____

Phone Number: _____

Mobile Number: _____

Mobile Pin Number: _____

IDENTIFICATION INFORMATION

Social Security Number: _____

Drivers License / State ID Number: _____

State of Issue: _____ Expires: _____

Passport Number: _____

Country of Issuance: _____ Expires: _____

Medicare Number: _____

Veteran's ID Number: _____

Other ID: Type: _____

Number: _____

BIRTH INFORMATION

Birth Certificate Physical Location (e.g., “in safe deposit box”)

_____

Issuing Authority: _____

Mother’s Full Name (maiden) (e.g., “Jane Sue Smith (Doe)

_____

Date of Birth: _____

Place of Birth, city & state, country (e.g. “Dixon, MO, USA”)

_____

Father’s Full Name (e.g., “John Allen Smith)

_____

Date of Birth: _____

Place of Birth, city & state, country (e.g. “Dixon, MO, USA”)

_____

SIBLING INFORMATION

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MARITAL INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Current Spouse: _____

Location of Marriage (County, State, Country):

_____

Wedding Date: _____

Children & Date of Birth: _____

_____

Previous Spouse: _____

Wedding Date: _____ Widowed/ Divorce Date: _____

Children & Date of Birth: _____

_____

Previous Spouse: _____

Wedding Date: _____ Widowed/ Divorce Date: _____

Children & Date of Birth: _____

_____

Previous Spouse: _____

Wedding Date: _____ Widowed/ Divorce Date: _____

Children & Date of Birth: _____

_____

Previous Spouse: _____

Wedding Date: _____ Widowed/ Divorce Date: _____

Children & Date of Birth: _____

_____

MEDICAL INFORMATION

Current Medical Conditions

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

_____

_____

_____

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

_____

_____

_____

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

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MEDICAL INFORMATION

Current Medical Conditions

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

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Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

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Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

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MEDICAL INFORMATION

Current Medical Conditions

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

_____

_____

_____

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

_____

_____

_____

Date of Diagnosis (month or year): _____

Condition: _____

Symptoms and Severity: _____

_____

_____

_____

_____

MEDICATION ALLERGIES & REACTIONS

Specific Medications (e.g., “Allergic to Penicillin”):

_____

Description of Reaction (e.g., “Hives and Difficulty Breathing):

_____

Specific Medications (e.g., “Allergic to Penicillin”):

_____

Description of Reaction (e.g., “Hives and Difficulty Breathing):

_____

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_____

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_____

Description of Reaction (e.g., “Hives and Difficulty Breathing):

_____

Specific Medications (e.g., “Allergic to Penicillin”):

_____

Description of Reaction (e.g., “Hives and Difficulty Breathing):

_____

MEDICATION & DOSAGES

Current Medications: List all medications, including Prescriptions (P), Over-The-Counter Medications (O), and Natural / Herbal Supplements (H), to ensure accurate medical management.

Medication: ______________________________ P O H

Dosage (e.g., “500mg”): __________

Frequency (e.g., Taken twice daily”): ___________________

Condition (e.g., “diabetes”) _________________________

Prescribing Doctor if Any: __________________________

Medication: ______________________________ P O H

Dosage (e.g., “500mg”): __________

Frequency (e.g., Taken twice daily”): ___________________

Condition (e.g., “diabetes”) _________________________

Prescribing Doctor if Any: __________________________

Medication: ______________________________ P O H

Dosage (e.g., “500mg”): __________

Frequency (e.g., Taken twice daily”): ___________________

Condition (e.g., “diabetes”) _________________________

Prescribing Doctor if Any: __________________________

Medication: ______________________________ P O H

Dosage (e.g., “500mg”): __________

Frequency (e.g., Taken twice daily”): ___________________

Condition (e.g., “diabetes”) _________________________

Prescribing Doctor if Any: __________________________

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Condition (e.g., "diabetes") ___________________________

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Frequency (e.g., Taken twice daily"): ____________________

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Prescribing Doctor if Any: ____________________________

Medication: ________________________________ P O H

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Medication: ______________________________ P O H

Dosage (e.g., "500mg"): ___________

Frequency (e.g., Taken twice daily"): ____________________

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Prescribing Doctor if Any: ___________________________

Medication: ______________________________ P O H

Dosage (e.g., "500mg"): ___________

Frequency (e.g., Taken twice daily"): ____________________

Condition (e.g., "diabetes") __________________________

Prescribing Doctor if Any: ___________________________

Medication: ______________________________ P O H

Dosage (e.g., "500mg"): ___________

Frequency (e.g., Taken twice daily"): ____________________

Condition (e.g., "diabetes") __________________________

Prescribing Doctor if Any: ___________________________

HEALTHCARE PROVIDERS

Primary Care Physician

Full Name: _____

Phone Number: _____

Address: _____

_____

Specialists

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

HEALTHCARE PROVIDERS

Primary Care Physician

Full Name: _____

Phone Number: _____

Address: _____

_____

Specialists

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

HEALTHCARE PROVIDERS

Primary Care Physician

Full Name: _____

Phone Number: _____

Address: _____

_____

Specialists

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

HEALTHCARE PROVIDERS

Primary Care Physician

Full Name: _____

Phone Number: _____

Address: _____

_____

Specialists

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

_____

Type (e.g., “Cardiologist”): _____

Full Name: _____

Phone Number: _____

Address: _____

_____

HEALTHCARE FACILITIES

Facility (e.g., “General Hospital): _____

Phone Number: _____

Address: _____

_____

Facility (e.g., “General Hospital): _____

Phone Number: _____

Address: _____

_____

Facility (e.g., “General Hospital): _____

Phone Number: _____

Address: _____

_____

Facility (e.g., “General Hospital): _____

Phone Number: _____

Address: _____

_____

Facility (e.g., “General Hospital): _____

Phone Number: _____

Address: _____

_____

ADVANCE DIRECTIVES

A copy of the Living Will is located:

_____

I have a Do-Not-Resuscitate form signed & Located:

_____

I want to die in my home if possible: Yes No

In accordance with my Living Will the following are my advance directives that are initialed are to be followed:

_____If I am in persistently unconscious or there is no reasonable expectation of my recovery from a seriously incapacitating or terminal illness or condition.

_____Withhold artificially supplied nutrition and hydration (including tube feeding of food and water)

_____Withhold surgery or other invasive procedures

_____Withhold antibiotics

_____Withhold mechanical ventilator (respirator)

_____Withhold heat-lung resuscitation (CPR)

_____Withhold dialysis

_____Withhold chemotherapy

_____Withhold all other “life-prolonging” medical or surgical procedures that are merely intending to keep me alive without reasonable hope of improving my condition or curing my illness or injury

_____Withhold _____

POWER OF ATTORNEY (POA)

I have the following POA's

General POA

My Agent / Attorney-in-Fact is:_____

A copy is located: _____

Durable (Financial) POA

My Agent / Attorney-in-Fact is:_____

A copy is located: _____

Limited POA

My Agent / Attorney-in-Fact is:_____

A copy is located: _____

Medical POA

My Agent / Attorney-in-Fact is:_____

A copy is located: _____

Mental Health POA

My Agent / Attorney-in-Fact is:_____

A copy is located: _____

WILLS & TRUSTS

I have a Last Will and Testament, which was executed on:

_____

A copy is located at: _____

In the care of: _____

The Executor Name is: _____

I have a Living Will, which was executed on:

_____

Is located at: _____

In the care of: _____

Attorney-in-Fact (person who will make decisions for me) Name:

_____

I have a Revocable Trust, which was executed on:

_____

Is located at: _____

In the care of: _____

Trustee Name: _____

Trustee Name: _____

I have a Irrevocable Trust, which was executed on:

_____

Is located at: _____

In the care of: _____

Trustee Name: _____

Trustee Name: _____

WILLS & TRUSTS

I have a Last Will and Testament, which was executed on:

_____

A copy is located at: _____

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_____

Is located at: _____

In the care of: _____

Trustee Name: _____

Trustee Name: _____

I have a Irrevocable Trust, which was executed on:

_____

Is located at: _____

In the care of: _____

Trustee Name: _____

Trustee Name: _____

HOME SECURITY

Home Security System

Company: _____

Alarm Code: _____

Company Phone: _____

Verbal Code Word: _____

Home Safe

Location: _____

Combination: _____

Location of Key: _____

Gun Safe

Location: _____

Combination: _____

Location of Key: _____

Notes

_____

_____

_____

_____

_____

_____

HOME SECURITY

Home Security System

Company: _____

Alarm Code: _____

Company Phone: _____

Verbal Code Word: _____

Home Safe

Location: _____

Combination: _____

Location of Key: _____

Gun Safe

Location: _____

Combination: _____

Location of Key: _____

Notes

_____

_____

_____

_____

_____

_____

TIME OF DEATH

First Steps

Priority Family Member to be called:

Name: _____

Relationship: _____

Contact Phone: _____

Contingent Family member to Be called

Name: _____

Relationship: _____

Contact Phone: _____

Funeral Home to be called

Name: _____

Contact Phone: _____

Note (state if you have made any prepayments with funeral home or made any prior arrangements with them)

_____

_____

Clergy to be called

Name: _____

Contact Phone: _____

Employer

Name: _____

Contact Phone: _____

Organ Donation Information

_____I have not authorized any anatomical (organ or tissue) gifts in any of my documents.

_____ I have authorized anatomical (organ or tissue) gifts in my (e.g., "living will, Advanced Directives, last will and testament, etc")

_____

CONTACTS

Family—Immediate

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

CONTACTS

Family—Immediate

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

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Relationship: _____

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Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

CONTACTS

Family—Extended

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

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Relationship: _____

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CONTACTS

Family—Extended

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

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CONTACTS

Close Friends

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

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Contact Phone: _____

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Contact Phone: _____

Email Address:: _____

CONTACTS

Close Friends

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

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Relationship: _____

Contact Phone: _____

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Relationship: _____

Contact Phone: _____

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Relationship: _____

Contact Phone: _____

Email Address:: _____

Name: _____

Relationship: _____

Contact Phone: _____

Email Address:: _____

CONTACTS

Financial / Legal

Financial Advisor—Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Financial Advisor—Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Legal / Attorney / Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Legal / Attorney / Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Estate Executor:_____

Name: _____

Contact Phone: _____

Email Address:: _____

CONTACTS

Financial / Legal

Financial Advisor—Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Financial Advisor—Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Legal / Attorney / Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Legal / Attorney / Company:_____

Name: _____

Contact Phone: _____

Email Address:: _____

Estate Executor:_____

Name: _____

Contact Phone: _____

Email Address:: _____

FINANCIAL INFORMATION

Organizing Bank Accounts and Statements

List all Bank Accounts: Include Checking (C), Savings (S), & Joint Accounts

Primary Bank Name & Branch (e.g., "Bank of America, Main St Branch)

_____

Bank Contact: _____ Phone: _____

Address: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No Located: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No

Located: _____ Pin Number : _____

Online Banking Yes No User Name: _____

Password: _____

Checks Yes No Located: _____

Safe Deposit Box Yes No Box Number: _____

Key Location: _____

Joint Owner: _____

FINANCIAL INFORMATION

Organizing Bank Accounts and Statements

List all Bank Accounts: Include Checking (C), Savings (S), & Joint Accounts

Bank Name & Branch (e.g., "Bank of America, Main St Branch)

_____

Bank Contact: _____ Phone: _____

Address: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No Located: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No

Located: _____ Pin Number : _____

Online Banking Yes No User Name: _____

Password: _____

Checks Yes No Located: _____

Safe Deposit Box Yes No Box Number: _____

Key Location: _____

Joint Owner: _____

FINANCIAL INFORMATION

Organizing Bank Accounts and Statements

List all Bank Accounts: Include Checking (C), Savings (S), & Joint Accounts

Bank Name & Branch (e.g., "Bank of America, Main St Branch)

_____

Bank Contact: _____ Phone: _____

Address: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No Located: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No

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Bank Contact: _____ Phone: _____

Address: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No Located: _____

Account Number: _____ C S

Joint Holder: _____

Beneficiary: _____

Debit / Credit Card Yes No

Located: _____ Pin Number : _____

Online Banking Yes No User Name: _____

Password: _____

Checks Yes No Located: _____

Safe Deposit Box Yes No Box Number: _____

Key Location: _____

Joint Owner: _____

Retirement Accounts

Organizing Retirement Accounts and Statements

401(k) Account

Company Name: _____

Employer: _____

Phone: _____

Address: _____

Account Number: _____

Beneficiary (Name & Relationship)

_____

_____

IRA Account

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Type of IRA: Traditional Roth

Beneficiary (Name & Relationship)

_____

_____

Retirement Accounts

Organizing Retirement Accounts and Statements

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

Retirement Accounts

Organizing Retirement Accounts and Statements

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

Retirement Accounts

Organizing Retirement Accounts and Statements

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

Type of Account: _____

Company Name: _____

Phone: _____

Address: _____

Account Number: _____

Other Information: _____

Beneficiary (Name & Relationship)

_____

_____

INVESTMENT INFORMATION

Organizing Investment Information and Statements

Primary Investment Firm Name (e.g., "Vangard")

_____

Phone: _____

Firm Contact: _____

Address: _____

Account Number(s): _____

Joint Holder: _____

Primary Beneficiary (e.g., "Primary: Jane Doe, Relationship: Spouse")

_____

Name & Relationship: _____

Contingent Beneficiary (e.g., "Contingent: Jane Doe, Relationship: Spouse")

_____

Name & Relationship: _____

Document Access Information: Ensure that all necessary information to access the accounts is included.

Online banking login details

Username: _____

Password: _____

Physical location of statements: _____

_____

INVESTMENT INFORMATION

Organizing Investment Information and Statements

Saving Bonds, Money Market Funds, Certificate of Deposits, Stocks, Mutual Funds,

Investment Firm Name (e.g., "Vangard", "Fidelity Mutual Fund", "E*Trade Stock Portfolio,")

_____

Phone: _____

Firm Contact: _____

Address: _____

Account Number(s): _____

Joint Holder: _____

Primary Beneficiary (e.g., "Primary: Jane Doe, Relationship: Spouse")

_____

Name & Relationship: _____

Contingent Beneficiary (e.g., "Contingent: Jane Doe, Relationship: Spouse")

_____

Name & Relationship: _____

Document Access Information: Ensure that all necessary information to access the accounts is included.

Online banking login details

Username: _____

Password: _____

Physical location of statements: _____

_____

INSURANCE POLICIES

(Life, Auto, Home, Etc.)

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

INSURANCE POLICIES

(Life, Auto, Home, Etc.)

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

INSURANCE POLICIES

(Life, Auto, Home, Etc.)

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

Insurance Type: _____

Company / Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Primary Beneficiary (e.g., “Primary: Jane Doe, Relationship: Spouse”)

_____

Name & Relationship: _____

DEBT

Loans

Mortgage / Rent:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Loan:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Loan:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Loans (Misc.)

Loan:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Loan:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Loan:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Utilities

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Utilities

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Utility:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Bills

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Bills

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Company:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Credit Cards

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Credit Cards

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Credit Cards

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

DEBT

Credit Cards

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Credit Card:_____

Account #: _____

Contact Phone: _____

Payment Due (e.g., “4th of each month): _____

Online Username: _____

Password: _____

Notes: _____

_____

_____

_____

ONLINE SUBSCRIPTIONS

Inventory of Digital Assets & Subscriptions

Digital Assets

Digital photos & videos ("e.g., "Google Photos, iCloud")

E-books and audiobooks (e.g., "Kindle, Audible")

Music Libraries (e.g., "Spotify, iTunes")

State Transfer of Ownership directions

Documenting Subscription Services

Streaming Services (e.g., "Netflix, Hulu, Amazon Prime")

Online Storage (e.g., "Dropbox, Google Drive")

Software Subscriptions (e.g., "Adobe Creative Cloud, Microsoft Office 365")

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE SUBSCRIPTIONS (Continued)

Inventory of Digital Assets & Subscriptions

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE SUBSCRIPTIONS (Continued)

Inventory of Digital Assets & Subscriptions

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE ACCOUNT

Email Accounts & Passwords

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE ACCOUNT

Email Accounts & Passwords

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

Email Account: _____

Username: _____

Password: _____

Notes: _____

SOCIAL MEDIA ACCOUNTS

"Facebook, Twitter, LinkedIn, Instagram. etc."

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

SOCIAL MEDIA ACCOUNTS

"Facebook, Twitter, LinkedIn, Instagram. etc."

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE ACCOUNT

Online Accounts & Passwords

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

ONLINE ACCOUNT

Online Accounts & Passwords

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

Account: _____

Username: _____

Password: _____

Notes: _____

PERSONAL PROPERTY

Real Estate

First Home / Land

Address: _____

Co-Owner: _____

Payment Amount: _____ Due Date: _____

Legal Documents & Keys Located: _____

_____

Second Home / Land

Address: _____

Co-Owner: _____

Legal Documents & Keys Located: _____

_____

Other Home / Land

Address: _____

Co-Owner: _____

Legal Documents & Keys Located: _____

_____

Notes: _____

_____

_____

_____

PERSONAL PROPERTY

Real Estate

First Home / Land

Address: _____

Co-Owner: _____

Payment Amount: _____ Due Date: _____

Legal Documents & Keys Located: _____

_____

Second Home / Land

Address: _____

Co-Owner: _____

Legal Documents & Keys Located: _____

_____

Other Home / Land

Address: _____

Co-Owner: _____

Legal Documents & Keys Located: _____

_____

Notes: _____

_____

_____

_____

PERSONAL PROPERTY

Vehicles

Year / Make / Model:

_____

VIN / Identification #:

_____

Title Located: _____

Keys Located: _____

Lien Yes No

Notes / Instructions (e.g., “TOD to Jane Doe”)

_____

Year / Make / Model:

_____

VIN / Identification #:

_____

Title Located: _____

Keys Located: _____

Lien Yes No

Notes / Instructions (e.g., “TOD to Jane Doe”)

_____

Notes: _____

_____

_____

_____

PERSONAL PROPERTY

Vehicles

Year / Make / Model:

_____

VIN / Identification #:

_____

Title Located: _____

Keys Located: _____

Lien Yes No

Notes / Instructions (e.g., “TOD to Jane Doe”)

_____

Year / Make / Model:

_____

VIN / Identification #:

_____

Title Located: _____

Keys Located: _____

Lien Yes No

Notes / Instructions (e.g., “TOD to Jane Doe”)

_____

Notes: _____

_____

_____

_____

TRAVEL & REWARDS PROGRAMS

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

TRAVEL & REWARDS PROGRAMS

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

TRAVEL & REWARDS PROGRAMS

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

Program Type: _____

Company / Agency: _____

Account Number: _____

Phone: _____

Email: _____

Notes: _____

Username: _____

Password: _____

Notes: _____

MILITARY INFORMATION

Branch of Service: _____

Service Dates: _____

Rank and Position Held: _____

Duty Stations and Assignments: _____

_____

_____

VA Benefits

_____

Other Government Benefits (e.g., "Social Security benefits for veterans, Military retirement pay, State specific veterans benefits, survivor benefits for family members")

_____

_____

Recording Military Honors and Awards

Military Decorations

_____

_____

Certifications and Citations

_____

_____

Service Medals and Ribbons

_____

_____

Memorabilia and Personal Items

_____

_____

FUNERAL ARRANGEMENTS

Service Location (Church or religious venue, Funeral Home, Alternative location)

Location: _____

Contact: _____

Phone: _____

Address: _____

Service Type (Religious Service, Secular Service, Hybrid Service)

_____

_____

Participants and Roles

Officiant: _____

Eulogy Speakers: _____

Pallbearers: _____

Military Honors: _____

Order of Service

(Outline the order of events during the funeral services to provide clear structure)

Sample Opening Music, Reading & Prayer, Eulogies & Tributes, Military Flag Folding & Presentation, Closing Music

_____

_____

_____

_____

_____

_____

_____

Burial Details

Choose Burial Type (Circle One): Burial Cremation

Type of Interment (e.g., "Circle Choice")

Traditional (e.g., "casket")

Green burial (e.g., "eco-friendly")

Cremation & urn burial (e.g., "Cremate & bury ashes in urn")

Scattering of ashes (e.g., "Scatter my ashes at sea")

I have prepaid burial plot (List cemetery & plot location)

_____

Burial Details

Desired cemetery: _____

Type of burial (e.g., "Traditional in-ground-burial")

_____

Preferred burial plot (e.g., "Next to my spouse, Jane Doe")

_____

Family plot (e.g., "Bury me in family plot at Oakwood Cemetery")

_____

Memorial Park or garden (e.g., "Scatter my ashes in the Memorial Garden at XYZ Park")

_____

Gravestone and Marker Preference (Check on Cemetery Rules)

Type of gravestone (e.g., "Upright granite headstone")

_____

Inscription details (e.g., "Include my name, birth and death dates, and the phrase "Beloved Father" or whatever inscription you want")

_____

_____

Marker design (e.g., "Engrave a cross and floral motif")

_____

Plaque location (e.g., "Place a bronze plaque at the base of a memorial tree"

_____

Burial Details (Continued)

Cremation Details

Preferred crematorium (e.g., “Sunset Crematorium”)

_____

Handling of Ashes (e.g., “Ashes to be scattered in the ocean”)

_____

Memorial service preference (e.g., “Hold a memorial service at home”)

_____

FUNERAL PREFERENCES

Personal Touches

Favorite Flowers (e.g., “White Lilies and red roses”)

_____

Preferred attire for attendees (e.g., “Request attendee wear colorful clothing”)

_____

Special Rituals (e.g., “Lighting of candles in memory”)

_____

Music and Reading

Favorite Hymms or Songs

_____

Selected Reading

_____

Poem or Literary Passage

_____

Memorial Contributions—Instructions for donations in lieu of flowers (e.g., “Preferred charities, Specific causes, Memorial Funds)

Reception and Gathering Outline plan for any reception or gathering following the service.

Location of Reception: _____

Catering Preferences: _____

Activities or events (e.g., “Sharing of memories or stories”)

_____

MY PETS

Pet Name: _____

Species / Breed: _____

Age / Date of Birth: _____

License / Microchip # (e.g., “Microchip #12345, HomeAgain”)

_____

Diet & Feeding Instructions

Type of Food: _____

Feeding Schedule: _____

Portion Sizes: _____

Special Dietary needs or restrictions (e.g., “Allergic to chicken”)

_____

Medication

Medication & dosage (e.g., “Heartworm Med, 1 tablet monthly):

_____

_____

Care & Grooming

Grooming Schedule: _____

Preferred groomer contact: _____

Exercise & playtime requirements: _____

Special care instructions: _____

_____

MY PETS (Continued)

Veterinary Care

Current Vet Name: _____

Phone: _____

Address: _____

Below is the request for the placement of my pets:

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

Pet Name: _____

Give to: _____ Phone: _____

_____ Do to pet age and/or health please put to sleep

HOME MAINTENANCE

Routine Maintenance Tasks

HVAC (e.g., "Service HVAC system bi-annually in spring & fall")

_____

Plumbing inspections (e.g., "Inspect plumbing for leaks every 6 months")

_____

Lawn & Garden care (e.g., "Mow lawn weekly, water garden as needed")

_____

Pest control treatments (e.g., "Schedule quarterly pest control treatments")

_____

Seasonal Maintenance Tasks

Winterizing home (e.g., "Insulate pipe & clean gutters before winter")

_____

Spring Cleaning Checklist (e.g., "Deep clean carpets & windows in spring")

_____

Summer Preparations (e.g., "Service air conditioning unit before summer")

_____

Fall Maintenance (e.g., "Rake leaves & check roof for damage in fall")

_____

Emergency Repairs and Contacts (Name & Number)

Emergency Plumber: _____

24-hour Electrician: _____

Roofing Repair Service: _____

General Contractor: _____

LETTER

TO: _____

LETTER

TO: _____

Medical Information (Good to carry in purse/wallet)

Name:		Allergies & Reactions:	Insurance(s)
Address:	DOB:		
	Phone:		
Email:			

Primary Care Doctor	Primary Pharmacy	Medical POA & General POA

Medication	Pill Strength	Dosage	What for	AM	PM

Supplements Taken				AM	PM

Medical Conditions			

Emergency Contacts

Name	Phone	Relationship to me
(Signature)		
(Print Name)	Date	

Doctor / Pharmacy List

Type	Name	Phone / FAX	Address	City	Zip	Medicine Prescibed

Workbook Review

Now that you have all the worksheets you need to plan and organize your end-of-life details, it's time to pass on your newfound peace of mind and show other readers where they can find the same help.

Simply by leaving your honest opinion of this book on Amazon, you'll show others who are looking for end-of-life planning guidance where they can find the information they need and share the gift of preparedness.

I appreciate your help. The peace that comes with being prepared is kept alive when we pass on our knowledge – and you're helping me to do just that.

To make a difference, simply scan the QR code below and leave a review:

[https://www.amazon.com/review/review-your-purchases/?asin=BOOKASIN]