

End-of-Life Planning Checklist

Below is a list of actions you can take to have your wishes known by all who care for you and those that are left behind. For questions about which are essential or to be considered, contact us at <u>info@knownwishes.com</u>.

| END-OF-LIFE ACTIONS | ESSENTIAL | TO CONSIDER |
|--------------------------------------------------------------------------------|-----------|-------------|
| 1. Complete an End-of-Life Values Worksheet | | |
| Help clarify your perspective and beliefs about living and dying | | |
| Use as a guide for conversations with those who support you to explain your | | |
| choices | | |
| 2. Complete Advance Directives | | |
| Select, complete and sign a Durable Power of Attorney for Healthcare | | |
| Select, complete and sign a Healthcare Directive/Living Will | | |
| Evaluate need for POLST and Dementia/Mental Health Directives | | |
| Add addendum in writing or video as I see fit to share additional end-of-life | | |
| wishes or reinforce choices | | |
| 3. Identify Supportive Primary Care Physician and Care Providers | | |
| Talk to you physician and care providers about options you would want to | | |
| consider regarding a Natural Death, Medical Aid in Dying, Voluntarily | | |
| Stopping Eating and Drinking and Stopping Treatment | | |
| Make sure they can and will support these choices | | |
| 4. Provide Copies of Advance Directives and Display POLST | | |
| Share end-of-life documents with loved ones, healthcare agent, other | | |
| support team members, and ask all medical providers to add a copy to | | |
| Display copy of POLST prominently if you have one | | |
| Consider medical alert jewelry or emergency contact cards and apps to | | |
| ensure your wishes can be known | | |
| 5. Last Will & Testament, Financial Records, Digital Accounts, Insurance | | |
| Create Will or Trust, Name Executor or Trustee, Fill our a Durable Power of | | |
| Attorney for Finance | | |
| Update insurance as needed as health status changes (medical updates can | | |
| change coverage) | | |
| Ensure updated financial and legal documents, and all digital account | | |
| usernames and passwords, are accessible by the named individuals | | |
| Designate beneficiaries of assets and sentimental items | | |
| 6. Final Disposition Arrangement and Designated Agent | | |
| Decide how you want your body cared for after you die and who will be | | |
| responsible. Complete After-Death Disposition Forms | | |
| 7. Shape Your Legacy | | |
| Document and share anything you do or do not want for a remembrance, | | |
| gathering, eulogy, obituary and after you die | | |
| Consider letters, gifts, sentiments or designation of items to individuals and | | |
| groups you choose | | |