

FINAL WISHES PLANNING GUIDE

LEAVING NOTHING UNCERTAIN



YOUR PERSONAL GUIDE

MY FINAL WORDS

MY AMAZING FAMILY AND FRIENDS,

AS I EMBARK ON A NEW JOURNEY BEYOND THIS LIFE, I WANT TO FILL YOUR HEARTS WITH COURAGE, LOVE, AND THE STRENGTH TO CARRY ON. WHILE MY PHYSICAL PRESENCE MAY BE GONE, MY SPIRIT REMAINS ALIVE IN THE MEMORIES WE'VE CREATED TOGETHER.

I URGE YOU TO CELEBRATE THE LIFE WE SHARED, THE LAUGHTER WE IGNITED AND THE BONDS WE FORMED. LET EACH MEMORY BE A TESTAMENT TO THE JOY WE FOUND IN EACH OTHER'S COMPANY AND LET THEM FUEL YOUR SPIRITS DURING TIMES OF SORROW.

KNOW THAT I'VE LEFT BEHIND MY FINAL WISHES TO ASSIST YOU IN THE PLANNING AND DECISION-MAKING PROCESS THAT INEVITABLY FOLLOWS. IT IS MY HOPE THAT THESE WISHES WILL PROVIDE YOU WITH GUIDANCE AND ALLEVIATE ANY BURDENS YOU MAY FACE.

IN THE MIDST OF GRIEF, REMEMBER THE BEAUTY OF LIFE AND THE PRECIOUS MOMENTS WE'VE SHARED. EMBRACE EACH OTHER TIGHTLY, LEAN ON ONE ANOTHER FOR SUPPORT, AND FIND SOLACE IN THE LOVE THAT SURROUNDS YOU.

AS YOU NAVIGATE THIS JOURNEY, I ENCOURAGE YOU TO LIVE BOLDLY, LOVE FIERCELY, AND CHASE YOUR DREAMS WITH UNWAVERING DETERMINATION. FIND COMFORT IN THE KNOWLEDGE THAT I AM WATCHING OVER YOU, CHEERING YOU ON EVERY STEP OF THE WAY.

MY DEAR ONES, THOUGH OUR TIME TOGETHER MAY HAVE COME TO AN END, OUR LOVE KNOWS NO BOUNDS AND WILL ENDURE FOR ETERNITY. UNTIL WE MEET AGAIN, MAY YOU FIND PEACE IN KNOWING THAT I AM FOREVER BY YOUR SIDE WITH BOUNDLESS LOVE AND EXTERNAL GRATITUDE.

PERSONAL INFORMATION

NAME

FIRST - _____

MIDDLE - _____

LAST - _____

SOCIAL SECURITY NUMBER - _____

ADDRESS

STREET - _____

CITY - _____

STATE / ZIP - _____

COUNTY - _____

PHONE NUMBER - _____

BIRTHPLACE

DATE OF BIRTH - _____

CITY - _____

STATE - _____

COUNTRY - _____

OCCUPATION

EMPLOYER - _____

DATE RETIRED / EMPLOYMENT - _____

MARTIAL STATUS - SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

PARENTS

FATHER'S NAME - _____

MOTHER'S NAME - _____

FUNERAL REQUESTS

FUNERAL DIRECTOR

NAME - _____

FUNERAL HOME - _____

ADDRESS - _____

PHONE NUMBER - _____

PUBLIC FUNERAL ☐ PRIVATE FUNERAL ☐

CHURCH

NAME - _____

ADDRESS - _____

PHONE NUMBER - _____

CLERGYMAN

NAME - _____

ADDRESS - _____

PHONE NUMBER - _____

PARTICIPATING ORGANIZATIONS (MILITARY, NON PROFITS, OR ETC

NAME / PHONE NUMBERS - _____

PALLBEARERS

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

FUNERAL REQUESTS

CONTINUED

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

NAME - _____

PHONE NUMBER - _____

SPECIAL REQUESTS

CLOTHES TO BE WORN - _____

FLOWERS OR ARRANGEMENTS - _____

SONGS - _____

FOOD TO BE SERVED - _____

I WOULD PERFER - EARTH BURIAL ☐ CREMATION / INURNMENT ☐
MAUSOLEUM / ENTOMBMENT ☐ PLOT ALREADY PURCHASED ☐

OTHER - _____

FUNERAL REQUESTS

CONTINUED

TYPE OF CASKET CLOTH COVERED CASKET ☐

METAL CASKET ☐

METAL SEALER CASKET ☐

CEMETERY

NAME - _____

ADDRESS - _____

ANY ADDITIONAL WISHES

ANNOUNCEMENTS

PUBLICATIONS / NEWSPAPERS IF APPLICABLE

NAMES -

INFORMATION TO BE CONTAINED IN THE PUBLIC ANNOUNCEMENTS

SPOUSE'S NAME -

IF DECEASED, PLACE AND DATE OF DEATH -

FAMILY TO BE INCLUDED (CHILDREN, BROTHERS, SISTERS, GRANDCHILDREN, BEST FRIENDS ETC

FAMILY MEMBER NAME

RELATIONSHIP

NOTABLE ACCOMPLISHMENTS / WORDS OF ENCOURAGEMENTS / NOTABLE DAYS OR MEMORIES / EDUCATION ETC

FAMILY INFORMATION

BY PROVIDING THIS INFORMATION INSURES THAT EVERYONE IN MY LIFE WILL BE NOTIFIED
OF MY DEATH (FAMILY, FRIENDS, CO-WORKERS, MENTORS, MENTEES OR ETC)

[illegible]

LEGAL DOCUMENTS

LOCATION OF PAPER AND DOCUMENTS

NAME OF ESTATE EXECUTOR - _____

LAST WILL AND TESTAMENT - _____

BIRTH CERTIFICATE - _____

MARRIAGE CERTIFICATE - _____

BOND CERTIFICATE - _____

STOCK CERTIFICATE - _____

PASSPORT - _____

TRUST FUND INFORMATION - _____

LIFE INSURANCE DOCUMENTS - _____

HOME OWNERS INSURANCE DOCUMENTS - _____

AUTOMOBILE INSURANCE DOCUMENTS - _____

MORTGAGE PAPERS - _____

DEED TO HOUSE - _____

CAR TITLE OR LOANS - _____

INCOME TAX INFORMATION - _____

CITIZENSHIP PAPERS - _____

PASSWORDS / PIN NUMBERS - _____

SAFE DEPOSIT BOX LOCATION (S) AND PERSONS WITH ACCESS TO IT

LIFE INSURANCE POLICIES

RECORD OF LIFE / HEALTH AND ACCIDENTAL INSURANCE POLICIES

INSURANCE COMPANY - _____

POLICY NUMBER - _____

AGENT - _____

BENEFICIARY / CONTINGENT BENEFICIARY - _____

TYPE OF POLICY - _____

INSURANCE COMPANY - _____

POLICY NUMBER - _____

AGENT - _____

BENEFICIARY / CONTINGENT BENEFICIARY - _____

TYPE OF POLICY - _____

INSURANCE COMPANY - _____

POLICY NUMBER - _____

AGENT - _____

BENEFICIARY / CONTINGENT BENEFICIARY - _____

TYPE OF POLICY - _____

INSURANCE COMPANY - _____

POLICY NUMBER - _____

AGENT - _____

BENEFICIARY / CONTINGENT BENEFICIARY - _____

TYPE OF POLICY - _____

INSURANCE COMPANY - _____

POLICY NUMBER - _____

AGENT - _____

BENEFICIARY / CONTINGENT BENEFICIARY - _____

TYPE OF POLICY - _____

FINANCIAL INFORMATION

RECORD OF CHECKING / SAVINGS / CREDIT CARD / 401K / CDS OR ANY OTHER INVESTMENTS

INSTITUTION - _____

TYPE OF ACCOUNT - _____

ACCOUNT NUMBER - _____

INSTITUTION - _____

TYPE OF ACCOUNT - _____

ACCOUNT NUMBER - _____

INSTITUTION - _____

TYPE OF ACCOUNT - _____

ACCOUNT NUMBER - _____

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INSTITUTION - _____

TYPE OF ACCOUNT - _____

ACCOUNT NUMBER - _____

INSTITUTION - _____

TYPE OF ACCOUNT - _____

ACCOUNT NUMBER - _____

LAST THOUGHTS TO MY FAMILY AND FRIENDS

ADDITIONAL INFORMATION

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